RHI

Learning from Partnerships 1998–2002

. BANGLADESH . CAMBODIA . LAO PDR . NEPAL . PAKISTAN . SRI LANKA . VIET NAM

EC/UNFPA INITIATIVE FOR REPRODUCTIVE HEALTH IN ASIA

Acronyms and Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behaviour Change Communication
CBD	Community Based Distribution
CBO	Community Based Organisation
CHC	Commune Health Centres
CHP	Community Health Promoters
CSF	Country Strategic Framework
CST	Country Support Team
EA	Executing Agency
EC	European Commission
EU	European Union
EOC	Emergency Obstretic Care
FP	Family Planning
GTM	Generic Training Manual on Gender
HIV	Human Immuno-Deficiency Virus
IA	Implementing Agency
ICPD	International Conference on Population and Development
ICR	In-Country Researcher
IEC	Information, Communication, Education
IUD	Intra-uterine Device
KAP	Knowledge, Attitudes, Practices
LDC	Least Developed Countries
MCHC	Maternal and Child Health Centre
M&E	Monitoring and Evaluation
MU	Monitoring Unit
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
Ob/Gyn	Obstetrics/Gynaecology
PHC	Primary Health Care
QoC	Quality of Care
RH	Reproductive Health
RHI	EC/UNFPA Initiative for Reproductive Health in Asia
RHIYA	EU/UNFPA Reproductive Health Initiative for Youth in Asia
RDP	Regional Dimension Projects
RTI	Reproductive Tract Infections
SDP	Service Delivery Point
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TU	Technical Unit
UNFPA	United Nations Population Fund
UP	Umbrella Project
VCD	Voluntary Counselling and Testing
VYC	Vientiane Youth Centre
YAN	Youth Advocacy Network

Table of Contents

2 Introduction to the RHI
8 Foreword
9 UNFPA
10 The European Commission

RHI Countries
12 Bangladesh
24 Cambodia
36 Lao PDR
48 Nepal
62 Pakistan
72 Sri Lanka
84 Viet Nam
96 Regional Dimension Projects

108 Population Indicators
110 Financial information
116 Taking stock and moving forward
120 After the RHI: Building on lessons learned

121 Acknowledgements and Credits

INTRODUCTION TO THE RHI

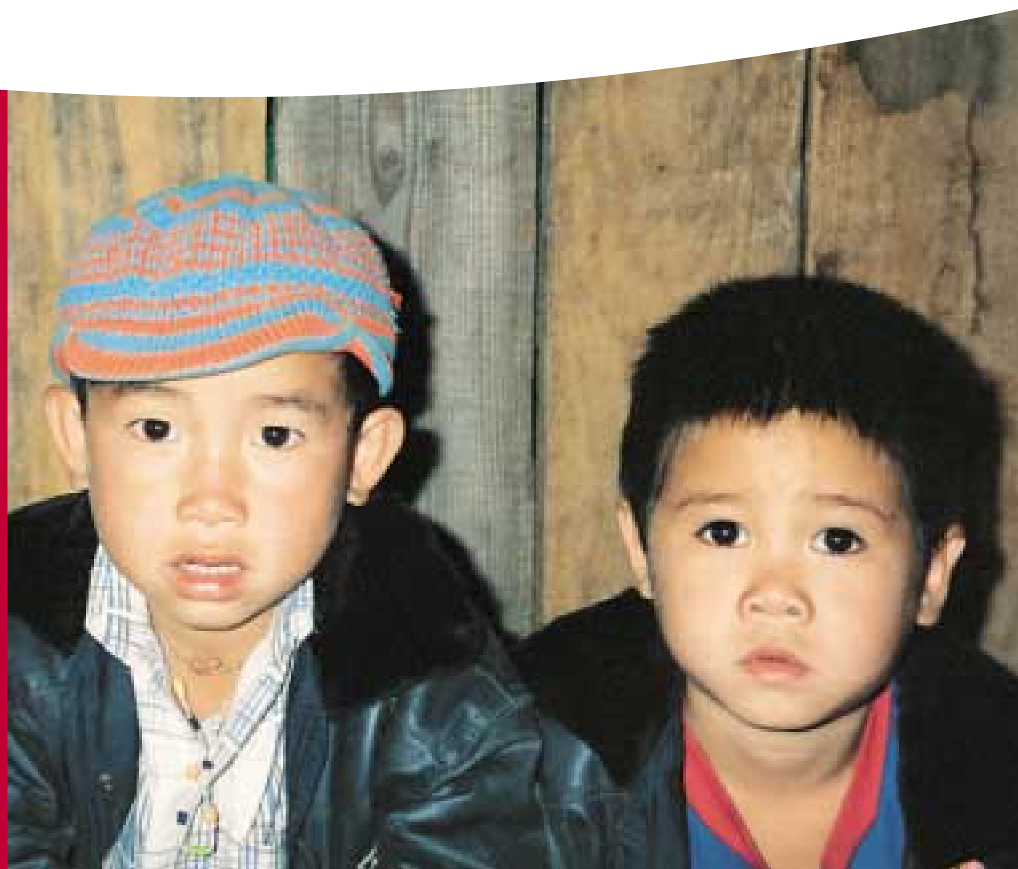
FOREWORD & FUNDERS

. BANGLADESH . CAMBODIA . LAO PDR . NEPAL . PAKISTAN . SRI LANKA . VIET NAM

Learning from partnerships: The EC/UNFPA Initiative for Reproductive Health in Asia

The endorsement by the European Commission (EC) of the results of the International Conference on Population and Development (ICPD) held in Cairo in 1994 provided the spur for the EC/UNFPA Initiative for Reproductive Health in Asia (RHI). Once the goals of the Programme of Action (PoA) for support to population, sexual and reproductive health and rights were adopted, the EC began exploring ways to address these priorities through its own development assistance.

In partnership with the United Nations Population Fund (UNFPA), the EC decided to mount this unique reproductive health initiative, which was able to draw on the expertise and resources offered by both local and international civil society organisations (CSOs), non-governmental organisations (NGOs) and the UN. With large sections of its population facing pressing reproductive health needs, South and Southeast Asia was identified as the Initiative's region of implementation. As an immediate result of the launch meeting held in Brussels in April 1997, and UNFPA's in-house assessment, seven countries considered to have among the most challenging reproductive health needs were chosen as focal areas, namely Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam.



The RHI introduced new approaches and breached sensitive issues

The RHI Financing Agreement was officially signed by the EC and UNFPA on 30 January 1997 for an initial period of three years, preceded by one year of preparation. Altogether, 42 projects were developed for this ambitious programme, including three Regional Dimension Projects (RDPs), developed to **strengthen cross-cutting issues,** such as gender, South-South co-operation, capacity building and monitoring and evaluation.

What made this Initiative stand out was its partnership approach, which emphasised a much closer collaboration between international agencies, CSOs and NGOs, both local and international, at all stages of design and implementation, taking advantage of the comparative strengths of each in achieving common country level goals. In all, 19 European NGOs worked together with more than 66 local and national organisations as executing and implementing agencies. In each RHI country, so-called Umbrella Projects served to establish synergies amongst the various NGO-run projects, providing capacity building as and where necessary. From the overall management perspective, the **unique mode of co-operation** between the EC, UNFPA and its Country Offices, the Executing Agencies – including the EC Delegation Offices – served to provide the RHI with a coherent decision-making structure, whilst tapping into decentralised UNFPA and EU resources at country level. Finally, and most importantly, each RHI project was implemented in full partnership with the communities it was based in and with the participation and involvement of the people it was designed to help.

Given the **complexity of this multi-partner, multi-country programme** and the novelty of its partnership approach, it became clear half-way through implementation that the originally approved time frame would not suffice for the effective completion of all planned activities. As a result, an extension period was agreed upon, and the last activities of the first phase of the RHI came to an end in December 2002. The total commitment for this ambitious programme amounted to € 34.9 m over its four years of operation, to which the EU contributed € 29.9 m with the remaining € 5 m jointly provided by ten European NGOs and the UNFPA.

Co-ordinating the RHI

Overall, the RHI's mode of execution has remained unchanged throughout its implementation period with the majority of projects executed by European NGOs, by local NGOs and a number of Umbrella Projects executed by UNFPA. Final decision-making regarding approval of work plans and budgets lay with the European Commission, while the UNFPA assumed **responsibility for overall management and technical co-ordination.** The NGOs at European and local level executed and implemented individual projects, with each respective UNFPA Country Office responsible for the overall implementation of the RHI country strategies and playing a supporting role, especially in assisting in advocacy with local Governments and monitoring impact. Through Advisory Groups set up in each country, the EC Delegations took an active role in monitoring the programme, and UNFPA ensured that they were kept abreast of key issues.

With a view to ensuring a coherent overall approach for the RHI country programmes and to promote synergies amongst the local project partners, the Initiative set up a local co-ordinating body in each RHI country (except Sri Lanka). These Umbrella Projects mostly executed by the local UNFPA Country Offices, some with technical support from locally-based international NGOs, have been largely responsible for **fostering linkages** between local RHI partners. This has greatly helped the RHI partners at country level, to work together towards achieving the goals of each respective country programme.

The following publication shows how this ground-breaking Initiative operated, outlines new strategies and approaches and highlights lessons drawn from its four years of implementation.

"A change of attitude amongst men and women, young boys and girls, towards fully responsible sexual and reproductive behaviour is probably one of the most difficult challenges taken up by the RHI – and one of its most successful."
Anne Caudron, European Commission

ICPD: Moving towards meeting individual's needs

The International Conference on Population and Development (ICPD) was held in Cairo in September 1994. It was the largest inter-governmental conference on population and development ever held, with 11,000 registered participants, from Governments, UN specialised agencies and organisations, inter-governmental organisations, non-governmental organisations and the media. More than 180 states took part in negotiations to finalise a Programme of Action (PoA) in the area of population and development covering the next 20 years.

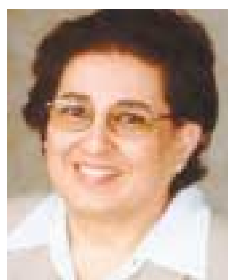
The resulting **Cairo Programme of Action**, endorsed a new strategy which emphasises the integral linkages between population and development and focuses on meeting the reproductive health needs of individual women and men, rather than on achieving demographic targets.

The key to this new approach is empowering women and providing them with more choices through expanded access to reproductive health services, education, skills development and employment, and through their full involvement in policy and decision-making processes at all levels. Indeed, one of the greatest achievements of the Cairo Conference has been the recognition of the need to empower women, both as a highly important end in itself and as key to improving the quality of life for everyone.

One of the primary goals of the Programme of Action is to make family planning universally available by 2015, as part of a broadened approach to reproductive health and rights. It also includes goals with regard to education, especially for girls, as well as goals to further reduce levels of infant, child and maternal mortality. It addresses issues relating to population, the environment and consumption patterns; the family and youth; internal and international migration; prevention and control of HIV/AIDS; sexual and reproductive rights; technology, research and development; and partnership with the non-governmental sector. The Programme of Action provides estimates of the levels of national resources and international assistance required and calls on governments to make those resources available.

The ICPD's core elements were reaffirmed at the World Summit for Social Development and the Fourth World Conference on Women, both held in 1995. The RHI was one of the first major programmes through which the European Commission demonstrated its effective support to the ICPD Programme of Action.

FOREWORD



At the International Conference on Population and Development (ICPD) held in Cairo in 1994, 179 countries affirmed the strong link between population and development. The ICPD Programme of Action was developed with the understanding, that in order to truly expand opportunities, choices and freedoms – especially of the world's poorest – it is essential to ensure access to reproductive health services, guarantee reproductive rights and promote gender equality.

The EC/UNFPA Initiative for Reproductive Health in Asia (RHI) represents a significant contribution to meeting the goals of the ICPD Programme of Action. By addressing sexual and reproductive health needs of vulnerable populations while building local capacity to address these needs, the RHI has promoted the reproductive rights of those who have least access to opportunities and services.

The RHI was conceived with the idea that by joining resources, the overall impact of the programme would be greater than the sum of its parts. Plans for similar collaborations are underway in other regions.

After more than four years of implementation, the RHI has logged many achievements. The RHI has increased access to services, particularly for underserved populations, with attention to improving the quality of services. By tailoring approaches to different needs and contexts and the development of culturally appropriate information, education and communication (IEC) materials, the RHI has reached groups, such as out-of-school youth, men and boys, who had not previously had programmes and projects designed for their specific needs. This has been fostered by emphasising active participation of beneficiary communities in the programmes and projects. Additionally, the success of the RHI has been heightened by a holistic approach to reproductive health in which complementary and integrated services are provided.

UNFPA thanks the EU for its funding and commitment to advancing the ICPD Programme of Action in the region, all the NGOs – both local and European – who have worked on the daily operation of the programme, and the countless community members, volunteers and especially youth, who have participated in and influenced the projects and without whom its results would not have been possible.

The importance of adolescent sexual and reproductive health has been highlighted during recent high-level conferences on population and development, as an area of immediate concern. Young people need to have access to services that are tailored to them, with assurance of confidentiality. Of particular importance are efforts to prevent the spread of HIV/AIDS among adolescents and young people, who account for approximately 50 per cent of those living with the disease. We are pleased to announce that we are in the preparatory process for a next phase, namely RHIYA, scheduled to start in the summer of 2003, which will focus on adolescent sexual and reproductive health. The lessons learned from the RHI, in particular the experiences of the countries that focused on adolescent and youth reproductive health will provide a solid basis for and will greatly benefit the new Programme. We are therefore confident that UNFPA will live up to the expectations of the European Union with regard to the successful implementation of the new Programme and we look forward to our continued collaboration.

Thoraya Ahmed Obaid
Executive Director
United Nations Population Fund (UNFPA)

UNFPA

For the successful execution and implementation of this large-scale Initiative, the European Commission (EC) selected the United Nations Population Fund (UNFPA) as a partner with which to share expertise and responsibilities. UNFPA provides support to developing countries to improve reproductive health and family planning services. UNFPA was one of the first UN agencies to support national and international NGOs, recognising the value of their expertise, innovative approaches and grass-roots experience.

UNFPA's decentralised institutional structure has allowed the efficient management of the programme. Throughout the EC/UNFPA Initiative for Reproductive Health in Asia (RHI), UNFPA provided day-to-day support in organisational and administrative matters. The RHI Management Unit (MU) in New York, in association with the RHI Technical Unit (TU) in Brussels, was responsible for the overall management and quality performance of the RHI. The UNFPA Country Offices (COs), with support from the Umbrella Projects, oversaw the implementation of the RHI strategy at the country level.

"The RHI project has successfully introduced an innovative approach to adolescent reproductive health, which is still considered a very sensitive area in our society and difficult to address."

EC Delegation Bangladesh

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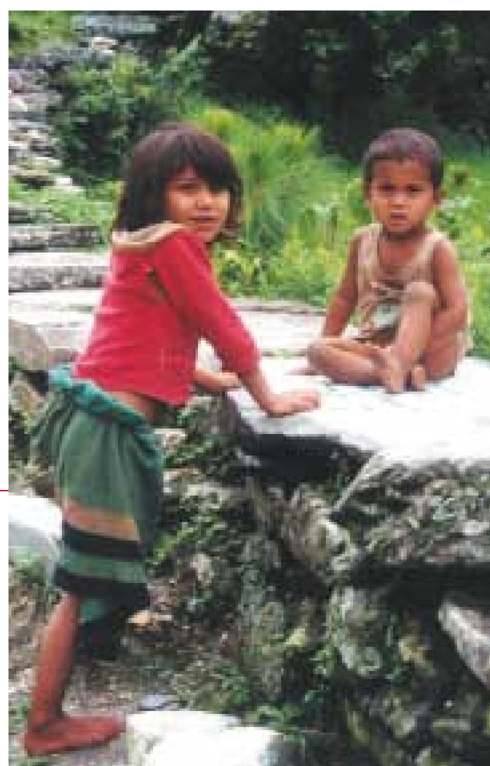
As 2002 was the last year of the programme, National Seminars, organised by the UNFPA COs, were held in all seven countries. These provided a good opportunity to celebrate the achievements of the projects and to share lessons learned, providing information useful to future reproductive health programmes and projects.

Based on the EC's announcement in late 2001 of its in principle support for a second phase, the RHI Team, along with the UNFPA COs, worked on a detailed proposal for the Reproductive Health Initiative for Youth in Asia (RHIYA).



The European Commission

The European Union (EU) is the largest donor of external assistance in the world, and European Commission (EC) spending makes up roughly ten per cent of world Overseas Development Assistance (ODA) (€ 9.7 billion committed and € 7.7 billion paid by the EC in 2001).

The EC's approach to the allocation of aid recognises that particular attention must be paid to the situation of the "Least Developed" and other "Low Income Countries." EC development co-operation programmes with Asia have focused on the poorest countries in the region since their beginning, and on "the poorest groups" within the populations of these countries.

Given that improving access to family planning and reproductive health services fulfils a basic human right and alleviates the social-deprivation component of poverty, thereby contributing directly to EC development goals, the European Community has become a major partner in providing resources for the pursuit of the ICPD Programme of Action, focusing on the following areas:

- Maintaining and increasing the gains already made in providing access to sexual and reproductive health services
- Ensuring that women have the opportunity of safe pregnancy and childbirth
- Promoting the sexual and reproductive health of young people
- Limiting the spread of HIV/AIDS and caring for those who live with the virus
- Addressing problems of gender-based violence and sexual abuse, especially of young women and children
- Building partnerships with civil society.

Access to family planning and sexual and reproductive health information and services is a fundamental right

As a result of the 1994 International Conference on Population and Development (ICPD) held in Cairo, the EC/UNFPA Initiative for Reproductive Health in Asia (RHI), with a focus on gender equity, was launched in 1996 with a view to addressing key sexual and reproductive health issues in seven South and Southeast Asian countries.

In providing financial support to reproductive health activities and services, the RHI stood out from other projects and programmes through its principal strategy of involving international, regional and local non-profit organisations in its implementation and having these partners (over eighty in Asia and Europe) work together towards a common goal.

A final evaluation mission took place in July 2002, which revealed elements of change in attitude and empowerment of both males and females to make choices in their reproductive behaviour. Attitude change amongst service providers was also apparent.

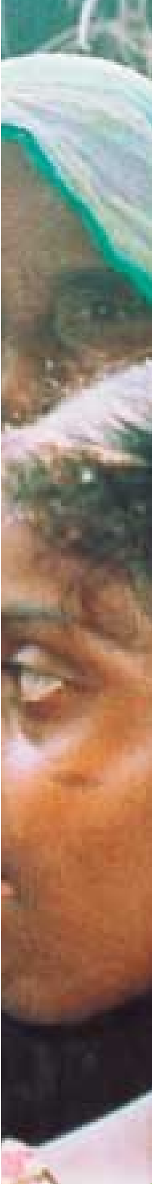
The involvement and active participation of the EC Delegations in each country was significant at all levels of the preparatory and implementation stages. The EC Delegations were true partners, participating in the Advisory Groups/Steering Committee to co-ordinate processes and decide on policy issues.

The European Commission, in conjunction with the Member States, has established a coherent set of aims and principles governing the choice of activities to combat problems related to the major diseases and reproductive health.

Considering the achievements and experience of the RHI, the EC has agreed to finance a three year consolidation phase with a focus on adolescents. The EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA), totalling € 22.24 m, will start in 2003 with the purpose of ensuring availability and appropriate use of sexual and reproductive health services by young people, with an emphasis on gender.

"Despite working within the context of cultural norms and traditions, the project has shown that it is possible to create a supportive environment and to empower communities to take care of their own health and development."

Giap Dang, EC Delegation, Nepal



BANGLADESH

Delivering comprehensive reproductive health services

The Government of Bangladesh introduced a major five-year reform in the health sector, entitled "Health and Population Sector Programme" (HPSP) in 1998. Particular emphasis was placed on reproductive health and on providing an essential service package, including treatment for reproductive health and communicable diseases, child care and simple curative care, to the most vulnerable populations.

Thanks to the Government's strong commitment towards implementing the goals of the ICPD Programme of Action and the HPSP, the country has seen a sharp decline in its fertility rate (from an average of 6.3 births per woman in 1971–75 to 3.3 in 1995–2000) and a notable improvement in primary health care. Bangladesh, nevertheless, remains one of the most densely populated countries in the world with 143.4 million people living in 147,570 km^2. The national health infrastructure is not at present able to serve all parts of the population, due to a lack of skilled personnel and funding.

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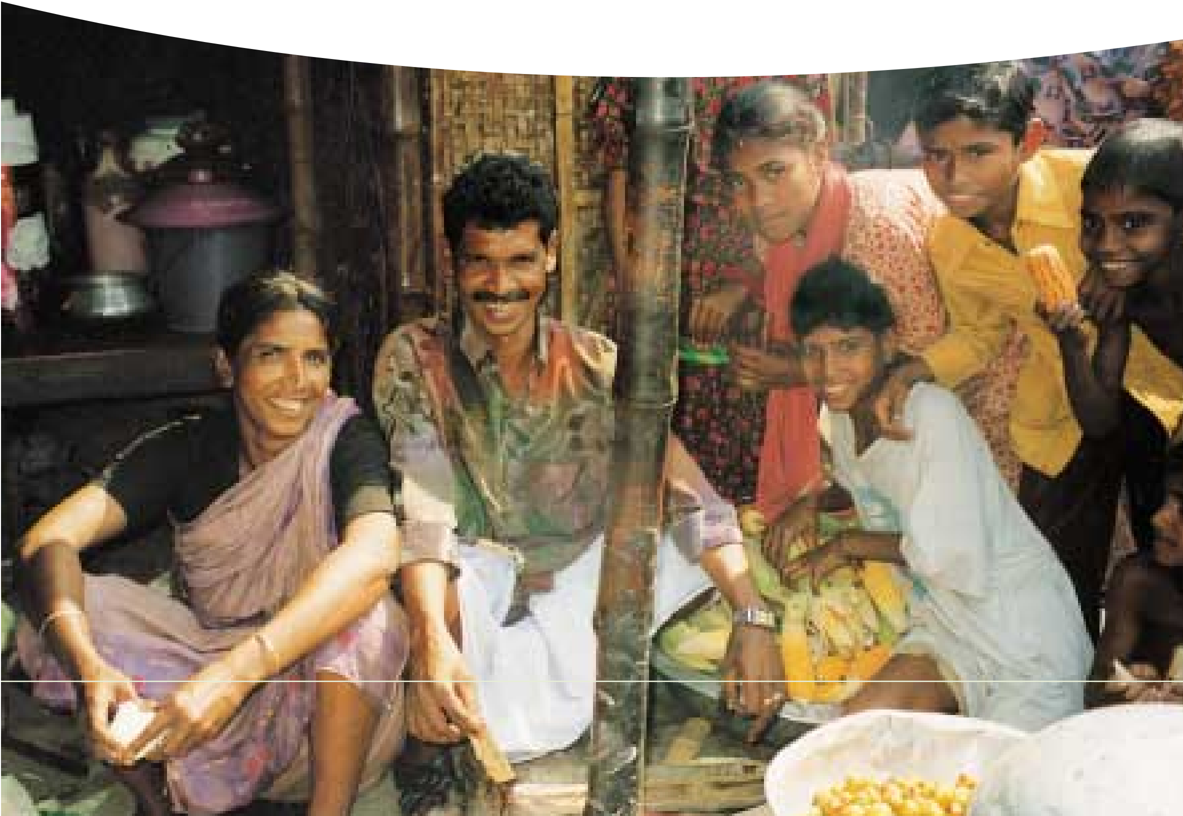


Involving local communities in urban slum areas is key to making reproductive health services accessible to the most vulnerable populations

"When we discuss gender issues and women's reproductive rights with women, they often ask us to discuss these issues with their husbands."

A female community health promoter, Bangladesh

• The RHI programme in Bangladesh was developed in order to complement the government's programme as well as the fifth country programme of UNFPA. While the HPSP focused on providing essential care to rural areas, the RHI programme concentrated on delivering a comprehensive package of reproductive health services to urban and under-served areas. Implemented in close collaboration with the Government of Bangladesh, the RHI programme was thus a perfect complement to the Government's activities.

Five projects made up the RHI programme in Bangladesh, providing complementary reproductive health services and behavioural change communication (BCC) activities with a focus on raising awareness of long-term clinical contraception and reproductive health care, and increasing the involvement of young men. Clinical contraception includes injectables, implants, intra-uterine devices (IUDs) and sterilisation. Participating in the same programme and with a common objective, has resulted in the building of a strong co-operative spirit not only amongst the various RHI projects, but also between the RHI programme and the Government. This strong link between the RHI and the Government is demonstrated by an intense exchange of information, synergy between interventions and numerous shared activities, such as joint training courses.

Traditionally, NGOs and community-based organisations (CBOs) have been strongly represented in Bangladesh and national organisations were therefore able to both implement and execute RHI projects, albeit in partnership with selected European NGOs.

Teenage girls discussing their peer group programme

NGOs learn to use the media to increase the coverage of their projects

Reproductive health through community involvement with special attention to adolescents and clinical contraception

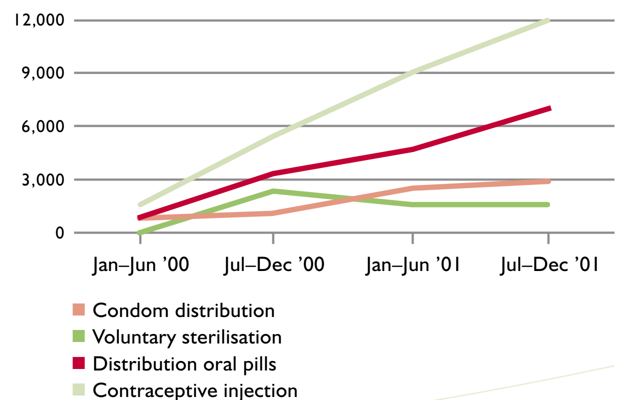
Main activities and strategies

Improving access to reproductive health services with emphasis on achieving a better awareness and understanding of clinical contraception, was adopted as a strategy for increasing the quality of services. Bangladesh has already made important achievements in meeting the contraceptive needs of the population. However, most clients had been using contraceptive methods that could be delivered door-to-door. Until recently, this had been the core delivery strategy for Bangladesh's family planning programme.

Most importantly, the RHI programme aimed to enhance the client's choice of contraceptive methods, by increasing access to clinical services, too. Making reproductive services and clinical family planning methods available to greater numbers of the most vulnerable population through innovations in clinical service delivery and outreach was a key challenge for the RHI programme.

Over the course of the project, more family planning services were provided, including in particular the provision of contraceptive injections, which increased dramatically from around 1,300 during the first half year of 2000 to 12,000 during the last half of 2001.

RHI Bangladesh: Specific family planning services provided, by type of service



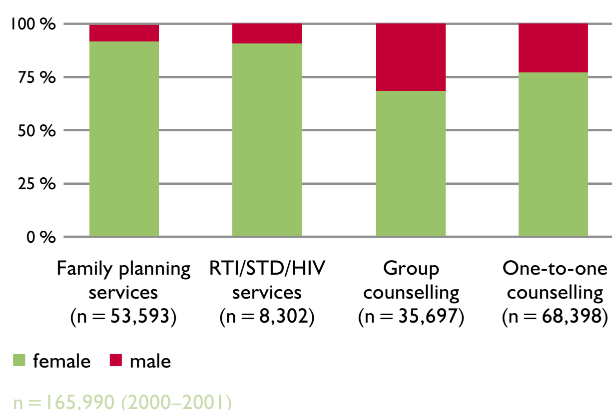
(2000 – 2001)

Making medicines and contraceptives available at reduced prices was a key component of the essential services package

The introduction of standard service protocols and clinical procedures has ensured a high level of care

A practical way of addressing gender inequality was to increase male involvement in reproductive health services. RHI experience in Bangladesh showed that where men are able to access services, in ways that are adapted to meet their needs, they are more likely to take responsible attitudes to sexual behaviour. They are then also inclined to use their decision-making power in a way that benefits their partners' health as well as their own. Routine data demonstrates that more than 86 per cent of clients visiting family planning and RTI/STD/HIV services are female. However, relatively more males are reached through group counselling sessions and one-to-one counselling. Sessions that discussed adolescent reproductive health and RTI/STD/HIV have been the most popular amongst male target groups, who made up just over a third of all participants.

RHI Bangladesh: Sex distribution of clients using different types of services



n = 165,990 (2000–2001)

As part of the objective to increase the quality of overall reproductive health services, a special effort was placed on improving STD/RTI services offered through NGO clinics. These services are particularly important as they provide a referral link to both traditional and non-formal health services providers (such as traditional healers, local medicine retailers, etc.), as well as new service delivery approaches designed to reach vulnerable groups, including the urban poor.

Existing clinics were upgraded to accommodate more clients and services. A number of satellite/mobile clinics were piloted to offer services catering for the most marginalised urban poor, especially for the homeless, high-risk groups and slum-dwelling adolescents. Services were delivered according to timetables suited to these groups and were organised either using mobile vans or places close to the clients. Overall RTI/STD/HIV service provision increased substantially over the course of the programme, with HIV counselling in particular enhanced and the referral from community-based clinics to more specialised delivery points improved.

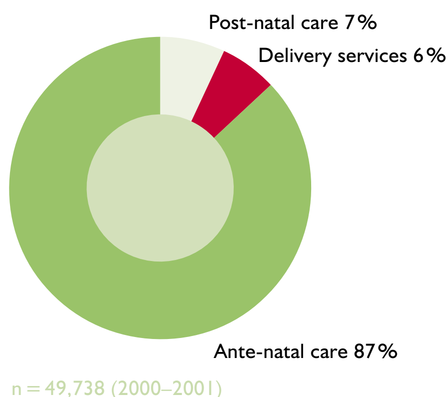
The local RHI NGOs tended to have a greater level of responsibility than in other countries as they played the role of Executing Agencies and therefore worked directly with the UNFPA Country Office. This has helped to strengthen their institutional capacities, as well as their stance as national organisations. Additional training measures improved their technical skills altogether contributing to longer-term sustainability and strengthening their comparative advantage as NGOs in the RHI.

Men learn that family planning is not just "women's business"

Integrated reproductive health service delivery approaches helped to reach vulnerable groups

A major strategy to improve women's health was the provision of safe motherhood services. In particular, the programme made access to safe delivery facilities available to pregnant women, who would otherwise have given birth at home without skilled assistance. Ante-natal care was by far the most frequently provided safe motherhood service, compared to post-natal care and delivery.

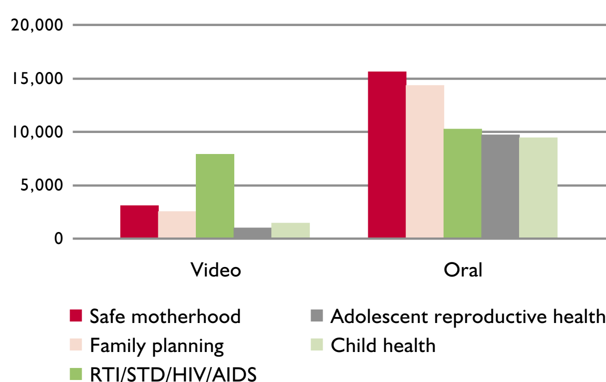
RHI Bangladesh: Type of safe motherhood services provided



n = 49,738 (2000–2001)

With the aim of mobilising interest in reproductive health and encouraging behaviour change, the project provided appropriate information, education and communication (IEC) services. These were developed and adapted to suit different target groups, including adolescents, men and the urban poor. A number of different media were used, including radio and person-to-person education in communities.

RHI Bangladesh: Number of people reached by awareness-raising presentations



(2000–2001)

Radio campaign steers men "Towards the Light"

In an initiative to promote male contraception and enlist the support and involvement of men in reproductive health, the Marie Stopes Clinic Society (MSCS) in Bangladesh launched a 26 episode radio programme campaign *(RAS/98/P62)*. Entitled *"Alor Thikana"* (Towards the Light), the episodes were broadcast every Saturday afternoon, and reached a nationwide audience. Each 30 minute episode included a 20 minute drama segment, followed by a ten minute discussion facilitated by a renowned Bangladeshi actor, who also happened to be a national parliamentarian. Key topics included male involvement in reproductive health and vasectomy promotion, gender issues, STD/HIV/AIDS and violence against women.

This radio campaign follows in the footsteps of a successful series of eighty radio listening clubs set up among local tea vendors called *"Alapia"* (Discussion), also organised by MSCS Bangladesh. Each tea vendor was given a cassette player and would play the dramas during their shop's opening hours. Discussions dealt with reactions to each episode and were facilitated by an MSCS staff member. Huge interest was generated among male listeners and reactions revealed that they faced a lack of access to appropriate information and services. The programme encouraged men to take an active role in accepting family planning methods (especially in relation to vasectomy) and changing their negative attitudes towards women. MSCS fielded a lot of questions and responses on related issues, not only from within project areas but also across the country. In order to address clients' needs and respond to questions, a newsletter (also entitled *"Alapia"*) was published to provide backup support and information to the radio series.

Ensuring quality of care

Innovations and achievements

The programme identified a number of groups in Bangladesh that were not being reached by conventional reproductive health services. The need to increase levels of availability and choice of reproductive health services directed to vulnerable and new target groups meant that a substantial effort had to be invested in innovating and adapting existing models.

The programme developed new ways of delivering clinical services. A number of reproductive health centres and outreach clinics were set up in underserved small towns Project *(RAS/98/P65)*. These centres offered clients a choice of contraceptives, including pills, condoms, Norplant and intra-uterine devices (IUDs). Through the development of a network with other NGOs and public sector facilities, clients in need of more specialist care, such as obstetric emergencies, could be referred to higher level services. All clinics targeted marginalised and hard to reach communities, where people previously had little or no access to services. Many of the clients approached were from the poorest sections of society.

To encourage people to trust and use the services, workers from the same community were recruited and trained as community health promoters. The employment of the promoters was an innovative and cost-effective strategy, helping to build the capacity and confidence of people at grassroots level, while at the same time providing an excellent way of reaching potential clients. As many as 60 per cent of people using the services were referred by community outreach workers.

In addition, four clinics were set up, of which two had special male clinics and two offered delivery facilities able to serve the needs of the poor from medium sized urban areas *(RAS/98/P62)*. Hospitals were also upgraded with comprehensive reproductive health facilities to serve the urban poor in two metropolitan cities.

Quality of reproductive health services was improved through a variety of innovative strategies. The introduction of psychosexual counselling especially geared towards men encouraged service providers to offer a more holistic approach, which put reproductive health problems into a more human context *(RAS/98/P62)*. In order to ensure the standard of services provided, tools for monitoring quality of care were developed with help of the Umbrella Project *(RAS/98/P55)* and MSCS. These were used by all of the RHI partner projects. The Umbrella Project supported partners with training in gender and reproductive health. This built up the capacity of project personnel to address gender issues in their practical work. The Umbrella Project also undertook a gender audit of partner NGOs, an exercise that involved a gender analysis of each organisation and resulted in improved services better geared to meeting the different needs of women and men. In addition, a sustainability analysis was carried out, with the aim of helping the RHI partners to plan an exit strategy and ensuring the future sustainability of the programme.

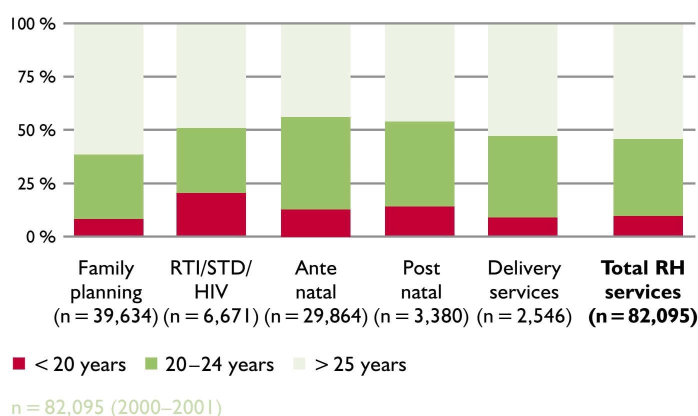
"I had never realised that gender issues are so important in reproductive health. I never studied these issues in my medical course. I think I would have remained in the dark, had I not attended this course. From now on, I will address these issues in my practical work." A female doctor, Dhaka

The RHI Bangladesh was structured in such a way that it helped to empower local NGOs, who dealt directly with UNFPA as executing agencies and with international partners who provided technical assistance and backstopping. Thus, direct communication and stronger linkages were encouraged and local agencies could make their own decisions regarding priorities and needs. This innovation was found to be positive and was therefore fed into future project design.

The programme developed information and services specifically targeted to meet the reproductive health needs of men and adolescents. Two clinics offering male counselling and services were opened in Norsingdi and Tongi and supplementary radio programmes were developed. These broadcast messages were designed to encourage men to take their share of responsibility and pay attention to their own and their partners' reproductive health *(RAS/98/P62)*. New reproductive health activities and male counselling were also introduced in hospitals in Banglabazar (Dhaka City) and Sylhet, which target people from poor and marginalised urban squatter communities *(RAS/98/P64)*. Special efforts to reach men through small community-based clinics resulted in more men taking responsible action – the project registered a nine per cent increase in condom use and more men started accompanying their wives and babies to clinics for ante- and post-natal care and immunisations *(RAS/98/P65)*.

Quality of care was improved in existing clinics

RHI Bangladesh: Age distribution of clients visiting reproductive health services



n = 82,095 (2000–2001)

Special efforts were made to reach young people during their adolescence. A project aimed at 10–19 year olds in Cox's Bazar, Khulna, Kurigram and Moulavibazar took a comprehensive participatory approach to serving young people's needs *(RAS/98/P63)*. Starting from a survey to understand what young people knew about adolescent sexual and reproductive health, their own behaviour and their own needs, the project made both youth friendly reproductive health information and clinical services available. Communication materials to encourage behaviour change were developed to respond to young people's needs, and adolescent support groups were formed to ensure their active involvement. Counselling and referral to appropriate health services were provided where necessary. Parents, teachers and other community members, were encouraged to develop a better understanding and be more supportive of young people's reproductive health needs, thus creating an improved enabling atmosphere.

In order to support the project activities, especially in accessing information and services, several behaviour change communication and information, education and communication (IEC) materials were produced and shared among the project partners. These included six multimedia video cassettes, a reproductive health handbook and training manuals, posters, leaflets, a flip chart on adolescent sexual and reproductive health, and several booklets addressing adolescents, HIV/AIDS as well as general reproductive health issues and training manuals. These materials have been used during discussions with adult clients and adolescents, training and group sessions and also during community meetings. Due to the success of these materials, a number of the adolescent and youth related materials will be reproduced during the forthcoming RHIYA programme.

Adolescent and youth resource centre

The RHI programme in Bangladesh catered for a universal need among young people, namely a space dedicated entirely to themselves. For this purpose, a small room is either donated by the community or rented. Initially, rental and equipment costs are provided for by the projects, and then at a later stage shared between the respective communities and the adolescents themselves. These resource centres offer young people in the communities a place where they can socialise and organise their own activities. In combination with leisure activities the centres also provide a comfortable venue, where young people can obtain information and training on life skills and reproductive health.

Copies of all behaviour change communication materials produced by the RHI projects, as well as other relevant materials are kept in the centres and can be borrowed. Video shows and ensuing discussions on reproductive health and other issues are also organised at the centres.

Most young people in Bangladesh are shy or otherwise hesitant to become involved in reproductive health activities. However, thanks to the advocacy activities carried out by RHI partners, the resource centres have gained the endorsement and support of parents, guardians and peers, helping young people to feel more at ease.

Following a short introduction period, management of the centres is transferred to the youth themselves. This responsibility, along with the life training skills and adjacent community work, has been instrumental in boosting young people's confidence, as well as enabling them to develop new skills and to understand their own decision-making capacities *(RAS/98/P63)*.

A model for co-operation between NGOs and Government

Co-operation and capacity building

The Umbrella Project *(RAS/98/P55)* was responsible for encouraging co-ordination and collaboration among partners. A tool for assessing capacity building needs was introduced in the early stages of the project. This helped all partners, as well as the Umbrella Project to take appropriate steps in response. It ensured staff from local NGOs would work as a team, sharing expertise and resources. In Bangladesh this collaboration bore concrete fruits, such as tools developed to promote gender equity and measure reproductive health service quality. A particular mention is needed for the innovative way in which the Umbrella Project worked with the Regional Dimension Gender project *(RAS/98/P26)*. Assisted by the Bangladesh Rural Advancement Committee (BRAC), a local NGO with considerable expertise in gender and in partnership with the whole project team, an appropriate gender manual for Bangladesh was devised. The Umbrella Project also trained the project staff, as well as Government staff and other NGOs on gender and reproductive health issues to build capacity beyond the lifespan of the RHI.

International and local consultants for adolescent reproductive health strategy development and monitoring and evaluation were sought to provide input into several tasks, including reviews, baseline surveys, behaviour change communication materials development, sustainability analysis and training. Partners were also able to receive support from their affiliated international NGOs for management capacity development and information, education and communication (IEC) materials development. For example, Marie Stopes International (MSI), together with Radio for Development, helped its national affiliate member, MSCS design a radio programme for males *(RAS/98/P62)*. A similar partnership between international and national NGOs facilitated the introduction of quality of care standards.

A teenage boys' clubhouse in the heart of the community attracts young men of all ages

Cost analysis and a project sustainability course were undertaken with support from Dhaka University, while Engender Health and Services and Solutions International (SSI) helped the RHI partner NGOs to develop understanding of strategies to reduce service costs, develop cost recovery mechanisms and draw up sustainability plans.

Linkages with the Government of Bangladesh were both strong and positive. At local level, good referral networks were established with public health facilities and NGOs were able to receive contraceptive supplies from the Government. In some aspects, at national level, the RHI is considered as a model for NGO co-operation with the Government within the health sector. The gender manual developed under the RHI was also strongly appreciated by the Government and extra copies were printed for use by Government departments, as well as other interested organisations.

With the introduction of innovative activities and new target groups, there was a need for capacity building of partners. Training and technical assistance were provided to the staff of partner NGOs. A significant part of the training offered under the RHI in Bangladesh was also targeted at traditional service providers (such as local healers and medicine retailers) acting as focal points for reproductive health information in poor communities to develop support and referral linkages for better health services. This ensured capacity building beyond the institutions, empowering people and raising consciousness for reproductive health in the community.

Teenage girls' clubs help fill a huge gap between formal (primary) education and marriage

Lessons learned

- **Where special efforts are made, men get involved in reproductive health issues**

Providing specialist services, including counselling for men, was one of the innovations of the RHI in Bangladesh. However, extra and consistent efforts were needed to engage men in reproductive health issues and attract them into clinics rather than using treatments from pharmacies or non-formal providers (these are mainly male traditional healers, medicine retailers and canvassers, who use traditional herbal, as well as some modern medicines without adequate knowledge on diseases and treatments). Radio programmes, newsletters and community mobilisation by volunteers have begun to make an impact. However, long-term commitment is needed in order to break down the prejudice that family planning and reproductive health are women's business.

Bridging the gap between service providers and a local slum community

RHI projects in Bangladesh

RAS/98/P62: Expanding reproductive health services to low income women and men
Implementing Agency: Marie Stopes Clinic Society (MSCS)
Executing Agencies: Marie Stopes Clinic Society (MSCS)/ Marie Stopes International (MSI)

RAS/98/P63: Reproductive health through community involvement with special attention to adolescents
Implementing Agencies: Save the Children (SC-UK) Bangladesh, Banaful, Solidarity, USS and Gonoshaystha Kendra
Executing Agency: Save the Children (SC-UK) Bangladesh

RAS/98/P64: Strengthening access to improved reproductive health services
Implementing Agency: Bangladesh Red Crescent Society (BDRCS)
Executing Agency: Bangladesh Red Crescent Society (BDRCS)

RAS/98/P65: Expanding access to quality reproductive health services in rural areas
Implementing Agency: Family Planning Association of Bangladesh (FPAP)
Executing Agencies: Family Planning Association of Bangladesh (FPAP)/International Planned Parenthood Federation (IPPF)

RAS/98/P55: Umbrella project
Implementing Agency: UNFPA Bangladesh Field Office
Executing Agency: UNFPA

• Counselling and male involvement improves women's satisfaction with services

Most reproductive health clients are still women. However, experience from the RHI suggests that where men are targeted and involved in services, their wives and partners feel more confident and comfortable in using these services. Similarly, psychosexual counselling enhances both men and women's confidence and satisfaction. Both changes are part of a shift to engage with clients as people rather than simply as medical cases.

• Adolescents are empowered by enjoyable activities

Initially, young people in Bangladesh may be shy or hesitant about getting involved in reproductive health activities. However, the Resource Centres and clubs have provided young people with a comfortable venue and have won the support of their parents and peers. These centres give young people a place to socialise and organise their own activities as well as providing access to the support of project staff. Often they also offer training sessions for income generation and community work. These opportunities increase young people's confidence and enable them to develop new skills.

• Community members are an important resource

The involvement of people from the community has been key to the success of projects in reaching the poor and marginalised. Many volunteers and community motivators, both female and male, have worked in partner projects to link people from their own communities with services and messages to enhance understanding of key reproductive health issues. Community gatekeepers (such as guardians, teachers, formal or informal leaders, religious leaders etc.) have also been crucial to reaching adolescents, with their openness and involvement in creating an enabling environment.

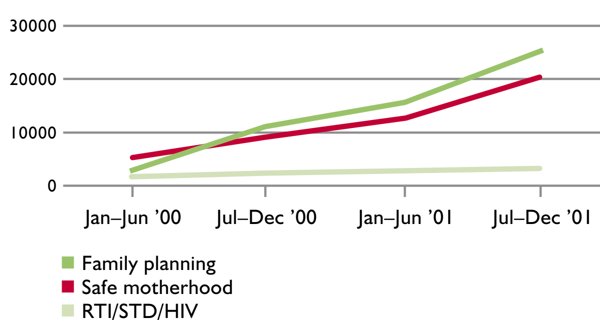
• One-stop quality services encourage women to choose safe delivery

Women are more likely to give birth in health facilities that are accessible and provide friendly services. However, they also need access to specialised services in case of complications, including emergency obstetric care, particularly caesarean sections. The most popular and effective facilities for women to give birth in have proven to be those that can offer all of these services in one location.

• Quality services contribute to sustainability

In a number of hospitals where quality of care has been improved, this has resulted in more satisfied clients, increasing the number of clients and enhancing its reputation in the community. Apart from being an important end in itself, this also has vital implications for sustainability. For example, local philanthropists, impressed by the improvements in the hospital, have come forward to make major contributions to further development, for example building a blood bank, which is important in case of obstetric emergencies. An illustration of the impact of the quality improvement is the significant increase in the number of client visits to reproductive health service centres over the 2000 to 2001 period. Altogether the RHI programme provided services to more than 600,000 people in 2000 and 2001 alone.

RHI Bangladesh: Clients visits to reproductive health services, by type of service

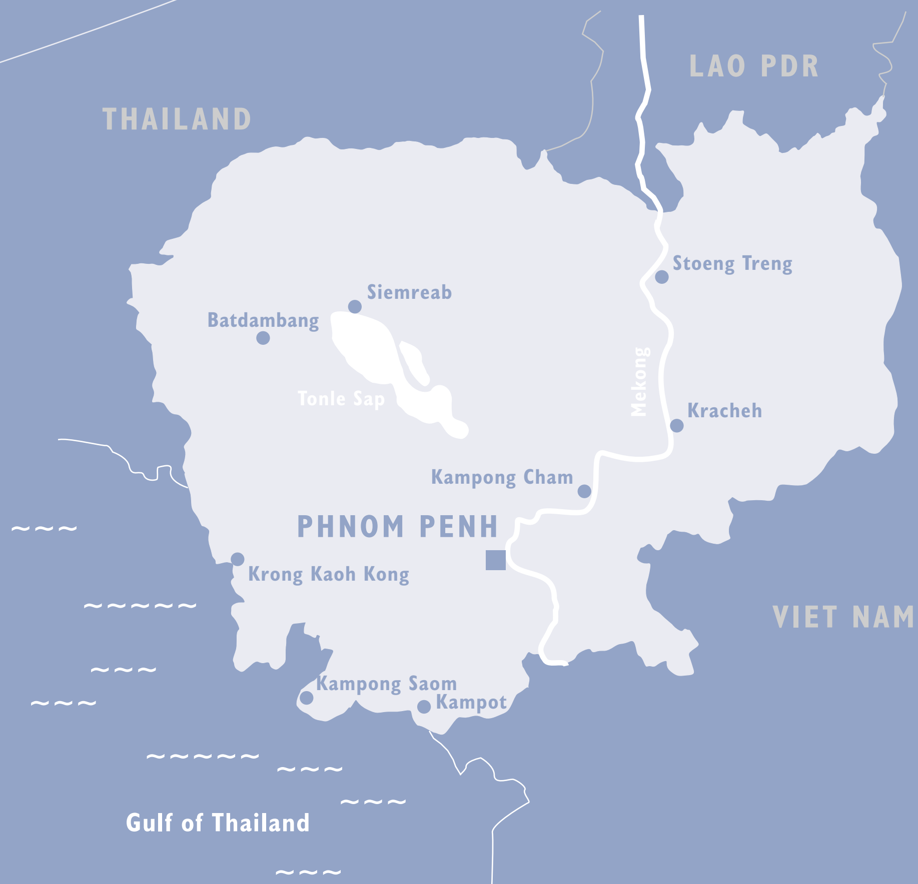


(2000–2001)

• NGOs can work effectively as a team and with the Government

The RHI Bangladesh has demonstrated that all NGOs involved in the RHI were able to work very well together with concrete and useful results, especially in developing expertise in specific areas of reproductive health. Their partnership with the Government of Bangladesh has also been impressive. It has set a positive precedent that can benefit other national programmes eager to take advantage of some of the RHI's innovations.

CAMBODIA



. BANGLADESH
. CAMBODIA
. LAO PDR
. NEPAL
. PAKISTAN
. SRI LANKA
. VIET NAM

Breaking taboos and dispelling myths

Cambodia is among the least developed countries in the world. Two decades of wars and turmoil followed by international isolation have left their mark on Cambodia's economic and social development. Cambodia has a per capita Gross National Product (GNP) of less than US$ 290, with one in three Cambodians living below the poverty line. The current population, estimated at nearly 14 million, is growing at 2.4 per cent per year. Levels of life expectancy, infant and maternal mortality are among the most challenging in Asia. Since the first case of HIV was identified in Cambodia in 1991, the epidemic has grown rapidly. In 2002, 2.6 per cent of the adult population were HIV positive. Heterosexual transmission accounts for the majority of the infections, other contributory factors being poverty, poor health status, labour migration and widespread patronage of sex workers.

» » »

A friendly non-judgemental atmosphere helps in approaching sensitive topics

"When our friends pressure us to go to places that we don't want to (like brothels) or do things we don't like to (like take drugs) this makes us unhappy, because we know if we don't do it then they won't be our friend."
Young man, Phnom Penh

• However, with development efforts stepped up over the last decade and a gradually improving political and security climate, some encouraging progress has been made. Cambodia is a signatory to the ICPD Programme of Action. In 1995, the Royal Government of Cambodia adopted Birth Spacing and Safe Motherhood Policies, and in 1997, a nationwide Safe Motherhood and Birth Spacing Project was launched with UNFPA's assistance. There has been rapid progress in the uptake of birth spacing, with the rate of contraceptive use increasing from six per cent to 19 per cent since 1996. In 1995, in light of the HIV epidemic, the Government adopted a National Policy promoting 100 per cent condom use in commercial sex. Since then, intensive efforts have been undertaken by the international community and the Government alike, to combat the disease. While the HIV prevalence rate is among the highest in Asia, Cambodia is one of only three countries in the world to have achieved a sustained decrease in HIV prevalence since 1997.

More than half of Cambodia's population is under the age of 20. Their health and well-being will play a large part in shaping the country's future. With rapid social change, poverty, lack of education opportunity and low access to appropriate information and services, the passage to adulthood is a risky one for Cambodian youth.

For these reasons, the sexual and reproductive health needs of adolescents and youth were chosen as the country focus for the RHI Cambodia. The programme was designed to support and complement the activities of the Government, using local civil society's comparative advantages.

All seven projects comprising the RHI in Cambodia, implemented by local NGOs in collaboration with European organisations, have used innovative and participatory approaches. These have included a range of campaigns and youth-friendly events geared towards providing essential information and addressing the traditional myths and taboos surrounding sexuality in Cambodia. With the full support of the Government, a notable achievement of the RHI programme has been made in reaching especially vulnerable and high-risk groups, such as street kids and commercial sex workers.

More than half of Cambodia's population is under 20 years of age

Main activities and strategies

Young people in Cambodia have few opportunities to obtain accurate information about sexual and reproductive health. A major strategy of the programme was therefore to develop attractive and appropriate information, education and communication (IEC) materials for youth. A variety of media were used to reach young people, including an interactive radio show, performances, songs, posters, TV and radio spots. Young people from the target groups were involved in the design, development and dissemination of materials.

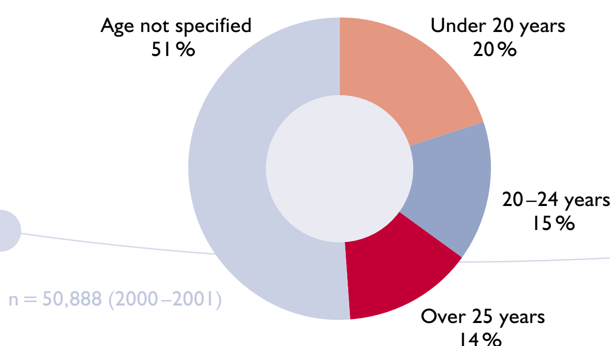
Person to person communication is one of the most important and effective ways of raising awareness, sharing information and finally promoting behaviour change, particularly in the area of sexual and reproductive health. Peer education was introduced by projects working with diverse sub-groups of youth as a means of actively involving young people in project delivery and of increasing in an accessible and credible way, the knowledge and skills that enable young people to make safer choices for their lives.

Social barriers and high costs relative to income make it difficult for most young unmarried Cambodians, especially young women, to access services when they experience sexual and reproductive health problems. Under the RHI, quality youth-friendly clinical services were made available through both clinics and non-traditional settings. Services offered included diagnosis and treatment of STD/RTI, contraception, ante-natal care and counselling. These services were taken up by people of a variety of ages, including a significant proportion of under 20 year olds.

Projects in Cambodia made special efforts to target vulnerable young people, including migrant workers, street children, sex workers, young people living in slums and poor rural communities.

Projects used participatory methodologies to involve young people and the communities in the design, delivery and evaluation of their activities promoting ownership and empowerment. At the same time, the use of participatory methods gave organisations and project staff insights into young people's lives and concerns.

RHI Cambodia: Client visits to RTI/STD/HIV services by age



n = 50,888 (2000–2001)

Quiz shows

On regular occasions, a number of projects organised and staged quiz shows in schools, youth centres or elsewhere in the community. These shows – facilitated by peer educators – involved audiences often composed of thousands of young people posing questions on sexual and reproductive health matters. Young people demonstrated that they were not afraid to speak out once they felt confident with their environment. In addition to the youth target group, the quiz shows also attracted many adults (parents, community members, etc.) who seemed to be just as interested in the questions and answers as the youth.

Youth-friendly services

Innovations and achievements

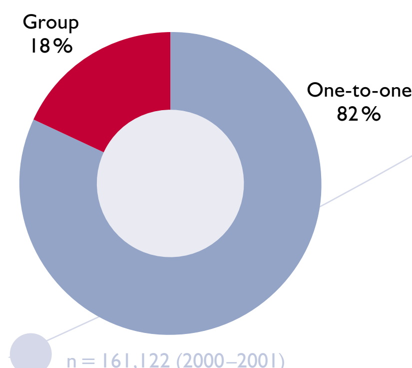
This was the first programme in Cambodia to target young people as a distinct group with specific vulnerability and needs. Working with a new group and confronting challenging issues, the project partners piloted approaches that were new to Cambodia.

For the first time in Cambodia, specialist reproductive health clinical services for young people were introduced. Five existing reproductive health clinics, in the capital Phnom Penh and provincial cities of Battambang, Sihanoukville and Kompong Cham, were extended to provide youth-friendly clinical services *(RAS/98/P12)*. The youth clinics had discreet separate entrances and waiting areas and also provided a library and gathering place for young people. This helped to minimise perceived embarrassment and support young people in becoming familiar with the clinic and staff before they needed services.

Clinical services were also provided in a number of innovative settings. One RHI component project worked in collaboration with five garment factories, employing young migrant women workers to make reproductive health services available in factory clinics *(RAS/98/P11)*. Premises and equipment were upgraded and clinic staff were trained and supported in the provision of basic reproductive health services.

Youth-friendly information, education and communication (IEC) materials were an innovation

RHI Cambodia: Visits to counselling sessions



In addition to STD and RTI treatment, contraception and ante-natal care, the clinics offered counselling with both female and male staff. Increasing numbers of young people used these services and were found to be satisfied with both the confidentiality and friendliness of service providers. Given the sensitive nature of adolescent sexual and reproductive health, one-to-one counselling sessions were held more often than group sessions.

Social activities were provided alongside clinical services as a means of broadening their appeal and accessibility. In the specialist youth clinics, libraries proved popular places for young people to gather to read magazines and books, as well as access information on puberty, sexuality and health. Peer educators ran regular weekly sessions in the library, interspersing reproductive health games and quizzes with karaoke contests.

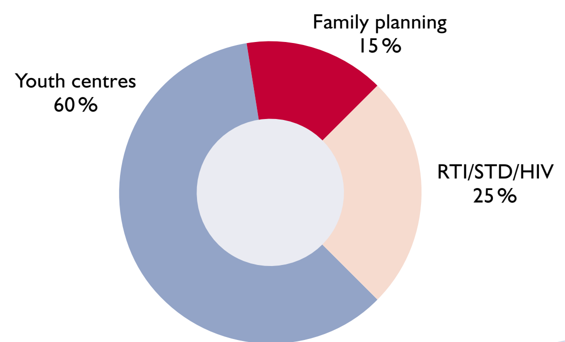
STD consultation in a project clinic

Serving the vulnerable

Similarly, the Naga Youth Centre, situated in a very poor squatter area of Phnom Penh, offered reproductive health services in the setting of a drop-in youth centre *(RAS/98/P14)*. The centre provided street children, working children and young people from vulnerable families, with a holistic set of services, including counselling, videos, karaoke, health education, drawing, games and shows, as well as clinical services and free condoms. In this way, it represented an important resource for this highly vulnerable group, many of whom had been sexually abused and who had sold sex. It also served as a contact point for staff from Friends, the local partner NGO working with street children, to talk to young people about accessing the other services it offered, such as vocational training. A so-called condom café was also set up in Phnom Penh, providing clinical and counselling services to street children in the setting of an informal gathering and eating place.

Altogether, the various RHI service delivery points were visited by more than 207,000 clients in the years 2000 and 2001 alone.

RHI Cambodia: Client visits to reproductive health services, by type of visit



n = 207,152 (2000–2001)

Working with monks

Projects that touch sensitive topics and seek to challenge cultural norms, need to enlist the support and active involvement of influential members of the community. With religion playing a dominant role in Cambodia, Buddhist monks in particular are highly respected, both among adults and young people.

The RHI in Cambodia not only successfully secured the support of the monks, but even managed to involve them in its activities. Buddhist monks were trained in HIV/AIDS issues and incorporated messages about responsible sexual behaviour and compassion for people affected by or living with AIDS in their sermons and ceremonies *(RAS/98/P13* and *RAS/98/P14)*.

"We want to change how the elders think about letting their daughters take part in sexual and reproductive health education."
Female Peer Educator, Battambang

Access to services was maximised through a **referral system.** A network of over 800 peer educators was able to refer clients to the most appropriate RHI partner NGO. Partners also built up referral networks with other agencies outside the RHI for specialist services, particularly HIV testing.

Youth practising condom application

Innovative media were used to reach young people with sexual health information. An **interactive radio show,** *"Especially for You Young People",* used a call-in format to answer young people's questions about emotional and sexual issues *(RAS/98/P10)*. The programme also included a selection of music, features and competitions with a central feature, a soap opera called *"Lotus on a Muddy Lake",* following a cast of young characters and raising issues through their experiences and dilemmas. Placing sexual and reproductive health issues within a human context and providing information in an entertaining way, this show was able to broadcast to over 80 per cent of the country.

Youth involvement was an important innovation of the programme and was especially significant in a social context, where young people are not usually expected to take the initiative or to speak out. Through peer education, a central component of all RHI projects, young people were trained to provide their friends with accurate information and inform them about available services.

Peer education was adapted to work with quite diverse groups of young people, including high school students, street children and out-of-school youth in urban squatter settlements and rural communities. As well as providing an accessible source of information to their peers, peer educators also gained a lot from the experience in terms of confidence, social respect and skills for future employment. They played a significant role in designing and delivering information, education and communication (IEC) materials, writing songs, plays and comic strips and designing posters, games and t-shirts. They also obtained the self-confidence needed to perform shows and organise quizzes and games at large public gatherings.

As peer educators, women have gained in self-confidence

"I became a peer educator because a member of my family became ill with AIDS. No one knew much about it or how to deal with it in the family or in the community. When he died, I decided that I wanted to find out more about it, and use my knowledge to help prevent other young people from getting the disease."

Peer educator, Phnom Penh

The use of participatory methodologies was innovative in the Cambodian context. One partner project provided community-based organisations with training and support in organising participatory HIV/AIDS prevention activities with youth in the community *(RAS/98/P15)*. Participation was incorporated at every stage of the project from needs assessment to monitoring and evaluation. Health education activities carried out by the RHI partners used participatory group work to engage young people and other community members as active players in the project.

Working in the context of garment factories, participatory research techniques were used to learn from young workers about their hopes, fears and concerns regarding sexual and reproductive health issues *(RAS/98/P11)*. This shed light on certain aspects of their lives, in a way, which would not have been possible using more conventional research techniques. By understanding more about the young worker's perceptions, the project team were able to design a participatory curriculum, which was both relevant and enjoyable.

All RHI partners co-operated in organising a Youth Camp in 2001 and 2002 (led by *RAS/98/P15* and *P16)*. The camps, which lasted for one whole week, combined participatory sexual and reproductive health sessions with challenging physical activities designed to build young people's confidence and self-esteem. Partners worked with the armed forces to organise extraordinary activities, such as abseiling, rope slides, hiking and swimming. Each camp provided approximately 200 young people with the opportunity to share ideas with peers from other parts of the country and with very different backgrounds, all the while learning and developing confidence.

Partners recognised early in the life of the Programme that there was a need for advocacy with key gatekeepers who tend to act as filters, either allowing or restricting work with young people, depending often on their personal opinion. Partners worked with factory owners, school teachers, monks, nuns, parents and community leaders to gain their understanding and support for the idea of working on sexual issues with young people. There were some notable successes. For example factory owners were so convinced of the benefits of the project, that they provided some financial support to activities, while teachers became directly involved in project activities working to support peer educators in playing the role of counsellors. In rural settings, community-based health education combined with social activities, stimulated increasingly open discussions between young people and adults on sexual matters *(RAS/98/P13* and *RAS/98/P18)*.

"The Youth Camp is an opportunity to learn about sexual and reproductive health. When they are away from their family and community, it is easy for young people to talk openly together. It is not like school, the camp provides a forum for young people to be with their peers and it is fun. Young Cambodians don't usually get opportunities to do things like this. Here they can gain exposure and a broader perspective."

NGO staff, involved in organisation of the Youth Camp, Phnom Penh

Lessons learned

Co-operation and capacity building

As they were all working with a new target group, RHI partners had a lot to learn and to exchange with one another. The programme included a small Umbrella Project *(RAS/98/P16)* responsible for encouraging collaboration and co-ordination. Partners met together in regular formal and informal contexts and provided support to each other's activities through training, technical advice and referral. The Youth Camp was a notable example of an activity jointly organised, which no one project could have carried out alone. Similarly, the team organised various public events culminating in a national seminar on the theme *"Young People Need to Learn About Reproductive Health: The Sooner the Better"* and worked together on a participatory evaluation of lessons learned from the programme.

Given that the NGO sector in Cambodia is still embryonic and the focus of the RHI is also relatively new, emphasis was placed on capacity building activities. Technical and management training was provided to local partners. RHI partners also provided training to one another, with one project *(RAS/98/P10)* taking leadership in media skills, while another organised workshops adapting the "*Stepping Stones*" participatory learning tool to the Cambodian context *(RAS/98/P15)*. Based on its experience in delivering reproductive health services, another project trained RHI partners in technical reproductive health issues *(RAS/98/P12)*.

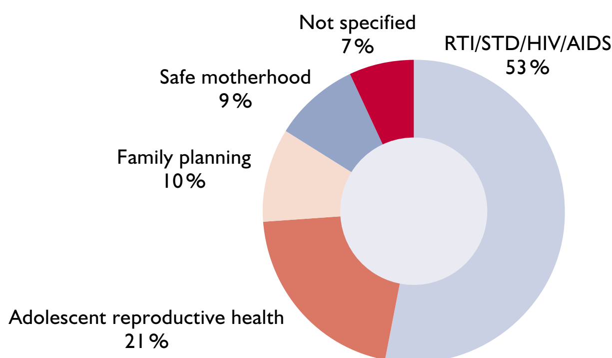
Advice from a friend is often better understood than advice from a parent

- **Young people can overcome shyness to participate in open discussions on sexual issues**

Initially it was feared that taboos against the open discussion of sexual issues, especially among young women, would be a significant barrier to initiating project activities. However, experience showed that, where a friendly and non-judgmental atmosphere was created and facilitators were suitably skilled, young people were very eager to take part. Young people were curious, posed a lot of questions and were generally willing to talk about issues very openly. Indeed young people who took part in the "*Lessons Learned*" evaluation said that they would like to have had an opportunity to start finding out about issues of sexuality and puberty at an earlier age.

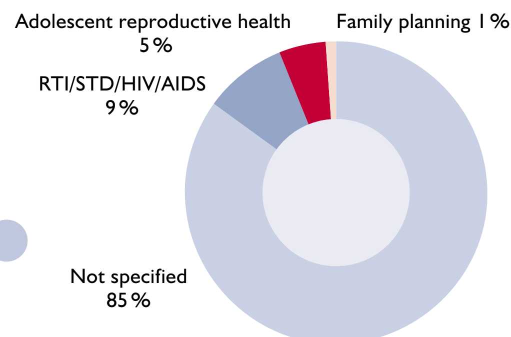
Whether young people attended group or one-to-one counselling sessions, the issue of RTI/STDs and HIV/AIDS was one of the most common issues discussed.

RHI Cambodia: Visits to group counselling, by topic



n = 28,921 (2000–2001)

RHI Cambodia: Visits to one-to-one counselling, by topic



n = 132,201 (2000–2001)

- **Services are an important complement to information and education**

It was found that projects providing information and education about reproductive health, stimulated a demand for appropriate services among young people. This emphasised the importance of the RHI programme providing clinical services alongside information, through linkages between its various partners.

- **Communities and gatekeepers can be mobilised as supporters**

Youth sexual and reproductive health topics are considered quite challenging in Cambodia. However, sensitive advocacy initiatives were able to win support from parents, teachers, factory owners, community leaders and even monks. This support has been instrumental in creating an enabling environment.

- **Young people, especially young women, are empowered by participation**

Taking part in project activities increased young people's confidence. This was especially noticeable for young women involved in activities, such as peer education, who in turn became role models for other young women. Young people who were active in projects gained respect in the community.

- **Health issues need to be put in context**

In order for young people to relate to messages, it is important that information, education and communication materials use a everyday context. In the soap opera for example, everyday issues are integrated into the story line, giving it a human dimension the audience can easily recognise, rather than being treated in the abstract.

"We are interested to know about how the programme is doing and what we can do to help. Currently we are assisting the NGO in talking to new villages and explaining to them the benefits of getting involved in the project."

Local Authority Leader, Battambang

- **Young people are a dynamic and constantly changing population**

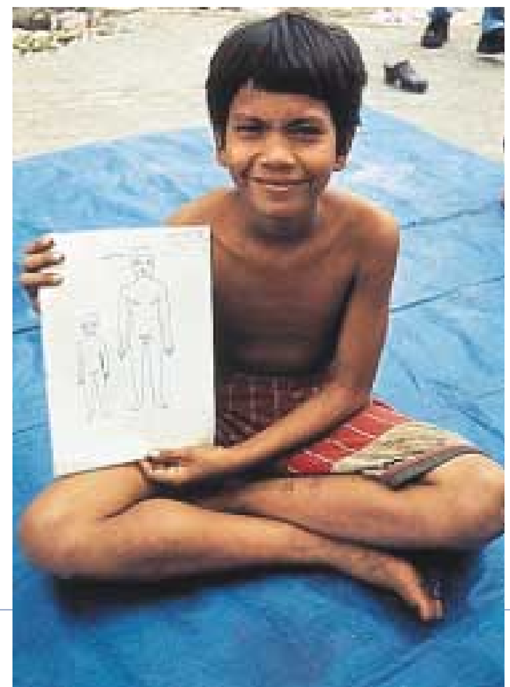
In the shifting economic, cultural and social environment of Cambodia, young people are at the forefront of change. This has important implications for their sexual and reproductive health and it is important that partner projects undertake exercises, such as the participatory *"Lessons Learned"* evaluation, to ensure that they remain in touch with young people's varying needs and perceptions. Significant changes impacting on sexual and reproductive health include increasing migration of young women to Phnom Penh, rising levels of drug use and altering patterns of sex work in response to the closure of karaoke bars.

- **Combining fun and information works well with young people**

Activities, such as the Youth Camp, quiz shows and radio programmes, where educational activities are combined with lively and enjoyable entertainment or social activities, have proved very attractive to young people.

- **NGOs can work together as a team**

The RHI in Cambodia brought together a large team including 27 local and international NGOs from the seven partner projects. This team worked well together and produced a number of significant outputs. With frequent informal and local contacts between organisations, strong relationships were built up and there exists substantial potential for the team to move forward as an influential coalition for youth issues in the area of sexual and reproductive health.



RHI projects in Cambodia

RAS/98/P10: Media education to improve adolescent sexual and reproductive health in Cambodia
Implementing Agencies: Cambodia Health Education Development (CHED), Cambodian Health Education Media Service (CHEMS), Reproductive Health Association of Cambodia (RHAC), Project Against Domestic Violence (PADV)
Executing Agency: Health Unlimited (HU)

RAS/98/P11: Promoting sexual and reproductive health practices among working adolescents and young Cambodian adults
Implementing Agencies: Reproductive Health Association of Cambodia (RHAC), Women in Development Association (WDA), Cambodia Health Education Development (CHED)
Executing Agency: CARE Germany

RAS/98/P12: Adolescent reproductive health in Cambodia
Implementing Agency: Reproductive Health Association of Cambodia (RHAC)
Executing Agency: International Planned Parenthood Federation (IPPF)

RAS/98/P13: Reproductive health for marginalised youths in Phnom Penh and Kratie province
Implementing Agency: Women Organisation for Modern Economy and Nursing (WOMEN)
Executing Agency: Save the Children (SC-UK)

RAS/98/P14: Reproductive health for vulnerable children and youths in Cambodia
Implementing Agencies: Mith Samlanh/Friends, Opération Enfants Battambang (OEB)
Executing Agency: Pharmaciens Sans Frontières (PSF)

RAS/98/P15: Reducing the vulnerability of young Cambodians to HIV/AIDS and other STDs
Implementing Agency: Khmer HIV/AIDS NGO Alliance (KHANA)
Executing Agency: International HIV/AIDS Alliance UK

RAS/98/P18: Promotion of reproductive health in Kampot province for youths aged 12–25 years
Implementing Agency: Cambodia Health Committee (CHC)
Executing Agency: Memisa Medicus Mundi (MMM)

RAS/98/P16: Umbrella project: Youth and reproductive health
Executing Agencies: UNFPA/Save the Children (SC-UK)

LAO PDR

Breaking new ground

The Lao PDR is one of the world's Least Developed Countries (LDCs). Its relatively small population of an estimated 5.5 million is ethnically and linguistically diverse and geographically widespread (20 inhabitants per km^2). With large parts of the country being mountainous and inaccessible, the provision of basic health care and education services, as well as infra-structural development, is a significant challenge. Life expectancy is low (approximately 59 years), infant mortality rates are high (82 per 1,000 live births) and only 17 per cent of all births are attended by trained medical personnel. Nevertheless, the Government of the Lao PDR has set a goal for the country to move beyond its current LDC status by the year 2020.

A cornerstone of this vision is the Government's progress towards improving the reproductive health of the population. In 1999, the Government approved the National Population and Development Policy, which is a comprehensive document in line with the ICPD Programme of Action. Most notably, it is the first time in the Lao PDR that the reproductive health needs of adolescents and unmarried youth have been acknowledged. Young people aged 10–29 years constitute 39.6 per cent of the population, and the negative implications of a fast-growing young population for sustainable economic development are increasingly recognised by policy makers.

» » »

"Since completing the adolescent and reproductive health training, we have become much more confident and are now able to speak openly in groups when we want to express our ideas. We have learned about how our bodies work, including our reproductive systems, and about the illnesses that can affect our reproductive health, including HIV/AIDS, and how to prevent its transmission. We have also learned how to share information with friends who are experiencing problems. For example, we can provide information on reproductive health matters, such as contraception, and can advise our friends on how to deal with issues such as sexual harassment, violence and incest, and conflicts with parents."

Young woman, during a focus group discussion in the Vientiane Youth Centre

People live and work far from health facilities, making the provision of basic health care a challenge

• Although the country currently has a low HIV prevalence rate of 0.05 per cent, with HIV/AIDS rates rising in the five neighbouring countries, and population mobility increasing both within and across borders, the Lao PDR is clearly at risk. The National HIV/AIDS Policy, approved in 2001, recognises that young people constitute a particularly vulnerable group, and promotes multi-sectoral collaborative efforts as a means of addressing the widespread need for accurate, appropriate information and preventive measures.

Despite concerns about the reproductive health status of young people, only limited information and guidance on reproductive health and sexual responsibility is currently available. Research has indicated that adolescent knowledge of reproductive health issues, including knowledge about reproductive physiology, pregnancy, contraception, and STDs/HIV/AIDS, is minimal. Concurrently, there is some evidence to suggest that adolescents are increasingly engaging in unprotected pre-marital sex. The incidence of abortion is reputedly high but, being illegal, there is no data available.

As the specific reproductive health needs of young people were only just starting to be addressed through Government interventions, it was decided that adolescents would be the target group for the RHI programme in the Lao PDR. The programme was designed to complement Government activities, whilst also making use of the comparative advantage that non-governmental actors have in addressing new and potentially sensitive issues through partnerships with national institutions. In enlisting the involvement of two mass organisations – the Lao Women's Union and the Lao Youth Union – and provincial health and education departments, the RHI programme has been able to co-operate closely with national programmes addressing adolescent reproductive health issues.

Main activities and strategies

Young people in the Lao PDR have a limited understanding of matters relating to sexual and reproductive health. One of the priorities for the RHI was therefore to improve knowledge and awareness of reproductive health. Given the challenges of widespread illiteracy, coupled with the fact that a large part of the population is from non-Lao ethnic groups, a variety of complementary strategies were adopted.

Information was spread through the non-formal education sector, as well as the more conventional channels of health, mainstream education and youth-related services. Information, education and communication (IEC) materials were designed to spread health messages to targeted young people. In support of this strategy, some of the RHI projects also undertook research to find out more about the knowledge, attitudes and behaviours of their specific adolescent target groups. There was very little previous information available, and the survey findings enabled project staff to design activities appropriate for use in their individual target areas.

The RHI strove to make appropriate adolescent reproductive health services available though a pilot project in the capital city, Vientiane. It was the first time that specialist reproductive health services were made available to Lao adolescents, and a Youth Centre was established where counselling and clinical services were offered alongside other activities for young people. In other target areas health providers were supported to make their services more accessible for adolescents by promoting models of youth-friendly practice, and through the introduction of counselling skills.

Innovations and achievements

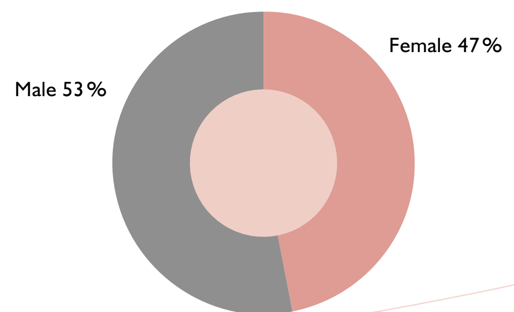
The RHI programme was a novel concept in the Lao PDR: both through its approach as a "programme" rather than a number of isolated projects, and also because of its focus on adolescent reproductive health, which was new for the country. Innovative approaches were introduced through the programme, taking into consideration the special context of the Lao PDR.

The Lao PDR has one of the highest maternal mortality rates in the region at an estimated 550 per 100,000 live births. Through the RHI, concerted efforts were made to provide young mothers with quality services and information by improving pre and post-natal care and deliveries in the Mahosot and four provincial hospitals *(RAS/98/P42)*.

As the topic of adolescent reproductive health had yet to be tackled in the Lao PDR, and as the projects had the opportunity to work with influential mass organisations and government agencies, building national commitment and capacity to deal with young people's reproductive health concerns was a priority. Improving the technical reproductive health capacities of staff, including the introduction of new skills, such as counselling, was an important part of this approach. In target areas, health service facilities were upgraded and equipment provided to support the provision of essential reproductive health services.

In Vientiane, a youth centre was established with RHI funding, officially opening its doors in March 2000 *(RAS/98/P43)*. The Vientiane Youth Centre (VYC) is the first multi-activity centre in the country designed for young people and adolescents, constituting a major breakthrough in targeting adolescents. It boasts the first team of trained youth workers, a clinic and counselling facility offering confidential adolescent reproductive health services. The centre attracts young people, especially young men, who are often a difficult to reach target group, by offering a varied programme of activities. As the only centre with experience of youth friendly interventions, the VYC has also become an important resource for other organisations working with youth issues, such as drug prevention, road safety and street children.

RHI Lao PDR: Client visits to Vientiane Youth Centre



n = 3,870 (Jan–Jun 2001)

Adolescent reproductive health and life skills training

Besides providing young people with the country's first ever reproductive health and activity centre, the Vientiane Youth Centre serves as a venue, in which innovative training measures are carried out with an unprecedented participatory approach.

A training Manual was developed for use in the Vientiane Youth Centre to teach young people the basic concepts of reproductive health and to introduce appropriate life skills. The training itself was divided into 30, two-hour sessions for a group of approximately 20 young people, with equal numbers of males and females. During each session, a technical theme or topic was explored in some depth, before games and participatory activities were initiated to assist the participants in gaining an understanding of how this information might affect their own lives and behaviour.

For example, in the session focusing on teenage pregnancy, the participants learned about contraception and pregnancy, as well as some of the different circumstances in which a young person might become pregnant. They considered the physical and psychological risks of early pregnancy, and the responsibilities of parenthood, and then played a game in which they had to decide whether or not they would be ready to become parents. Using the case study of an unmarried girl who unexpectedly became pregnant, a role play was enacted in which participants were encouraged to explore an alternative ending to the story, with the girl saying "no" instead of agreeing to have intercourse before she was ready. In follow up sessions, the topic of peer pressure was then explored.

Peer outreach was another activity introduced through the VYC. Graduates of the basic adolescent reproductive health training course have been encouraged to become peer educators by participating in peer education training sessions. They now design their own activities to advocate positive behaviour amongst young people in local schools and villages, and also promote the services available at the Centre. Young people from the Centre were invited to brief the Lao Government delegation to the United Nations Special Session on Children in 2001 on youth issues, and youth mobilised through the Centre have also been recruited as researchers by agencies investigating street children and drug use amongst young people.

The RHI was implemented in **partnership with mass organisations and key national institutions,** such as the Lao Youth Union and the Lao Women's Union, which enjoy ministerial status. These organisations have extensive networks at village level. Through the piloting of adolescent and reproductive health interventions and the building of national capacity, it was intended that these partnerships would ensure that good practice was introduced into national programming.

Education sessions on adolescent reproductive health were introduced into secondary schools. In Oudomxai province, *(RAS/98/P44)* these sessions were initially conducted by project staff, in collaboration with designated teachers, as an extra-curricular activity for senior high school students. By the time of project closure, the teachers were confident enough to conduct the training by themselves. Participation in adolescent and reproductive health counselling training, *(RAS/98/P53)*, also enhanced the teachers' capacity to understand and support the emotional needs of young people who might need to seek counsel in matters relating to their health or social situations.

"In the past, women married at a very young age because they did not realise the health risks of early pregnancy. A couple would have many children, and the parents would be unable to feed them properly. Since attending the non-formal education classes which included reproductive health information, people now know how to prevent pregnancy and also how to protect themselves from STDs."

Non-formal education teacher, Lantan ethnic minority group in Luang Namtha

Ethnic minorities make up almost half of the population in the Lao PDR. The RHI catered for their specific unmet needs

Non-judgemental approaches

In order to promote services appropriate for young people, training in youth-friendly service provision was undertaken for health professionals, including doctors, midwives, traditional birth attendants and village volunteers. Courses and materials were adapted to meet the specific needs of staff in rural areas and amongst non-Lao speaking ethnic communities. In Oudomxai, mobile teams were established in two districts to promote reproductive health information at village level. Collaboration with the Lao Youth Union enabled information to be disseminated amongst adolescents.

Given the need that young people have to discuss their concerns with sensitive, non-judgmental adults, emphasis was placed on the importance of counselling, and staff members from a range of institutions were trained in basic counselling and communication skills *(RAS/98/P53)*. This was the first time in the Lao PDR that counselling which focused specifically on adolescent needs had been introduced, and that these skills were welcomed by service providers, teachers, youth workers and others. Participants were encouraged to consider issues relating to young people's sexual and reproductive health in the prevailing social and economic context, as well as to develop an understanding of the physical and psychological aspects of adolescent development.

"I now realise how important it is for us fathers to teach our sons to respect their mothers and sisters, and how we must provide equal opportunities for our daughters."

Older man from the Akha ethnic minority group, following a reproductive health and gender training session in Luang Namtha

Non formal education (NFE) with ethnic minorities

Ethnic minorities constitute 47 per cent of the Lao population. As members of these vulnerable groups are often not reached by traditional outreach services, specific activities were designed through the RHI to meet the needs of some of the most marginalised groups. Efforts were made to design activities and materials targeting non-Lao speakers, including the introduction of reproductive health messages into literacy classes. Communication tools were developed using visual materials instead of text.

Participatory performances were conducted in the evenings to accommodate seasonal agricultural practices. They included traditional songs and dances, shadow puppetry, skits, songs and quizzes, and also introduced the *"kamishibai"*, a specialised Japanese information, education and communication tool used to promote messages through the use of visual illustrations.

All materials were pre- and post-tested amongst the target audiences to ensure that clear and simple messages which appealed to the target group were transmitted. The people featured in the materials were shown wearing traditional (ethnic) clothing.

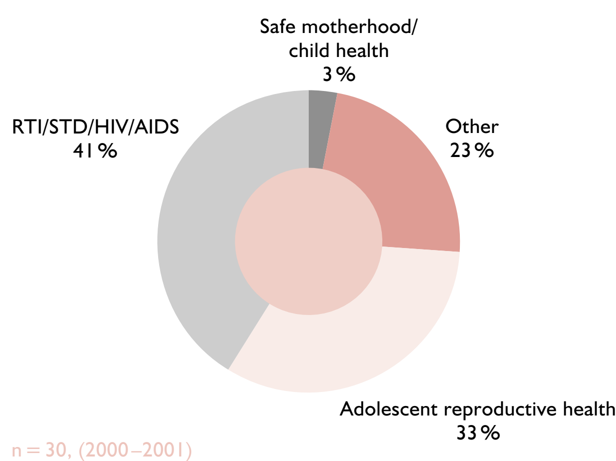
A survey focusing on STD/HIV/AIDS Knowledge, Attitudes and Practices (KAP) was conducted amongst the general population, young people and service providers in three provinces of Bokeo, Champassak and Sekong *(RAS/98/P45)*. Findings confirmed that knowledge on STD/HIV/AIDS is very limited, especially in rural areas, and that service providers do not have the appropriate skills to treat people with STD symptoms. For these reasons, patients prefer to consult traditional practitioners or private sector personnel, rather than use public health services. This is especially the case for adolescents and single people, due to the absence of confidential service provision.

The use of participatory training methods was new in the Lao PDR and was well received by young people, project staff and partners. During the counselling courses, techniques such as role-play, group work and video-recording of practice counselling sessions were used to good effect. Participants were encouraged to empathise with clients by using role-play to explore the feelings of young people facing crises, such as a young woman with an unwanted pregnancy. This approach enabled the participants to engage more effectively with the training and understand young people's real needs and concerns.

Similarly, an intensive participatory adolescent and reproductive health and life skills training programme is run on a regular basis at Vientiane Youth Centre for young people *(RAS/98/P43)*. The course is very popular and equal numbers of young men and young women participate, occasionally divided into single sex groups to discuss certain topics. The training modules are designed to encourage self-reflection, and to promote gender-sensitive behaviour and mutual respect.

In order to provide accurate information on reproductive health to a wide range of young people, special information, education and communication (IEC) materials were produced *(RAS/98/P49)*. These materials were pre- and post-tested amongst target audiences to ensure that the contents were well understood and the formats were visually attractive. Cartoons and posters were particularly favoured. Training was subsequently provided in use of the materials to RHI and other national partners. The IEC materials covered a wide range of topics, with RTI/STDs and HIV/AIDS being the most common themes, followed by materials focusing on adolescent reproductive health.

RHI Lao PDR: IEC materials designed for clients, by topic



n = 30, (2000–2001)

RHI activities successfully enlisted the help of young men

South-South co-operation

Co-operation and capacity building

The partner projects funded under the RHI in Lao PDR were co-ordinated and linked by the Umbrella Project which also played a key role in providing technical support to all partners in the areas of adolescent reproductive health *(RAS/98/P53)*. Reproductive health issues made up the majority of training, but implementing partners also received technical assistance in project management.

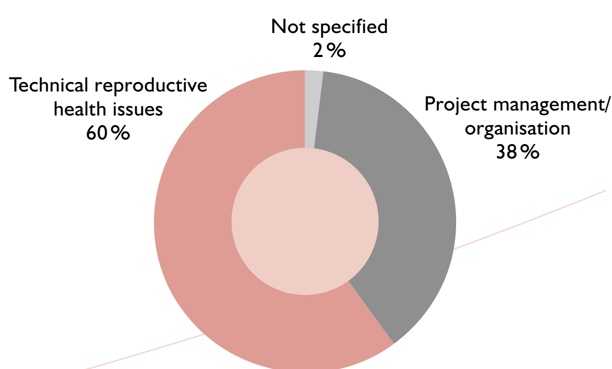
The Umbrella Project was responsible for identifying and meeting unmet training needs, common to all projects. An example of this support was the provision of training in counselling, which was introduced for the first time in the Lao PDR. All RHI partners participated in the first workshop, which was conducted by advisors from two of the projects. Subsequent courses were facilitated by a regional NGO, the Planned Parenthood Association of Thailand (PPAT) with expertise in this area, in the form of South-South co-operation.

Where possible, the different RHI projects **supported each other's training needs.** For example, project personnel with technical expertise in obstetrics *(RAS/98/P42)*, shared their knowledge with staff in the project promoting safe deliveries in rural Oudomxai *(RAS/98/P44)*, and also provided training in reproductive health for Youth Centre staff *(RAS/98/P43)*. Mahosot hospital staff worked in the Vientiane Youth Centre clinic on a rotational part-time basis, while another project was responsible for the development of information, education and communication (IEC) materials used by all RHI partners in the Lao PDR *(RAS/98/P49)*.

Another key activity of the Umbrella Project was to carry out national-level advocacy to boost recognition and support for the RHI and adolescent reproductive health concerns in general. When the RHI was established, workshops were conducted for the different project partners and opportunities were taken to promote relevant national policy, which had not previously been widely disseminated. These advocacy workshops were essential, given that this was a new and sensitive area of work in the Lao PDR.

The RHI Seminar was the culminating event of the advocacy activities co-ordinated by the Umbrella Project. At a two-day meeting attended by Government personnel from key national institutions, RHI partners made presentations on their project objectives and interventions, and lobbied for the importance of continuing to promote adolescent reproductive health. A short video illustrating some of the programme outputs was used to demonstrate the range of interventions and methodologies adopted.

RHI Lao PDR: Technical assistance received, by topic



n = 667 person-days (2000–2001)

The RHI pioneered youth-friendly activities in the Lao PDR

Lessons learned

• Youth-friendly clinical and counselling services attract increasing numbers of clients

Although reproductive health services for youth are very new and continue to be sensitive in the Lao context, the demand for these services has grown. Numbers of clients at the Youth Centre clinic in Vientiane have increased, thanks to the outreach work and word-of-mouth publicity. Government staff, who participated in the counselling training have also reported that the number of young people approaching them for reproductive health services has increased since the introduction of youth friendly approaches.

• Despite cultural sensitivities, there is increasing awareness of the need for adolescent reproductive health information and services

Adolescent reproductive health was initially seen as a very sensitive topic both for adolescents and the wider community. However, the RHI experience has shown that by taking a gradual approach and working with existing organisations and networks, it is possible to address adolescent and reproductive health issues through a wide variety of settings. Health workers and teachers have proved willing to become involved once their self-confidence has been enhanced to deal with these issues. Their participation often exceeded the initial hopes of project staff. The young people themselves have proven confident, interested and willing to learn about reproductive health, and also to consider their own behaviour in relation to it. Adolescents are also a good resource to share information and positive messages amongst peers.

• Participatory techniques are popular and effective

Young people and professionals have enjoyed and benefited from the participatory approaches introduced through the project activities, which are clearly an effective way of helping people to absorb information and skills. Project beneficiaries valued the opportunity to learn through participation and became engaged in both the process and the topic.

• Partnership with government agencies increases impact and sustainability

Working with mass organisations and other national institutions gave the RHI programme the authority and credibility it needed to function effectively. It meant that the RHI was also able to have an impact beyond the projects' direct target areas. The Ministry of Education, for example, decided to reprint five sets of educational materials produced through one of the RHI projects *(RAS/98/P49)*. These were used as a supplementary support to the curriculum on sexual health and population issues for school students throughout the country.

Opportunities were provided for selected staff from a number of the Ministry of Health departments, in addition to the RHI partners, to participate in courses on counselling and issues relating to confidentiality. They were also invited to RHI partner meetings, where adolescent and reproductive health experiences were shared. These links helped facilitate other areas of collaboration, such as the review of technical information, education and communication (IEC) materials, and their approval. They also provided impromptu opportunities for drawing attention to adolescent reproductive health needs.

• Skills development needs to be supported with supervision

Where new skills and subjects have been introduced, project staff found that routine monitoring of progress and on-the-job supervision is crucial as a follow-up to training. Supervision is not only a mechanism for monitoring how new skills are applied, but is also an important tool to ensure that staff are supported in their work. This is particularly important where staff are asked to embrace new skills and to address new and possibly controversial matters. This was specifically the case where clinical and counselling services have been introduced, because there are no specialists available locally to act as referral agents. The RHI programme therefore provided for the establishment of such professional support mechanisms.

• Advocacy is necessary to further promote adolescent reproductive health

The National RHI Seminar demonstrated the capacity of implementing partners to advocate confidently for adolescent and reproductive health information and services through their respective projects. Given that activities were implemented in most cases for only two years, and that adolescent and reproductive health was such a new concept at the RHI's inception in April 1998, this was a major accomplishment.

An ongoing need for advocacy still exists, especially amongst policy makers and programme planners. Service provision for adolescents and unmarried youth in particular remains a sensitive issue. The wide dissemination of a national policy promoting the rights of young people to information and services should form a key element for an effective strategy, combined with the dissemination of information on young people's reproductive health status and related risk behaviours.

RHI projects in the Lao PDR

RAS/98/P42: Improved maternal and neonatal care
Implementing Agency: Ministry of Health
Executing Agency: Enfants et Développement

RAS/98/P43: Youth health and activity centre
Implementing Agency: Lao Women's Union (LWU)
Executing Agency: Save the Children (SC-UK)

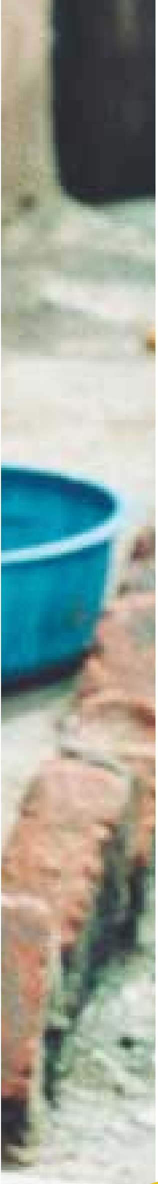
RAS/98/P44: Reproductive health in Oudomxai province
Implementing Agencies: Provincial Health and Education Departments, Lao Youth Union (LYU)
Executing Agency: Enfants d'Ailleurs

RAS/98/P45: Preliminary study to determine the awareness, attitude and practices of adolescents in relation to STDs and HIV/AIDS in the provinces of Bokeo, Champassak and Sekong
Implementing Agency: Ministry of Health
Executing Agency: Médecins sans Frontières

RAS/98/P48: Feasibility study for reproductive health projects in Lao PDR
Implementing Agencies: Lao Youth Union (LYU), Lao National Radio, Provincial Health Departments, Lao Red Cross
Executing Agency: Health Unlimited (HU)

RAS/98/P49: Information, education and communication (IEC) materials for adolescents
Implementing Agencies: Department of Non-Formal Education, Ministry of Education
Executing Agency: Ecoles sans Frontières

RAS/98/P53: Umbrella project
Executing Agency: UNFPA



NEPAL

Bringing comprehensive reproductive health services to the community

Nepal is one of the poorest countries in the world and one of the very few, where women have a shorter life span than men (59.6 years compared to 60.1). Women's low status and limited decision making power, coupled with low levels of literacy and education, harmful traditional practices and widespread poverty contribute to poor general health and high maternal and infant mortality rates.

Low demand for and access to primary and reproductive health services constitute one of the country's main challenges. For example, only thirteen per cent of all births are attended by a skilled birth assistant. The majority of Nepal's 24.2 million people live in inaccessible, hard-to-reach areas and have to travel long distances to reach adequate services. Problems related to infrastructure and availability of qualified human resources limit the impact of His Majesty's Government (HMG) of Nepal's health care delivery system.

» » »

86 per cent of Nepal's population lives in rural or remote areas

Young people share information more easily amongst themselves than with their parents or older persons

• Although HMG has made significant strides in expanding its network of health facilities, health service coverage, and in particular coverage of reproductive health services, remains inadequate. Consequently, the Government of Nepal expanded its existing Primary Health Care Strategy to include the National Reproductive Health Strategy and the National Adolescent Health and Development Strategy. These strategies encourage and direct NGOs, national and international alike, as well as the private sector, to co-ordinate with, and complement, the Government's activities to improve sexual and reproductive health practices, and to raise demand for and utilisation of services.

The RHI in Nepal aimed at improving the reproductive health status of women, men and adolescents, thereby supplementing and complementing the Government's efforts in reaching under-served rural and marginalised urban population groups with appropriate services and information.

Through enhancing community-based reproductive health services via NGOs, and strengthening linkages between communities, community-based organisations, women's groups, local leaders, the Government health system and other appropriate health services, the initiative aimed to contribute towards reducing delays in seeking, reaching and receiving appropriate care.

The RHI programme in Nepal consists of five innovative community-based projects, which are implemented by national NGOs in partnership with European organisations and in close collaboration with the Ministry of Health.

Community volunteers provide helpful information on sexual and reproductive health

Reaching communities with appropriate services through collaborative actions

Main activities and strategies

A key strategy to reach under-served and marginalised populations was to **mobilise grassroots organisations in support of reproductive health initiatives.** Projects worked with existing groups and networks, such as village development committees (VDCs), women's groups, youth clubs and community-based organisations (CBOs) to raise awareness on reproductive health issues and establish linkages and referral networks with appropriate services. Communities have been empowered with the knowledge and skills to enable them to take care of their health, while community resources have been mobilised as and when needed.

To meet people's needs for quality integrated services, projects worked to enhance community-based services. Outreach clinics were set up and high quality services were made available through static and mobile clinics. Emphasising a more holistic approach to general well-being led to a new prominence for counselling services. Furthermore, people were empowered to look at psychological, social and gender issues, as well as physical health problems and to act upon them accordingly.

"Our work is to meet with the men both here and in the village in order to talk about general and reproductive health, such as family planning, pregnancy, childbirth and about how men can be supportive. At first, we were shy, but now after two to three years, we have the confidence to advise and talk to the community people. We refer the women and men to the clinic or other services."

Male volunteers, Kirtipur municipality

Traditional beliefs and myths

"When a girl has her first menstruation, she needs to stay in a dark room for 12 days, where sunlight cannot enter." The belief is that if the girl avoids sunlight for 12 days, she will not get an old man as husband. Hindu belief practised especially in traditional Brahmin and Chettri communities

"Menstruating women should not enter the kitchen, touch sources of water, collect water, cook food, milk cows, touch any plants, or sleep with their husbands for four days during their menstruation period. They are not allowed to perform any religious ceremony for at least five days." This is strictly practised in the majority of Brahmin/Chettri households in Nepal.

The physiology of menstruation and menstrual hygiene is addressed in the various awareness raising programmes implemented by the RHI partner organisations. Adolescents are reached with these important messages during in-school and out-of-school health education activities.

"Sub-fertility and/or infertility can be cured by sacrificing a goat, sheep, hen, duck, or other animal to the Hindu God Shiva and other Deities."
Awareness raising on the causes of infertility/sub-fertility to both men and women is an integral part of the awareness package delivered and used by the RHI partners. This is especially important as in general the woman is blamed if no children are produced. It is not unusual for the husband to remarry because his first wife has failed to have children.

"Making preparatory arrangements for the delivery and the new-born baby will increase the chances that something will go wrong during child-birth or during the post natal period." A baby will only be given new clothing after the naming ceremony, which is held on the eleventh day after birth. Hindu as well as Newar Buddhist traditional belief.

The projects have advocated the importance of adequate preparation for delivery and childbirth, including arranging money and transport for obstetric emergencies and buying a safe delivery kit in advance.

"If the placenta does not come out during delivery, the women should bite her own hair for some time". The belief is that by doing this it will be easier to expel the placenta.

Raising awareness about the danger signs during and after delivery are part of the safe motherhood package used in the RHI programme. This includes advice on actions needed in case of retained placenta.

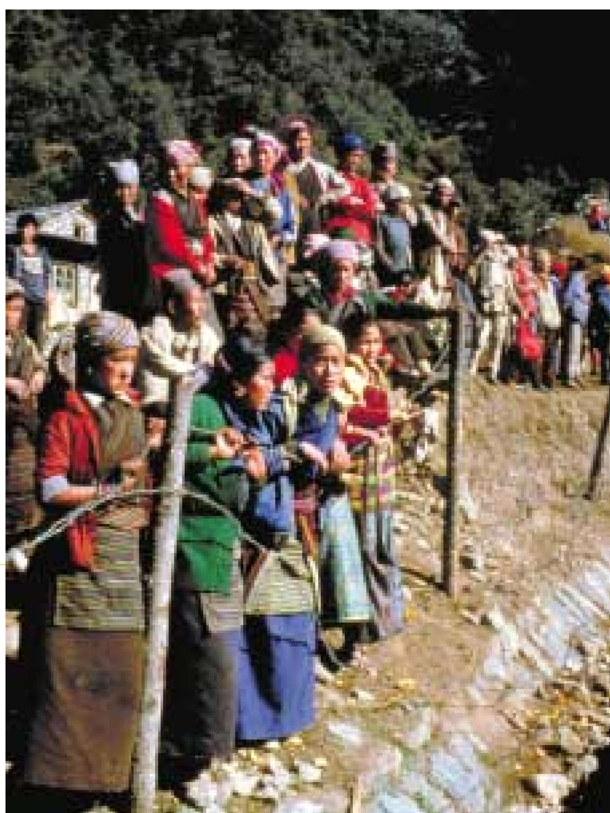
Special efforts were made to offer appropriate services and information to men and adolescents. These two target groups have traditionally had only limited access to reproductive health services, as these have tended specifically to target married women. As well as having important unmet needs, men and adolescents play a key role in improving the reproductive health status of the whole population. Men's power as decision-makers means that they have the potential to prevent or support women's access to reproductive health information and services. As most young people become sexually active in their teens in Nepal, it is essential that adolescents have the opportunity to be informed about sexual and reproductive health issues before puberty and before becoming sexually active and that they have access to suitable services once they are sexually active. For this reason, special interventions were targeted at adolescents and youths between the ages of ten and 24.

RHI Nepal: Total number of outreach activities and home visits conducted

Number of fixed outreach locations	126
Number of outreach clinics organised	20,295
Number of health camps/VSC camps organised	53
Number of home visits made	23,543

n = 44,017 (1999–2002)

The RHI in Nepal placed particular emphasis on building collaboration and partnerships. In order to maximise the coverage and sustainability of the projects, partnerships were forged with CBOs, government agencies, community groups and key stakeholders in the community, as well as between the implementing organisations.



Pictorial information materials cater for the large numbers of illiterate and semi-literate women

Creating community ownership

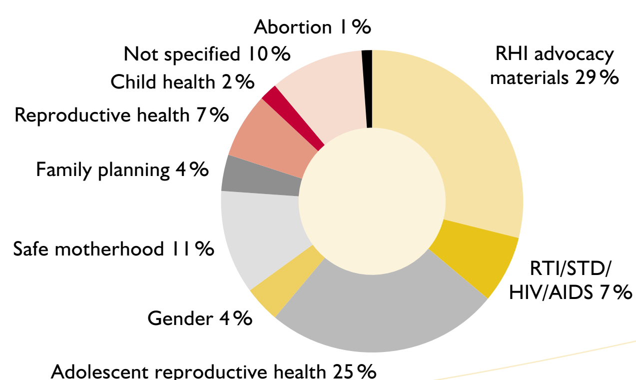
Innovations and achievements

In order the reach underserved groups with reproductive health information and services, projects introduced a variety of innovative approaches.

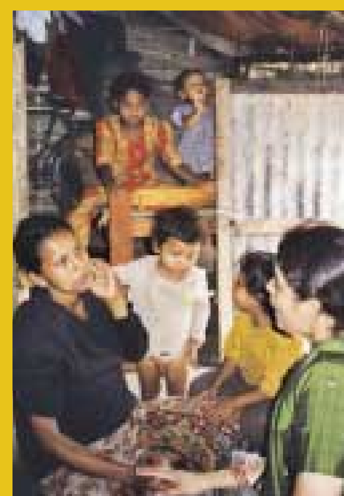
Communities supported and were involved in the delivery of reproductive health services in several ways. Village Development Committees (VDCs) and mothers' groups were engaged in project activities as a way of creating community ownership and mobilising community volunteers *(RAS/98/P39)*. Using the multiplier effect of a cascade approach to quickly expand its reach, this project trained almost 1,000 community health workers and 2,900 community leaders to become advocates in their communities. More than 2,000 mothers' groups with over 24,000 members were trained on reproductive health, gender issues and reproductive rights. In each village a small "tin trunk library" containing information, education and communication (IEC) materials on both reproductive health and general development issues was provided to support awareness raising activities in the community.

The distribution of IEC materials on a wide range of reproductive health topics, formed an integral part of awareness raising activities.

RHI Nepal: Distribution of IEC/advocacy materials by service provider/client



n = 200,733 (1999–2002)



Public health workers counsel clients on HIV/AIDS prevention during home visits in the slum areas of Kathmandu

Community-based initiatives, such as Mothers' Groups, take action to improve their reproductive health situation

Special efforts were made to foster community participation in project management. Community leaders and other local representatives were involved in the planning, implementation and monitoring of activities *(RAS/98/P35* and *RAS/98/P39)*. Regular meetings with community representatives were used to share project progress and obtain feedback on how activities were received by the communities. The feedback provided was used to revise and plan activities to address identified shortcomings and specific needs.

Non-formal education classes were used to reach illiterate people in urban slum areas with information about reproductive health *(RAS/98/P35)*. As young illiterate women are especially vulnerable to sexual abuse and exploitation, particular efforts were made to target interventions towards this underserved section of the community. Furthermore, over 7,000 young illiterate/semi-literate women benefited from an intensive three-month training on basic reproductive health and life skills *(RAS/98/P39)*. These young rural girls would otherwise have had little or no opportunity to obtain information about their own bodies or to build their confidence to enable them to better protect their sexual and reproductive health.

Poverty and socio-cultural barriers are major reasons for poor access to services, including potentially life-saving maternity care. Several innovative measures were undertaken to reduce barriers to emergency reproductive health services. Communities mobilised local resources to set up *"Emergency Health Care revolving funds" (RAS/98/P39)* which helped increase access to transport and health care in case of emergencies, thus reducing dangerous delays. The establishment of health insurance schemes was another strategy employed to improve access to essential health care *(RAS/98/P38)*.

Through another project *(RAS/98/P36)*, a subsidised treatment fund was established. This enabled clients, who would otherwise be unable to pay, to use the services offered at the static clinic at subsidised rates or free of charge. Services offered included family planning, antenatal care, diagnosis and treatment of reproductive tract infections, immunisation, post abortion care and other gynaecological problems.

"Now, many people are interested in joining our groups for the discussions. AMK gives us an agenda of topics for discussion with the groups, like pre-natal care and communication between male and female. Now that the programme is finishing, we will carry on as best we can. We will keep the meetings going and come to the staff at AMK if we need advice."

AMK Male Group Mobiliser, Bungamati, Lalitpur

Training session for street drama: an effective means of reaching underserved groups with messages on health, sexual and gender issues

Close field worker client relations are the basis for building mutual trust

Services were also offered free of charge to remote and marginalised communities through Outreach Clinics and Community Health Promoters, who travelled as far as 60 kilometres to provide free services and information to poor communities *(RAS/98/P36)*. These initiatives brought quality health care within reach of significant numbers of marginalised, under-served people. For instance, in a remote and conservative Muslim community called Ranipur, two years of outreach services and awareness raising activities resulted in women taking up ante-natal care and family planning services, which had previously been almost completely unknown.

The specific needs of young people aged 13–24 were addressed through a peer education programme and through Youth Information Centres *(RAS/98/P37)*. Fifteen resource centres in five districts provided a library with information, education and communication (IEC) materials and games, as well as a training- and common room area, where meetings and film shows were held. Counselling and other services were provided at the centres. A total of 216 male, female and mixed peer groups of eight to ten out-of-school youth were formed and trained on sexual and reproductive health and life skill issues. Subsequently, these young people were encouraged to share their newly gained knowledge among peers in the communities. At the same time the 672 teachers trained in sexual and reproductive health education were able to reach as many as 40,000 students. Moreover, as influential people in the community, they provided significant support to the project. Altogether the RHI in Nepal reached more than 76,000 out-of-school adolescents and youth.

RHI Nepal: Number of young people reached through awareness raising activities

Organisation	AMK	FPAN	Phect-Nepal	SPN	Total
In school adolescents/ youth	—	31,527	756	1,294	33,577
Out of school adolescents/ youth	7,500	67,576	817	585	76,478
Total	7,500	99,103	1,573	1,879	**110,055**

n = 110,055 (1999–2002)

Health workers and volunteers show keen interest in learning more on male reproductive health

Appropriate information, education and communication (IEC) materials addressing male reproductive health issues are scarce in Nepal. During a series of focus group discussions, health service providers and volunteers indicated that a simple guide on male sexual and reproductive health issues and the importance of their involvement in sexual and reproductive health care would enhance their confidence in responding to men's queries. Subsequently the RHI, in collaboration with key experts from the government and non-government sectors, developed a question-and-answer booklet in Nepali to provide an easy reference tool on male reproductive health issues for volunteers and health workers to use at grass roots level.

Health workers and volunteers were actively engaged in the compilation and collection of questions frequently asked by men. Over 275 different questions were collected for inclusion in the booklet. Topics covered, include sections on the various reproductive health components, such as sexuality, women's empowerment issues and the male reproductive system. Special emphasis was placed on discussing those male concerns that prevent their active and supportive involvement in reproductive health care.

Sexual and reproductive health can not simply be seen as a medical issue. Counselling has been emphasised as part of a holistic and integrated approach to reproductive health care, which also includes dealing with psychological, social and legal aspects of sexual and reproductive health care. In Kirtipur, the Centre for Community-Based Reproductive Health which was supported by six outreach clinics and a system of home visits, pioneered this approach *(RAS/98/P38)*. The Centre's multi-sectoral team included a psychologist, a lawyer, a social worker and a male counsellor, in addition to the regular clinical staff and field workers.

Through the project, staff from the Centre were trained to work as facilitators encouraging clients to share problems and make informed choices. Particular emphasis was given to ensuring the confidentiality, respect and user-friendliness of the services offered. This approach enabled the Centre to gain the trust and respect of the community, and it became possible to tackle sensitive issues, such as gender-based violence and issues related to property rights. The clients held increasingly open discussions about violence against women and victims of gender-based violence came forward more often to ask for counselling assistance. Legal, social and psychological counselling services were provided to the victims of gender-based violence as needed and clients were referred to other support networks where required.

An important element of this project was geared to improving and adapting to the Nepalese context the contents of a training manual designed by the Regional Dimension Gender Project *(RAS/98/P26)* to tackle Gender Based Violence through reproductive health programmes.

However, gender issues cannot be addressed effectively without the active involvement of men. For this reason the Centre mobilised 87 male volunteers. As a result, there are positive indications of increased male involvement, with men beginning to accompany their partners to the clinic as well as seeking services for themselves. In another RHI project *(RAS/98/P36)* male volunteers were trained to raise awareness of reproductive health issues amongst their own sex. An existing clinic under the same project was even extended to include a male counselling centre to better reach men with appropriate services.

Ensuring confidentiality, respect and user-friendliness are the cornerstones of appropriate services.

"I decided to ask for help as after three years the field workers have become friends more than counsellors for me. I as well as other women here in Bhatkepati like this clinic as it offers very useful and necessary services which are not available in other places".

Woman visiting the integrated Women's Health Centre in Kirtipur district

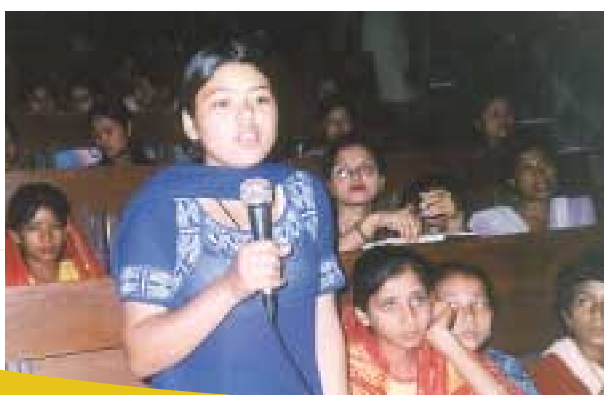
Adapting and responding to needs

Co-operation and capacity building

As with other RHI country programmes the individual component projects of the RHI in Nepal worked together under the leadership of an Umbrella Project *(RAS/98/P33)*, in order to promote and strengthen co-operation amongst the implementing agencies. IEC was one area, where working together enabled the projects to **optimise use of resources and skills.**

"From this newsletter, we learn those things that we could not learn by asking our parents."

Girls, aged 14–16, Lalitpur, talking about "Jigyasa", the RHI newsletter on adolescent reproductive health



Following a social research study to evaluate the information needs and gaps faced by adolescents, a regular newsletter for young people *"Jigyasa"* or *"Curiosity"* and a flipchart on adolescent reproductive health and development were produced. Other useful tools were produced by the Umbrella Project to meet the common needs of partners, including a handbook on reproductive health for grassroots workers, a simple **question-and-answer booklet on male reproductive health issues,** as well as guidelines on participatory implementation and project appraisal. Through joint initiatives, the projects also initiated the use of street drama as an innovative medium for reaching young people and others with health messages.

National adolescent girl's congress

For the first time ever, a two-day "National Adolescent Girl's Congress" took place in Pokhara, Nepal.

Facilitated by the RHI programme in Nepal (in particular *RAS/98/P39)* and with the support of Government officials from various departments, a forum by and for adolescent girls was created.

The congress was run entirely by the adolescent girls themselves, from programme planning to chairing sessions, announcing agenda items, inviting speakers and facilitating discussions. Over 200 adolescent girls actively participated in the congress and welcomed this opportunity to voice their needs and demand urgent action to address their main concerns, which included lack of education and employment opportunities, as well as limited access to appropriate health information and services and early marriage. Subsequently a seven point *"Pokhara Declaration"* was adopted.

" I left my family for a few days to take part in the Adolescent Girls Congress. I had never expected to be able to participate in such a big meeting. I met many friends and we shared our problems and wishes. I am very happy to be a member of the Adolescent Girls Group. I have learned so many new things."

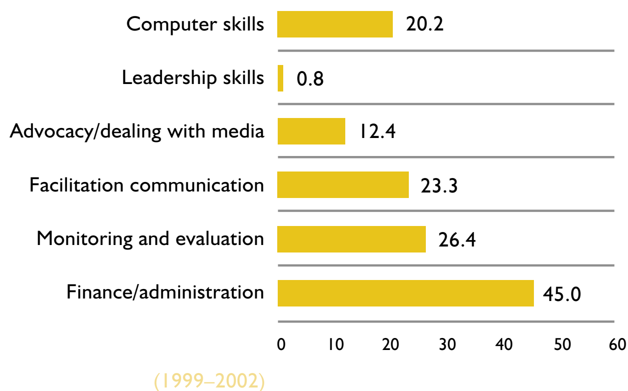
Apsara Sharma, Syangja

The National Adolescent Girl's Congress constituted a significant outcome of the ongoing empowerment activities within the RHI in Nepal and demonstrates that, given the opportunity and encouragement, adolescent girls can advocate for their rights and be active agents for change.

Collaboration also extended beyond the RHI to involve alliances with the national reproductive health programmes and relevant Government departments. The collaboration involved the exchange of data, expertise, training and IEC materials.

The Umbrella Project also took the lead in organising various training programmes and exchange visits to build capacity among local partner organisations. An evaluation of the capacity building efforts undertaken showed that the institutional capacity of partners had been significantly strengthened. The levels of competence, confidence and motivation of staff and volunteers were rated as remarkably high.

RHI Nepal: Percentage of staff of RHI partner NGOs trained in management skills, by topic of training

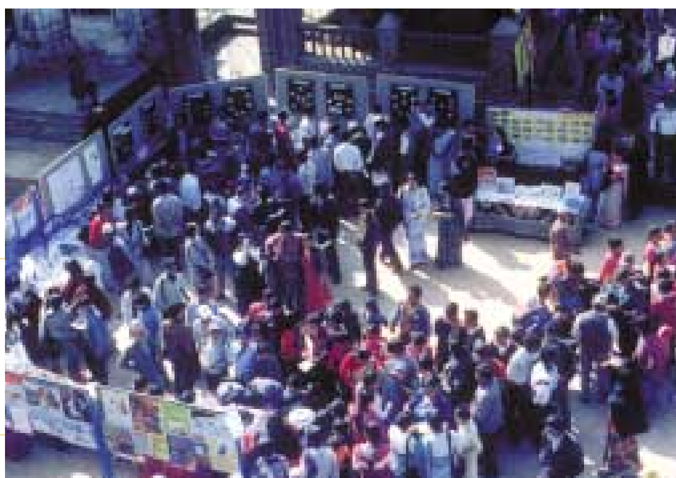


(1999–2002)

"I felt shy at the first sight of the illustration on changes during adolescence. Out of curiosity, I went to the maize field to read the newsletter in private. Once I had read it, I liked it very much."

A boy, aged 17, Dang

The RHI newsletter, Jigyasa, communicates important messages on sexual and reproductive health and life skills to adolescents



Lessons learned

- **Empowered young women successfully advocate for their rights.**

The reproductive health and life skills training *(RAS/98/P39* and *RAS/98/35)* provided to young women under the RHI had a broad impact on their lives. The girls gained knowledge, skills and confidence and were able to approach preventative health services, as well as seek appropriate care when they had health problems. Moreover, as a result of the programme, more than 1,000 young women enrolled in formal education and 55 adolescent girls groups, convened for reproductive health activities and decided to enrol in non-formal education. Others sought support to set up income-generating projects. Increased confidence was also demonstrated when the group members played a vocal role in advocating for their needs and rights during the National Adolescent Girls' Congress *(RAS/98/P39)*.

- **A holistic approach to reproductive health wins trust**

Centres which took an integrated and holistic approach to reproductive health were able to address a broader range of problems and concerns in a way that took a more realistic account of the context, problems and needs of people's lives. By providing legal and social counselling and psychological support as well as preventive and curative health services, the centres enabled communities and individuals to address sensitive and controversial issues, such as gender-based violence *(RAS/98/P35)*.

- **Community mobilisation promotes ownership and sustainability**

The success of the RHI projects in mobilising key individuals and social networks *(RAS/98/P35* and *RAS/98/P39)* in communities in support of reproductive health activities, demonstrated the potential for poor people to own and sustain reproductive health initiatives. An RHI project that worked in the slum communities in Nepal *(RAS/98/ P35)* successfully created local sustainability. In consultation with the communities, the project identified four basic requirements to make a programme sustainable, namely trained human resources, community funds, material support and the provision of an adequate working space.

- **Participatory approaches enhance effectiveness**

Participation was a key strategy for the RHI in Nepal, encompassing participatory planning, mobilisation of community resources for health initiatives, participatory project management and monitoring and evaluation. Participatory approaches were instrumental in reaching groups that had previously not been able to receive reproductive health information and services. At the same time, active involvement in projects proved an empowering experience for community members.

- **Community support facilitates work with adolescents and youths**

With sensitive and sustained advocacy, it proved possible to mobilise community support for reproductive health information and services for young people *(RAS/98/P37)*. Teachers, parents and community leaders were willing to become involved and act as advocates encouraging young people to participate in the programme.

- **Affordable and accessible clinics attract clients**

Clinics which made special efforts to overcome barriers hindering access, were very popular with clients *(RAS/98/P36* and *RAS/98/38)*. Outreach clinics and home visits were used to bridge both geographical and social barriers. Services were provided free or at low cost to people who would otherwise have been barred by poverty, from meeting their reproductive and sexual health needs. Special funds were set up in communities to enable people to access emergency services *(RAS/98/P38* and *RAS/98/39)*.

"I am from this settlement. The EHDAG staff gave us training on reproductive health. Now I am able to counsel pregnant women, and tell women about family planning, hygiene, health, and nutrition for their children."

BB, Volunteer, urban slum area, Kathmandu.

RHI projects in Nepal

RAS/98/P35: Improving reproductive health of women, men and adolescents in urban slum communities
Implementing Agency: Environment, Health and Development Advisory Group (EHDAG)
Executing Agency: Associazione Disarmo e Sviluppo (DISVI)

RAS/98/P36: Expanding access to reproductive health services in under-served areas
Implementing Agency: Sunaulo Parivar Nepal (SPN)
Executing Agency: Marie Stopes International (MSI)

RAS/98/P37: Working with young people to improve their sexual and reproductive health
Implementing Agency: Family Planning Association of Nepal (FPAN)
Executing Agencies: World Population Foundation (WPF)/IPPF

RAS/98/P38: Establishing a centre for community-based reproductive health services and information, education and communication (IEC) programmes
Implementing Agency: Public Health Concern Trust (phect) Nepal
Executing Agency: Italian Association for Women in Development (AIDOS)

RAS/98/P39: Improved access to community-based reproductive health services
Implementing Agency: Aamaa Milan Kendra (AMK)
Executing Agency: Royal Tropical Institute (KIT)

RAS/98/P33: Umbrella project
Implementing Agency: UNFPA
Executing Agencies: UNFPA/Royal Tropical Institute (KIT)

. PAKISTAN

. BANGLADESH . CAMBODIA . LAO PDR . NEPAL . PAKISTAN . SRI LANKA . VIET NAM

Reaching the vulnerable

The seventh most populated country in the world, Pakistan is faced with a high fertility rate, currently at 5.08 per cent, compounded by low levels of contraceptive use. In recognition of the urgent need to reach out to largely unserved populations in rural and remote areas, the Government of Pakistan is now implementing a five-year plan, aimed at increasing reproductive health funding, and employing female community-based reproductive health workers in over 50,000 rural and urban communities.

The RHI programme in Pakistan fits in with the Government's goals and supports its five-year plan, in particular by making reproductive health services and information accessible to the most vulnerable populations. With a strong focus on involving and empowering local grass roots organisations, community based volunteers and female health workers, the four RHI projects are strengthening the reproductive health care infrastructure in the most hard to reach and under-served communities.

» » »

The RHI partners met regularly to strengthen collaboration, share experiences and build their respective capacities

Women gained new confidence through awareness raising activities

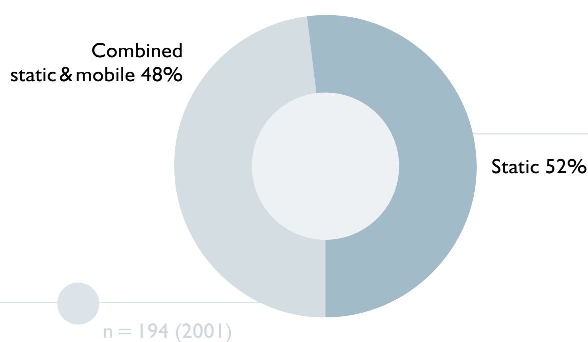
• As a traditional society, Pakistan harbours strong values on issues regarding the family, reproductive health and gender relationships. Adolescent marriages, particularly among girls, are still common in Pakistan. Age of marriage has been rising in the past few decades, however a clear gender difference remains in the timing of marriage. The mean age of marriage has increased from 16.7 in the 1960s to 22 years in 1998 for girls. For boys, the current figure is 26.5. In the 15–19 age group three to four per cent of males and 17 per cent of females are married, implying that potentially sensitive reproductive health issues, such as adolescent sexual and reproductive health and male involvement in family planning and contraception had to be carefully approached and introduced. The RHI programme in Pakistan has made considerable achievements in enlisting the support and endorsement of religious leaders, parents and teachers as well as male partners.

Male involvement in family planning was carefully approached

Main activities and strategies

The priority of the RHI in Pakistan was to strengthen community-based reproductive health services in underserved areas in order to reach vulnerable groups. The RHI Partners worked hand-in-hand to make clinical services increasingly available to socially and geographically marginalised groups. This involved launching new clinical facilities, service delivery specifically adapted to the needs of target groups, with mobile clinics and camps as an effective means of bringing reproductive health services closer to vulnerable populations. The combination of providing mobile and static service delivery points allows the projects a flexible approach more capable of reaching large percentages of the target group.

RHI Pakistan: Operation mode of service delivery points



n = 194 (2001)

The programme managed to mobilise higher levels of participation, in terms of involving the community and recruiting volunteers. This is a significant end in itself, leading to greater motivation and improved chances for future sustainability, and is also a means of reducing project costs, especially with respect to personnel. To achieve this, participatory approaches were used during the design, planning and implementation of the programme. As a result, more than a third of staff at project level and half of workers at service delivery points are volunteers from the community.

These volunteers proved to be effective and committed to sharing information with their peers and distributing contraceptives door-to-door. Volunteers also benefited from their involvement by learning new skills, developing confidence and community respect. In order to build support for project activities, specific advocacy and awareness raising efforts were undertaken. Women, men and young people were reached through a variety of media, including face-to-face communication and a radio show, leading to increased awareness of reproductive health issues and the availability of services. Leading community members, such as teachers and religious leaders, who were respected within their communities and thus enjoyed substantial influence, were specifically targeted. Obtaining their support and endorsement was seen as a crucial means in promoting reproductive health messages and services.

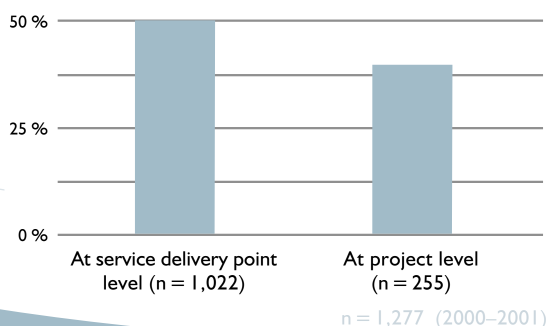
By raising issues of male responsibility and helping women to become more knowledgeable and aware of their capacities, the programme initiated changes in the existing relationships between men and women. This was facilitated by the involvement of and advocacy to key persons in the community.

Innovations and achievements

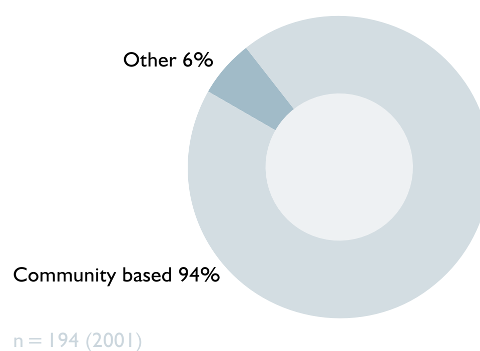
To reach beyond the groups served by conventional health services in Pakistan, a number of interesting innovations were developed by the RHI partners in all areas in which it was operational. The emphasis on partnerships with community-based NGOs also encouraged the development of approaches, adapted to local needs. There have also been some encouraging examples of synergies between NGOs and the Government. For example, information, education and communication (IEC) materials developed by one of the projects were used by the Ministry of Population and Welfare for distribution and utilisation on a national scale.

Services were brought to clients through a variety of creative means. For example, women who were unable to leave their home to attend clinics were offered door-to-door delivery of family planning contraceptives, combined with primary health care services provided by community volunteers *(RAS/98/P09)*. Mobile clinics and camps went to remote and mountainous areas, where people

RHI Pakistan: Proportion of volunteers among programme staff



RHI Pakistan: Location of service delivery points



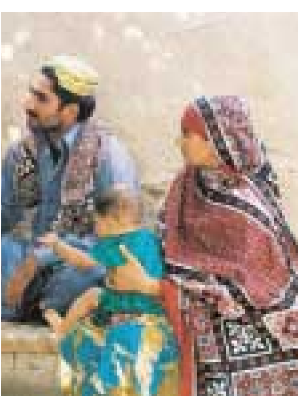
The RHI made considerable achievements in enlisting the support and endorsement of key gatekeepers, including parents, teachers and male partners

lived too far away from existing clinics to receive any health services at all *(RAS/98/P08)*. In addition, new clinics offered services in locations, which had not been served as yet by existing reproductive health outlets. In Karachi and Sindh, for example, two surgical centres were set up to offer a full range of reproductive health and related services. These were backed up by eight community-based clinics, which offered basic services and referrals for more complex cases in a location which was convenient and accessible to disadvantaged and vulnerable people *(RAS/98/P09)*.

The role of community volunteers was enhanced under the programme. Women field workers in the slums of Karachi and the rural Larkana area of Sindh province have helped women to become more responsible for their reproductive health and family life in general while at the same time providing relevant health and legal information *(RAS/98/P09)*. These female volunteers have been instrumental in bringing about changes in the relationship between men and women by providing a living example of the active role women can play in the community; indeed, this experience has been life-changing for some volunteers.

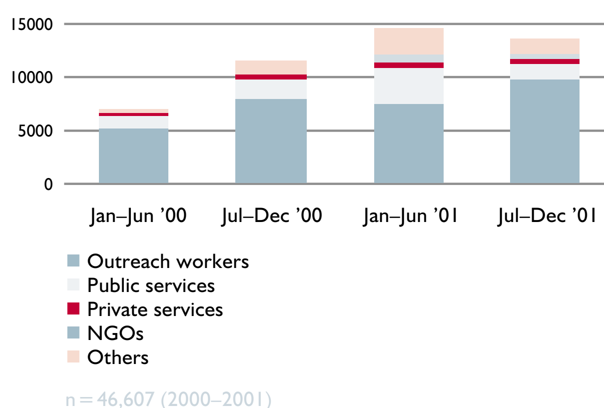
A field worker from Karachi, for example, said:

"... I discovered a new person in myself who could think creatively and perform effectively ... when I started getting involved in the lives of other people, the problems faced by them and in facilitating them to make organised efforts to resolve their problems".



Open female-male communications are the basis of sound decision-making in family planning and reproductive health matters

RHI Pakistan: Number of client referrals to service delivery points, by source of referral



n = 46,607 (2000–2001)

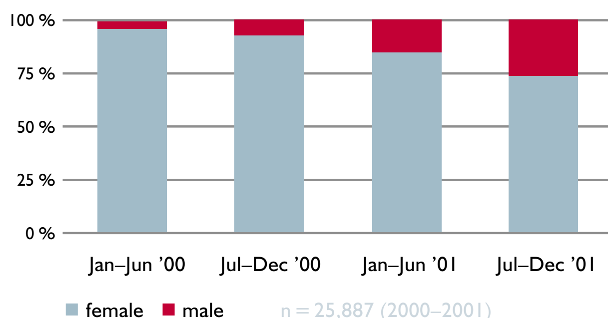
The graph above shows that outreach workers (most of whom are community volunteers) are the main source of client referral to service delivery points.

In Pakistan, providing sexual and reproductive health information for adolescents was an innovative activity. Following intense efforts by project staff in sensitising and motivating radio station management (it took a full year for the station to actually take the risk of going ahead with the transmission), a show targeting young people was broadcast on Radio Pakistan *"Multan" (RAS/98/PO8)*. This show focused on a mix of adolescent and male involvement issues and followed a discussion format with a male doctor answering questions posed by a panel of adolescents and a young married couple. The programme was so successful that the radio station requested further shows highlighting adolescent reproductive health issues.

Information has also been spread to young people through peer education and other community networks. Parents were engaged in discussions and awareness raising sessions on adolescent and reproductive health. Previously, most parents had been extremely hesitant to discuss sexual issues with their children even though they were very concerned about the young people's emotional and physical health. Due to the careful manner in which the project partners approached the topic, parents gradually became very supportive of project activities. Young people were also involved in Youth Advocacy Networks, where both girls and boys became the focal points for spreading awareness in their own communities, working closely with project staff *(RAS/98/PO8)*.

Whilst women made up the majority of client visits to family planning services, the RHI activities successfully increased the number of male client visits via careful and comprehensive information, education and communication measures.

RHI Pakistan: Sex distribution of client visits to family planning services



female ■ male n = 25,887 (2000–2001)

Component projects worked to encourage support for reproductive health through advocacy with religious and community leaders. In Dera Ghazi Khan, for example, advocacy workshops for religious leaders, doctors, Nazims (locally elected council leaders) and counsellors were held *(RAS/98/P08)*. The involvement of the religious leaders, was considered a particular challenge. For this reason, the approaches adopted had to be very carefully thought through. In practice however, the project was able to build strong coalitions with the groups targeted by the workshops, which was an important contribution to overcoming resistance in the community. It is especially noteworthy, that almost all of the prominent religious leaders in Dera Ghazi Khan became supportive of the project's work of providing sexual and reproductive health information to young people, a real innovation in this area.

Co-operation and capacity building

The Umbrella Project Co-ordination Unit *(RAS/98/P29)* acted as the hub of the RHI, facilitating and strengthening relationships between the four component projects and with outside agencies. Under the auspices of the Umbrella Project, partners met regularly to share experiences and discuss progress. A number of new NGO networks were created as a result: an innovation that helped to introduce a shared vision about meeting the reproductive health needs of vulnerable people and more importantly on providing adolescents with much needed information and services. At the same time, tailor-made capacity building workshops for all RHI partners were organised, dealing with a variety of issues of interest to all partners.

The RHI in Pakistan, managed to offer services to groups of the population that often find themselves beyond the reach of the public sector, thus providing many useful experiences and lessons to Government programmes. Support from the public sector for referral and specific initiatives, such as health campaigns has been both continuous and constructive.

Increasing male involvement

As an accompaniment to women's empowerment, male involvement and support for reproductive health was also encouraged. Project partners offered reproductive health information and clinical services to men on a scale that was new in Pakistan, where it had conventionally been regarded as a women's issue. Given the dominance of men in controlling women's access to health services, men were also targeted with advocacy about women's rights and needs in reproductive health, including safe motherhood. This had a significant impact. One elderly man who attended a session about safe motherhood, said:

"I feel I am a sinner and I have been very cruel to my wife, daughter and daughters-in-law for not giving them the right to health and never allowing them to go to the hospital or doctor."

Male safe motherhood session attendant, Karachi (RAS/98/P09)

Similarly, in an ethnic minority area of Dera Ghazi Khan, hundred of husbands, fathers and brothers showed their willingness to bring their wives, daughters and sisters to a mobile camp offering reproductive health treatments in this remote location and the community requested that the camp should be repeated every summer *(RAS/98/P08)*. Most tellingly, men supported reproductive health initiatives and their wives by taking responsibility for contraception. For example, there was an impressive six-fold increase in the number of men seeking family planning services in Layyah, Tehsil Taunsa and Dera Ghazi Khan, including a significant rise in men seeking vasectomies.

Building new networks

Organisations involved in the RHI reported that the scale of co-operation and networking was new. Networks among NGOs and other agencies working in reproductive health, were formed and partners also explored co-operation from the broader civil society with organisations working in related areas, such as fighting drug addiction or advocating women's legal rights. Two working groups, namely the Reproductive Health Alliance (RHA) and the Adolescent Health Awareness Network (AHAN), grew out of this effective NGO collaboration. Both networks facilitated greater co-operation amongst local NGOs. For example the RHA worked together on the development of pictorial communication materials, tapping into the resources of the Alliance partners *(RAS/98/P29)*. These materials were so successful and well received by the target audiences, including young men, that the Ministry of Population and Welfare reproduced them for use in its own Family Welfare Centres. This is the first time ever that information, education and communication (IEC) materials developed by an NGO network in Pakistan have been adopted by the Government. It will also allow for the harmonisation of reproductive health information at community level, which is another positive development.

Capacity building under the RHI in Pakistan has particularly focused on community-based NGOs. Via on-the-job and formal training, the participating NGOs enhanced their skills in a variety of key areas, such as information sharing, resource mobilisation, project cycle management training and gender sensitisation of management practices. Thematic training covered technical reproductive health expertise, male mobilisation, adolescent and gender issues in adolescent and reproductive health, project sustainability, community participation, research methodology and monitoring and evaluation.

A considerable effort went into the training of service delivery point workers. Over the course of the Initiative, more than 40 per cent of service delivery point workers were provided with training across a wide range of technical reproductive health topics.

A mobile clinic at village level

Male involvement is essential for successful child upbringing and the sustainability of family planning programmes

Lessons learned

- **Good information, education and communication can help break down myths**

Using participatory tools, partners have been able to adapt their messages to young people to address some misconceptions that are potentially harmful to reproductive health or detrimental to project activities. For example, certain messages were specifically designed to address the taboos surrounding menstruation, which would prevent young women from bathing, eating protein-rich foods or going outside the house, and misconceptions about masturbation, which are believed to have severe health impacts, including insanity. When correct information is provided on these taboos it was found that young people's perceptions do change.

Reaching out to women wherever they live and work is an important strategy for successful reproductive health programmes

- **Potentially conservative social groups can be engaged in support of reproductive health**

The projects identified those community leaders and especially religious leaders with a potential say in the project communities. This was an unprecedented approach and marked an innovative step towards involving these influential groups. As a result, following carefully-designed advocacy workshops, there was a striking level of support from religious leaders for project activities. This has been a crucial factor in meeting the project's objectives and ensuring sustainability.

RHI projects in Pakistan

RAS/98/P07: Partnership with NGOs for reproductive health promotion and services
Implementing Agency: Family Planning Association of Pakistan (FPAP)
Executing Agency: World Population Foundation (WPF)

RAS/98/P08: Sustainable community-based reproductive health services
Implementing Agency: Marie Stopes Society (MSS)
Executing Agency: Marie Stopes International (MSI)

RAS/98/P09: Community-based distribution and surgical centres
Implementing Agency: Pakistan Voluntary Health and Nutrition Association (PAVHNA)
Executing Agency: Interact Worldwide (formerly Population Concern)

RAS/98/P29: Strengthening NGO capacity and linkages to improve reproductive health services and information (Umbrella project)
Implementing Agencies: UNFPA/World Population Foundation (WPF)

• **Addressing women's health needs also impacts upon their status**

When women's health care needs were addressed, such as STD treatment, family planning and ante-natal care, it was found that this also had a positive impact on women's strategic needs for increased status and autonomy. Women gained in self-esteem and confidence. At the same time, project activities also addressed men's perceptions of women's needs and status.

• **Women's involvement in community activities challenges gender roles**

More than half of the workers at service delivery points are female. Involvement in activities such as door-to-door provision of information and services enhanced the women's mobility and visibility rather than reinforcing *Purdah*. The women who took part in these activities felt more confident and capable.

• **Network building enhances synergy and optimal use of available resources**

Collaboration and the formation of working groups amongst the RHI organisations and local organisations working in the area of reproductive health has been instrumental in the production of harmonised and well received communication and training materials. This is especially true with the introduction of newer, more sensitive topics, such as adolescent reproductive health and male involvement. This has been achieved, thanks to a broad level of support among the working groups and has therefore helped the RHI to reach a large audience.

• **Supportive supervision helps boost quality and motivation of community based workers**

Good relationships and inter-personal communications were as important to project success as having access to quality clinical reproductive health services, something that could be achieved thanks to the important role played by community based workers. The performance of these mainly volunteer workers depended to a great extent on facilitative and supportive supervision, which helped ensure their motivation and effectiveness.

• **Where services are made accessible, clients respond positively**

Mobile, community-based and door-to-door services were very well received by clients, who had previously been regarded as living beyond the reach of conventional clinics, either because they lived in isolated communities or were poor, illiterate and otherwise socially immobilised.

• **Men can be encouraged to change their behaviour**

Men's decision-making and sexual behaviour and the gender norms they apply are a major determinant of women's health. The RHI in Pakistan made particular efforts to reach men through community activities and male volunteers, by undertaking advocacy activities addressing opinion leaders and the use of appropriate information, education and communication materials. These intensive efforts were rewarded with noticeable attitude changes and increased use of reproductive health services by men. Men also showed increased willingness to allow and even support their wives and other female family members to visit the services, which had previously been unacceptable among certain groups.

Pictorial communication materials were well received by women and men alike

SRI LANKA

. BANGLADESH
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Filling the gap

Compared to the six other RHI countries, Sri Lanka is a relatively well-developed country meeting several of the goals laid down by the International Conference on Population and Development (ICPD). The Sri Lankan Government has invested heavily in health care. Thus, thanks to concerted efforts both by the Government and civil society, the country has been able to limit population growth, which is now down to below one per cent. Moreover, over 90 per cent of the population are literate, life expectancy is high (69.9 years for men and 75.9 years for women) and as many as 93 per cent have access to basic health care. The maternal mortality rate is also low, with 94 per cent of births attended to by trained personnel.

Notwithstanding these impressive achievements, a considerable portion of Sri Lanka's population is not effectively reached by the Government's programmes, particulary young people and adolescents.

» » »

Young people find it easier to talk to their peers about reproductive health

The RHI in Sri Lanka provides youth-friendly information

• Adolescents and youth, in particular, lack information and services about pregnancy or the consequences of STDs and HIV/AIDS. The interaction of other complex social factors, such as the very high literacy rate coupled with high levels of unemployment, makes youth and adolescents particularly susceptible to social and reproductive health problems, including abortion. The current suicide rate in Sri Lanka of about 55 per 100,000 among adolescents is the highest in the world.

The RHI programme in Sri Lanka was designed to fill this gap. The primary objective of the RHI in Sri Lanka has been to strengthen community-based reproductive health information and services for adolescents, while addressing gender-related issues. The project entitled *"Sexual and Reproductive Health Information, Education, Counselling and Services to Adolescents and Youths"*, implemented by the International Planned Parenthood Federation (IPPF) and the Family Planning Association of Sri Lanka (FPASL) in collaboration with six national organisations, brings services and information to thirteen districts, via community-based strategies.

NGOs have a long tradition in Sri Lanka and can count upon the support of the Sri Lankan Government. The RHI programme was therefore closely linked to Government activities, ensuring that it fully addressed unmet needs and made the most of its comparative advantage in breaking new ground with young people and adolescents.

More than 200 youth counselling service points were set up by the RHI in Sri Lanka

Maximising access to services

Main activities and strategies

The major strategy used to reach adolescents and young people was the provision of appropriate **sexual and reproductive health information, counselling and services at community level.** More than 200 counselling service points were set up in a variety of locations, such as schools and workplaces, as well as centres or other locations in order to maximise accessibility. A referral system was established to enable counsellors to pass young people with specific needs on to appropriate and youth-friendly clinical services.

In the interest of covering as many locations as possible, the project **mobilised and trained over 230 counsellors from existing institutions.** The efforts and credibility of these counsellors were key to the success and acceptability of the project with both youth and the wider community. The counsellors were drawn from a variety of backgrounds and included school teachers, midwives, mediation personnel from conciliatory boards, members of community based organisations (CBOs) and youth clubs. About 60 per cent of the counsellors are school-teachers who have established their counselling service points in the schools where they teach. These counselling points have become permanent and sustainable features in the schools, providing a starting point for all school-based reproductive health educational and service activities. The powerful multiplier effect that this type of training can have is demonstrated by the fact that counselling was provided to over 120,000 youth during the course of the project.

Youth reproductive health centre

The **Reproductive Health Information Centre for Youth** at the programme's headquarters is fast becoming popular among school children, who are keen to know more about the subjects surrounding puberty, sexuality and reproductive health. Youths visiting the Resource Centre have access to basic information relating to sexuality, reproductive health, STDs and HIV/AIDS, life skills, population issues, through colourful information panels and other exhibits displayed at the centre. Specially trained young people act as guides to provide additional information and explanations. About 350–400 youths per month visit the Centre, boosting their knowledge on a subject, which is vital to them but conspicuously absent from traditional methods of education in the country.

The Centre functions as a focal "point of excellence" for almost all training in the youth reproductive health programmes carried out by the Sri Lankan Family Planning Association. Trainees are encouraged to begin learning by observing, reading, interacting and participating in a wide variety of activities. This way, they gain a comprehensive understanding of the subject, a strong foundation upon which they can build to acquire a higher level of skills during the rest of the training.

The Centre also functions as an advocacy showpiece, where key Government officials from the ministries of health, education, youth affairs etc., and national and international agencies involved in youth activities, gain a comprehensive overview of adolescent and youth sexual and reproductive health educational needs. The Centre has been instrumental in helping to dispel the fears of many key officials apprehensive about educating youth in sexual and reproductive health.

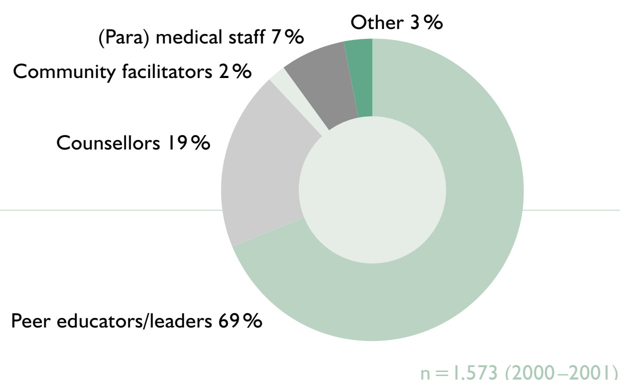
"... in my childhood I didn't learn these things in schools, and elders never discussed them with me, yet I didn't have problems... but things have changed ... I cannot possibly expect my son to behave like I did, he needs the education and guidance. I feel sad because I cannot give that education and guidance as I am old fashioned, but am extremely happy that someone else is doing that ..."

A father of a teenage boy at the end of a community leader advocacy seminar conducted at an RHI project village in Ampara district.

It was crucial to the success of the programme that influential people at local and community level were supportive of the activities. For this reason, advocacy was undertaken to **build an enabling environment for sexual and reproductive health work with adolescents and youth.** At the beginning of the project, this was a controversial subject as it was not conventionally acceptable to acknowledge or discuss the sexuality of young unmarried people. The project worked with parents, teachers, community, religious, administrative and political leaders in a sensitive manner, which enabled them to reflect on the problems facing young people, to exchange experiences and ideas and understand how the projects' activities were useful to local young people.

To promote participation and maximise the relevance of project activities, **young people were engaged as peer educators.** More than 1,200 volunteer peer educators were recruited and trained by the partner NGOs in the project. The peer educators, working together with counsellors, were responsible for disseminating sexual and reproductive health information, as well as handing out contraceptives and condoms to other young people. In cases where medical services were required, such as STDs, peer educators were also able to refer adolescents and youth to clinical services. In fact, peer educators formed the majority of staff working at the service delivery points.

RHI Sri Lanka: Workers at service delivery point level according to profession



n = 1,573 (2000–2001)

The support of influential community members was key to the programme's success

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Innovations and achievements

Addressing the sexual and reproductive health needs of young people represented an innovation itself. The project introduced a number of new approaches in order to reach this target group effectively.

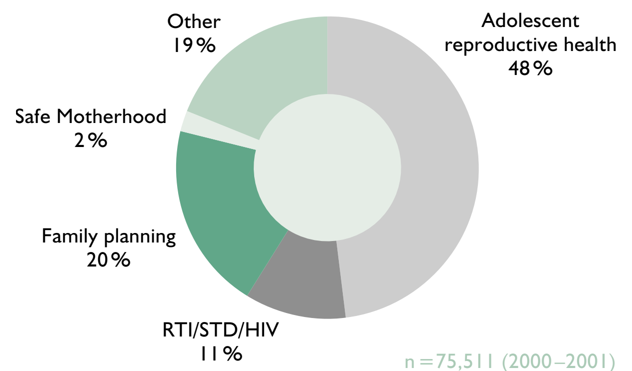
The project's **emphasis on counselling** was new. It was important that counselling put sexual and reproductive health into a broader context than simply physical health issues requiring a clinical response. Where the discussion of young people's sexuality is something of a taboo, young people often grow up with misconceptions about puberty and sex, which can cause anxiety and are potentially harmful. Their need for a well-informed and non-judgemental person to talk to can be critical. Counselling emphasised emotional and psycho-social issues, which are an important and often neglected part of young people's sexual health.

"This speaker took a big burden off my mind ... I am greatly relieved."

A written response from a male youth, following a discussion on masturbation, its myths and taboos.

Counsellors were also able to support young people in a number of important related issues, notably substance abuse. Notwithstanding, adolescent reproductive health made up almost 50 per cent of all topics discussed during counselling visits.

RHI Sri Lanka: Visits to counselling services by topic



Typical questions and problems of youth in Sri Lanka

Young people, who seek counselling and advice from peer educators and counsellors have the same questions the world over. Misinformation, myths and taboos are highly prevalent, and the attraction to pornographic material in various forms, which are in wide circulation, make the youth even more confused. Among the most common questions and problems that peer educators and counsellors are confronted with are:

- Anxiety due to delayed puberty
- Worries about the size of their sexual organs
- Masturbation: "Is this a harmful practice?"
- Nocturnal emissions: "Is this a disease?"
- "Can a woman get pregnant by wearing clothes worn by a male, or by swimming in common bathing spots?"

In general young people are worried about contracting STDs, menstrual related problems, family planning methods, virginity, and to a lesser extent, pregnancy. In these cases the peer educators and counsellors could refer them to suitable clinical services. By disseminating accurate and reliable information on sexual and reproductive health, answering common questions the youth had on their sexuality, allaying the fears and anxiety of growing up, and dispelling myths and taboos, the peer educators and counsellors have made a significant contribution to achieving positive changes in young people's awareness and well-being.

The project used **existing and respected institutions** as a source of counsellors and counselling locations. In fact, the project was located close to its target group, youth and their communities, from the start, which made it possible to use existing networks and relationships to promote adolescent sexual and reproductive health services. Since counsellors were people who already had respect and credibility within the community, the project was more likely to be trusted by young people, than if the project activities had been implemented by outsiders. In terms of physical access it was also convenient for young people to find a counselling service point in their school, college or workplace.

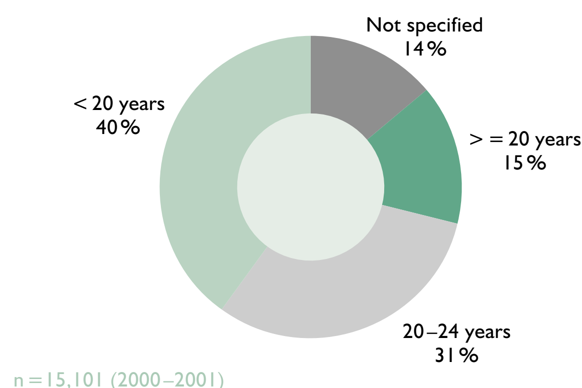
Counselling centres **located in Government administrative offices** have become a venue where grassroots level administrators could seek support in addressing problems faced by youth where they were unable to help. These centres have arranged advocacy and orientation meetings involving all grassroots level administrators particularly those officials working with youth, to make them more receptive to and enhance their understanding of the youth's problems, and to be aware of places where they could be referred to for help. An important achievement has been the fact that the subject of adolescent sexual and reproductive health education and counselling has become an agenda item at the periodic meetings of divisional level administrative officials.

"These tragedies should not be allowed to happen." Inquiry at a post mortem held on the suicide of a 14 year old girl who never had any sexual relationships whatsoever, but thought she was pregnant as she didn't menstruate for two months in a row. This incident took place prior to the commencement of the RHI in a project village in Ampara district.

Young people in Sri Lanka have had very limited opportunities to access appropriate clinical services for sexual and reproductive health problems. With this in mind, the project set up a comprehensive **referral system** so that peer educators and counsellors could refer young clients to clinical services where necessary. In each district where the project operated, four medical service providers were available for referrals, following an orientation on the specific needs of young people and youth-friendly service provision. Once the project was established it became possible to distribute condoms and oral pills to sexually active unmarried youth. These young people would usually not be able to obtain contraception from other sources, due to fears of social disapproval in conventional clinical services – a problem, which has contributed to a growing number of unwanted pregnancies and unsafe abortions among young Sri Lankans in recent years.

The major share of young people referred to services were under the age of 20.

RHI Sri Lanka: Age distribution of clients referred to reproductive health service delivery points



n = 15,101 (2000–2001)

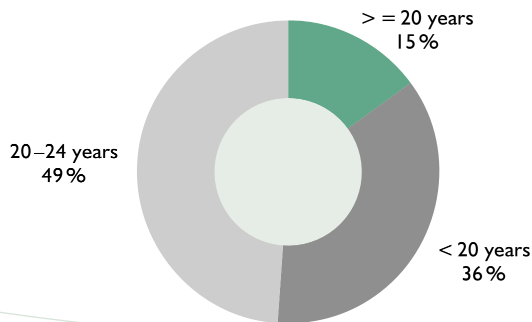
Counselling service points are conveniently located in existing and respected institutions, such as schools, workplaces and community centres

The project spread messages about sexual and reproductive health to young people using a **variety of appealing and entertaining media.** Besides more traditional forms of information, education and communication (IEC) materials, such as posters and leaflets, the project produced street drama and video docu-dramas. Youth camps also proved to be an effective means of reaching young people and passing on accurate sexual and reproductive health information.

To promote increased levels of ownership and participation, while making sexual health information accessible, **young people were involved from the start in the project's implementation.** Partner NGOs developed a common curriculum for the training of peer educators and were able to enlist and train more than 1,200 young people in this role. Peer educators passed on accurate health information to their friends and also acted as an approachable contact point for young people seeking referral to more in-depth counselling or clinical services. Additionally, as the peer educators are mostly under the age of 24, they were able to relate comfortably to young people in the target groups.

The project achieved **impressive coverage of the target population.** It is estimated that during the life of the project, almost 90 per cent of adolescents and youth in the 156 sub-divisions across the thirteen districts it worked in, received services and information from the counsellors trained by the project. Each sub-division has an adolescent population of approximately 750 people (in a given year), meaning that more than 190,000 young people received accurate and vital information on

RHI Sri Lanka: Age distribution of peer educators



(2000–2001)

Youth camps provide an alternative way of reaching young people

"I thought I knew my students well ... but I was wrong."

A Principal of a school (who was initially not very enthusiastic about the idea of teaching sexual and reproductive health to students in his school), after reading some of the written questions sent by the students for answers to the reproductive health educator at a seminar held in the school.

sexual and reproductive health. One in every 25 young people was able to access appropriate clinical services for sexual and reproductive health issues. The young people reached by the project were also quite varied, including both sexes and young people in and out of school. The target districts included rural, urban and peri-urban communities and also encompassed two large free trade zones where it was possible to reach most of the young people employed in factories.

The RHI project placed an emphasis on **advocacy to create an enabling environment for better sexual and reproductive health of young people.** Project staff organised group discussions with influential community members, including parents, teachers, religious, community and political leaders. This work was important in facilitating the implementation of the project by promoting the need for, and acceptability of, talking to young people about sexual and reproductive health. It also seems to have had a wider impact on attitudes. For example, previously, the school teachers who had been trained by the Ministry of Education to provide reproductive health education and counselling had mostly given up this activity, because of the lack of a supportive environment. In the areas where the project worked and nearby districts, many of these teachers were inspired by the project to start teaching and counselling on reproductive health – an indication that they felt the issue had become more acceptable. Similarly, it was noted that topics related to adolescent and youth sexual and reproductive health became more prominent in public discussion, including the media.

Co-operation and capacity building

In Sri Lanka, the RHI functioned as a single project, implemented by a coalition of six NGOs under the leadership of the Family Planning Association of Sri Lanka (FPASL). This *modus operandi* involved the partner NGOs in a very close and effective form of collaboration, which resulted in the building of a network. Strong ties were also established and maintained with other community based organisations and government institutions, including the **Ministry of Education,** for example in the setting up of counselling service points and referral systems.

Staff from all partner NGOs were trained and developed under the project. This not only contributed to the effective implementation of the project by providing the necessary **technical and managerial skills,** but also helped NGOs to widen their scope and become recognised as major players in the area of adolescent reproductive health. Indeed, some of the NGOs involved had not traditionally had expertise in reproductive health. In particular the NGOs improved their skills in **planning, organising and implementing youth projects,** as well as the monitoring and evaluation of such projects.

The project's objective was essentially one of building capacity in the communities in which the projects operated. As a result, the communities became more able to recognise and to deal with the problems of adolescents and youth. In terms of creating an important human resource, with potential for **sustainability,** the creation of a network of 244 trained counsellors based in a variety of different institutions and organisations also made an important contribution to capacity building.

The location of this youth counselling point (blue sign) close to a clinic (white sign) and district social centre (yellow sign) facilitated the integration of services offered in the various services available at community level

Lessons learned

- **Counselling is viable even in settings where it is new**

Counselling was not well-known or accepted in the target areas before the project began and the idea that it was useful to discuss emotional or psychological issues was a new one. The project worked hard to promote the acceptability of this type of approach and selected counsellors, who were already well-liked and respected by both young people and elders. Altogether, the project trained more than 230 young people, who provided more than 120,000 youths with sexual and reproductive health counselling. As a result, this approach was established as a useful source of support for young people and take-up of the service was very high.

- **Community support is a prerequisite for working with young people**

It is essential to gain community support in order to address the potentially controversial issues surrounding the sexual and reproductive health of young unmarried people. The project's experience showed that if key groups in the community are given an opportunity for well-facilitated discussions and reflection about young people's problems and needs, then it becomes possible for them not only to accept but to positively support the project. The project was able to trace signs of a significant change in attitudes in the areas where it worked.

RHI projects in Sri Lanka

RAS/98/P17: Reproductive health information, counselling and services to adolescents and youth
Implementing Agency: Family Planning Association of Sri Lanka (FPASL)
Executing Agency: International Planned Parenthood Federation (IPPF)

Local partners of the RHI in Sri Lanka:
Sri Lanka Jathika Sarvodaya Shramadana Sangamaya (SLJSSS)
Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC)
World View Sri Lanka (WVSL)
Centre for Development Alternatives (CDA)
Vinivida Federation of Voluntary Organisations
Association for the Prevention of Cancer and AIDS – Northern Province, Sri Lanka (APCA)

- **Activities are more likely to be sustained where the community has been involved and supportive**

At the end of the project, key people in communities expressed their support for continuing the activities. With people like teachers, midwives and community based organisation members involved as part-time counsellors there is also a good possibility that, in a supportive environment, the activities initiated by the project have the potential to be sustainable. Another positive factor for sustained work on sexual and reproductive health issues is that other institutions, such as the Ministry of Education, have also been engaged in complementary activities.

- **Young people have the potential to be highly involved**

The young people who were trained as peer educators in the project were seen as sympathetic, non-judgmental and approachable. They were able to spread health messages and also provide referral to services. The projects also suggested that young people have the potential to work effectively as counsellors for their peers.

More than 230 youth counsellors were trained to support the RHI's activities in Sri Lanka

- **There is a need to involve more men in activities**

Under the project, more women than men were involved both as counsellors and peer educators. In order to better meet the needs of young men and to promote men's responsible involvement in reproductive health, there is a need to engage more men in project activities, since during project implementation less than 35 per cent of all staff at the service delivery points were male.

RHI Sri Lanka: Percentage of volunteers and female workers at service delivery point level

n = 1,573 (2000–2001)

- **Though schools can be an appropriate environment for sexual and reproductive health counselling for youth, more out of school counselling centres need to be established.**

In the past, teachers have found it difficult to discuss sexual and reproductive health with their pupils. However, the project showed that where teachers have sufficient counselling training and parents and other teachers are supportive of the project, it is possible to provide information and even confidential counselling services within the school setting. However, in practice, school counselling centres were seen as centres catering for school youth, and out of school youth were reluctant to visit such centres. The need to have more out of school centres manned by non-teacher counsellors emerged strongly towards the latter part of the project.

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Introducing youth-friendly services and information

The RHI programme in Viet Nam has broken new ground in focusing on adolescents and youth. Around 57 per cent of the country's population are under 25 years old. The Vietnamese Government has made significant progress with respect to the implementation of the ICPD Programme of Action through its population and reproductive health programme, especially in extending basic and reproductive health care to large portions of the population. However, the reproductive health needs of young people and adolescents have so far not received enough attention.

Low levels of awareness amongst the 10 to 24 age group are reflected in high abortion rates amongst single women and a dramatic increase in STDs and HIV/AIDS prevalence.

Comprising eight projects altogether, jointly implemented and executed by twinning European organisations with local institutions, the RHI programme carefully introduced specific youth-friendly reproductive health concepts and services. Accordingly, the objective of the programme is to have contributed to the sexual and reproductive health status of young people through the provision of reproductive health services that are better adjusted to their needs and by developing and promoting information, communication and knowledge on adolescent reproductive health through NGOs.

Reproductive health services for young people needs to be shaped to meet their needs

Young people need to be given the opportunity to talk about their problems

Main strategies and activities

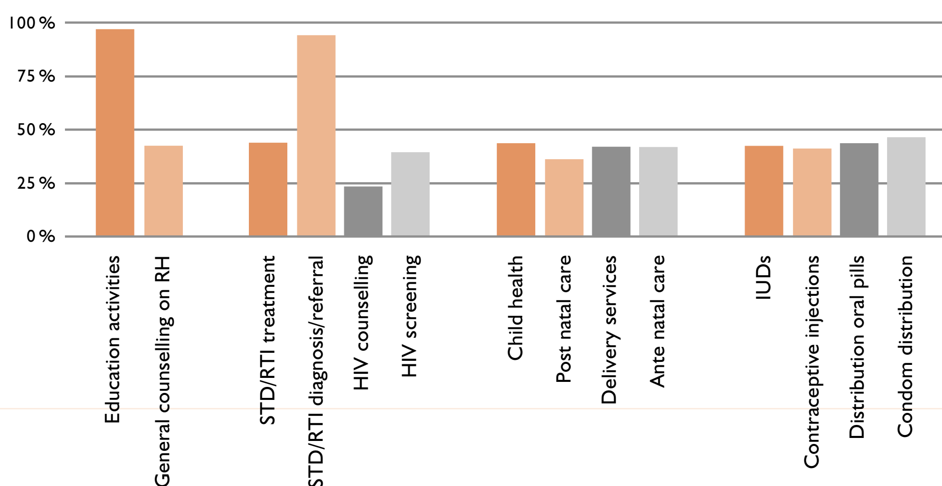
The programme learned that adolescents are most interested in a wide range of information and reproductive health practices at this stage in their lives. Hence providing adolescents with appropriate information, education and communication (IEC) on sexual and reproductive health using a variety of media was a key strategy. Young people were particularly eager to know more about the physical and emotional changes of puberty, their relationships with friends and parents, sexual relationships, unwanted pregnancy, sexual abuse, STDs and HIV/AIDS.

It was also evident, that the special needs and responsibilities of young men were neglected. Adolescents, both male and female, were found in need of practical information about where and how to access reproductive health services. Thus, in order to engage with young men, the projects recruited male collaborators to speak to their peers. *(RAS/98/P22)*

The RHI service delivery points offered a range of services and information. The most sought after provisions were educational activities, STD/RTI treatment, diagnosis and referral, as well as a wide range of contraceptive methods.

Suitable information on reproductive health had to be made available and youth-friendly clinical and counselling services provided in order to make up a comprehensive package. This was achieved using a variety of appropriate models. These included the integration of youth-friendly services into existing health facilities, the setting up of

RHI Viet Nam: Proportion of service delivery points providing youth reproductive health services, by type of service



special reproductive health services for youth and the provision of reproductive health counselling in schools and at community level with the extensive use of interactive media.

The RHI programme would not have been possible without the endorsement of influential community members. Thus creating a supportive environment for adolescent reproductive health activities through **advocacy and community mobilisation** was an integral component of the RHI. Parents, teachers, health providers and community leaders can all play a significant role in promoting or preventing young people's access to appropriate information, skills and services. The programme involved these “gatekeepers” in its activities and undertook advocacy campaigns to promote a wider recognition of adolescents’ needs and concerns.

In the interest of the future sustainability of programme activities, the RHI emphasised **building and strengthening capacity among implementing organisations.** This was undertaken in the areas of service provision, IEC, behaviour change communication, institutional strengthening and management skills. Training workshops, on-the-job training and technical assistance were used to boost the confidence and skills of staff, peer educators and community facilitators. A strong element of collaboration between the RHI partner organisations enabled partners to learn from one another by sharing experiences during regular meetings and study tours.

Participatory learning

Innovations and achievements

Targeting adolescents was in itself an innovation in Viet Nam and implementation involved a high degree of creativity to adapt services and approaches to the special needs and priorities of young people.

Participatory approaches were found to be an effective means of encouraging adolescents to become actively involved and empowered, and at the same time to make activities more relevant and youth-friendly. The *Stepping Stones* project *(RAS/98/P20)* used a participatory approach as a way of building the capacity of six local organisations in adolescent reproductive health work, thus ensuring adaptation to the Vietnamese context. The six partners learned how to design their own interventions in response to the needs of local young people and how to use participatory learning and action techniques. This has involved moving away from didactic approaches of simply providing information towards focusing on learning activities that are centred on the participants and that are fun and engaging. Some examples include body mapping exercises and inventing stories about relationships, which provide a clearer understanding of how sexual negotiations between young women and young men occur in real life. An emphasis was placed on strengthening the role of peer educators, who have been involved in developing and distributing IEC materials as well as organising activities to promote discussion and understanding of adolescent reproductive health issues in the community.

To capture the interest of young people and broaden the reach of information campaigns, the initiative introduced new and exciting ways of spreading health and safe sex messages to young people. **Innovative IEC** approaches included an interactive street theatre troupe *(RAS/98/P41)*, exhibitions, competitions and student club activities. Efforts were concentrated on bringing information to young people in a way that was affordable, easily accessible, attractive and fun at the same time. Altogether, the projects reached more than 82,000 youths through innovative IEC approaches.

"The staff really seem to care about the client, they listen to us as if we are right not wrong, and respectfully discuss with us the issues we are concerned about."
22 year old male student, client of the Youth House, RAS/98/P22

A lively "body-mapping" training session

Fun, safe sex information and messages capture the interest of young people

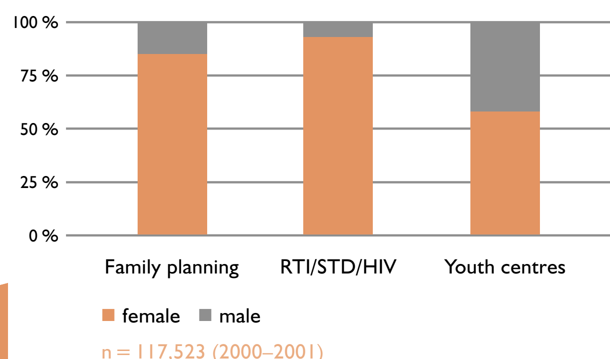
The introduction of youth-friendly clinical services in Viet Nam was pioneered through the RHI. This required the adaptation of several different models of service delivery to different conditions and environments. Services attracted rapidly increasing numbers of young clients, reaching about 75,000 adolescents and 150,000 clients altogether, in 2000 to 2001 alone. Project records showed that young people made use of clinical reproductive health services, where staff members were non-judgmental and aware of the special needs of youth, the services respected their confidentiality and offered both high quality and reliable care. For the first time in Viet Nam reproductive health centres in Hanoi *(RAS/98/P21)* and Haiphong *(RAS/97/P19)* were able to accommodate young people's clinical and counselling needs. To reduce stigma and embarrassment and encourage young people to enter the centres, the staff provided a number of other activities including a café, book and souvenir shop.

Another strategy followed in Viet Nam was improving the quality and youth-friendliness of existing services provided at Government-run Commune Health Centres *(RAS/98/P41* and *RAS/98/P54)* in the form of training and capacity building. Additionally, IEC materials and condoms were made available at locations frequented by young people, such as the Hanoi Cultural Sport Palace and eight universities in Hanoi. These facilities, also called "Reproductive Health Units" in addition provided young people with information on how to obtain further in-depth counselling and clinical services. These activities became very important for the sustainability of youth-friendly services, as well as for ensuring the engagement of the public sector in adolescent reproductive health and contributing to an improved quality of care in existing health centres.

Training of peer educators: a key strategy in reaching adolescents

Young people often need to be given an opportunity to talk about their problems and to discuss issues of reproductive health and sexuality. Counselling provides this opportunity and is therefore a key component of appropriate service provision for adolescents; in the Viet Nam programme, counselling was integrated into clinical services. At the same time, the RHI partners explored novel ways of answering young people's questions by setting up a telephone help line, through emails, letters and a newspaper advice column (all projects). These channels proved especially successful in helping those young people who were too embarrassed to seek face-to-face counselling or lived too far away from a youth centre providing such information.

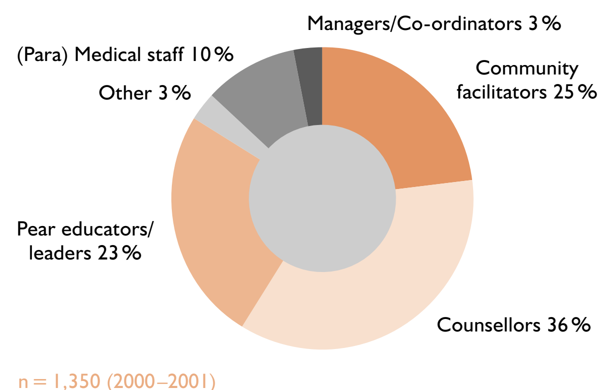
RHI Viet Nam: Sex distribution of clients visiting reproductive health services



Targeting young men in the RHI was a novelty in Viet Nam. The programme learned that combining reproductive health information with stimulating or fun activities was an effective way of ensuring their involvement. Multi-purpose locations in particular, such as the youth houses or youth centres *(RAS/98/P22* and *RAS/98/P41)*, encouraged young men to seek information and counselling, as well as to obtain condoms. Although it was found that young women visited RHI service delivery points more often than men, the youth centres on the other hand attracted almost equal numbers of young men and women.

The concept of peer education was relatively new to Viet Nam. All RHI projects actively involved young people and trained them to become trusted sources of information for their peers. To encourage more young men to participate, male collaborators were engaged. Altogether, almost a quarter of all service delivery staff members were peer educators and peer leaders.

RHI Viet Nam: Percentage of staff at service delivery point level, by profession



Young people are eager to learn about the physical and psychological changes occuring during puberty

A co-ordinated approach

Co-operation and capacity building

The Alliance Project for adolescent and reproductive health *(RAS/98/P56)* facilitated a co-ordinated approach among the RHI partners in Viet Nam. The regular co-ordination meetings gave the NGO partners an opportunity to share experiences and learn from one another's ideas and strategies, building and **multiplying the impact** of the RHI in Viet Nam. The project also acted as a focal point for advocacy on adolescent and reproductive health issues and the role played by NGOs in Viet Nam in delivering quality reproductive health services to young people. Partner projects benefited from IEC co-ordination, shared research findings and training opportunities organised by the Alliance Project staff. The project also set up a clearing-house open to all partners to gather and share information on adolescent and reproductive health in Viet Nam.

The involvement of the Viet Nam Family Planning Association (VINAFPA) as a partner in the programme was an important means of enhancing communication and co-ordination with the Government sector and especially the mass media.

With the introduction of many novel activities, capacity building was a central element of the RHI programme in Viet Nam. Increasing the capacity of implementing agencies was seen as a critical factor in promoting sustainability. Training was provided in workshops and on-the-job sessions for both full-time staff and volunteers and was backed-up by supervision, evaluation and refresher training. The necessary attention to the institutional context was provided, building-up management capacity and **fostering project ownership** among implementing organisations. In the Viet Nam context, mobilising

Interactive theatre troupe

A team of RHI organisations employed an imaginative way of informing young people on HIV/AIDS, unwanted pregnancies and other reproductive health issues in Nghe An, Viet Nam through interactive theatre. This method is aimed at increasing the availability of and demand for reproductive health information.

For this purpose, a group of twelve dynamic young people formed a troupe of performers. Through a series of preliminary training activities, the troupe gained essential skills and knowledge in interactive theatre, communication, facilitation and adolescent reproductive health. This process is designed to enable the troupe to organise and conduct theatre performances on adolescent and reproductive health, which serve not only to inform and educate young people, but more importantly to initiate a constructive dialogue with the audience on the still very sensitive issue of adolescent reproductive health. The feedback from both audiences and the local authorities has been very encouraging.

TV campaign

In a three-month advocacy campaign, a series of six TV reportage films were aired on National Vietnamese Television. The Alliances Project *(RAS/98/P56)* of the RHI initiated this national advocacy campaign as a means of increasing awareness on and understanding of the reproductive health needs of adolescents and young people in Viet Nam.

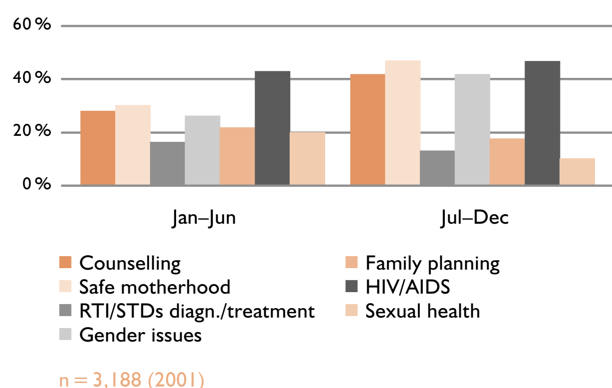
Entitled *"Voice of Adolescents and Youth"*, the series tackled a range of topics, including unwanted pregnancies, contraception, gender equity, HIV/AIDS amongst adolescents, and young men's responsibility with regard to practising safe sex and taking care of their partner. By broadcasting the spots in the break between football matches, great numbers of adolescents – the primary target group –, but also key stakeholders, such as parents, teachers and policy makers, were reached.

technical advice from both relevant national institutions as well as from international executing agencies was found to be especially important.

Following a workshop held on adolescent reproductive health for more than 250 teachers *(RAS/98/P21)*, various schools committed themselves to allocate time within the school curriculum for the discussion of important adolescent health issues with their students.

In addition to establishing new youth friendly service points, the RHI concentrated on improving the youth-friendliness of existing Government services *(RAS/98/P23* and *RAS/98/P54)*. This required a substantial amount of capacity building in areas such as youth-friendly counselling, adolescent life skills, gender issues, etc.

RHI Viet Nam: Proportion of service delivery point workers (including volunteers) trained in reproductive health, according to topic.



n = 3,188 (2001)

Lessons learned

• Involving the community makes sex less of a taboo subject

Talking about sexuality and reproductive health remains enshrouded by taboos in Viet Nam, particularly for adolescents who are often initially very shy about these topics. A useful starting point for opening up discussion was increasing the degree of comfort felt by the whole community over adolescent and reproductive health issues. This was especially important given the key role that parents retain as a principal source of advice and values for Vietnamese adolescents. Both adolescents and their parents were invited to take part in interesting, enjoyable activities where adolescent and reproductive health topics were approached in a sensitive and non-threatening way. Gradually people became more comfortable with the topic, stigmas disappeared and more possibilities for working with adolescents with the critical support of the community opened up. Parents' groups were developed to increase their understanding and support for adolescent and reproductive health activities. Public advocacy ensured that the issue of adolescent and reproductive health gained more visibility in Viet Nam through media campaigns focusing on young people's own needs, such as the TV campaign "*Voice of Young People*".

• Community commitment and ownership is critical

Boosting the ability of communities to comprehend and respond to the reproductive health needs of their young people was key to the success of the programme. It was essential to encourage a sense of commitment towards understanding the issues that young people face today and the need to provide them with appropriate information. Projects have ensured that parents and communities were involved from the beginning and have fostered an increased sense of responsibility and ownership. Parents and other community members say that their attitudes have changed and they have begun to regard appropriate reproductive health information as something valuable for adolescents as the future decision-makers in the community. This has important ramifications for the sustainability of adolescent reproductive health activities in Viet Nam.

• **Services in youth centres attract clients**

The youth centres were designed in such a way, that adolescents would want to go there even when they did not specifically need to access information or services. A friendly environment was created where people would enjoy meeting their friends, or stop by to visit the shop or café. This helped to reduce prejudices and stigma and made potential clients more familiar and comfortable with the facilities and thus more likely to use them in the future.

"I come to the book store next to the Youth House very often and sometimes I buy condoms there. I think it is a good idea to sell condoms for the young people in the book store, because I would be too shy to buy condoms at the chemist."

21 year old male student, Thanh Xuan Commune, Hanoi

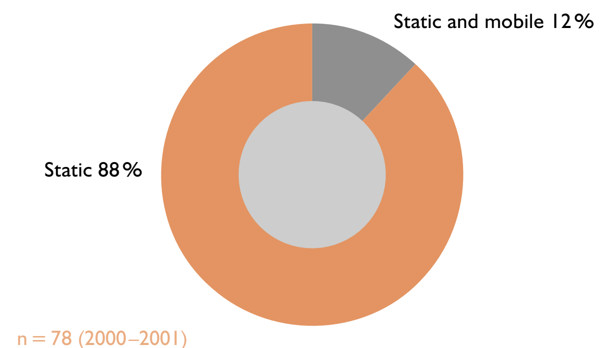
• **Quality care promotes service use**

Utilisation rates for Government-run Commune Health Centres (CHCs) in Viet Nam are generally poor. However, experience showed that where projects worked with these facilities to improve service quality and promote accessibility for young people, more clients were attracted. A significant change was that CHCs began to be seen as places people could go to seek reproductive health information as well as curative services. In the specialised youth clinics too, young people's perception that a high quality and confidential service was being offered by approachable staff was one of the most important factors in attracting them to the service.

• **Mobile services can reach new client groups**

Not only did the programme attract adolescents to clinics, it also took the initiative of bringing mobile services to clients. This was especially important for some clients who might otherwise have been hard to reach, such as those living in colleges or universities, factory workers or young women working in bars. This was a clear demonstration of flexible service provision, meeting the specific needs of young people in different situations. Of the 78 youth-friendly service delivery points that were employed during the RHI, twelve per cent were mobile.

RHI Viet Nam: Operating mode of service delivery points



n = 78 (2000–2001)

• **Youth friendly reproductive health services are key to encouraging service use among young people**

Making a service point suitable for young people's reproductive health needs entailed, amongst other things, adjusting the environment of the clinic and the way it is run in order to make adolescents feel more at ease. Services were re-designed, with a separate entrance for youth and extended opening hours as a response to needs expressed by young people.

• **Messages need to be appropriate to different age groups**

Within the target age group of 10–24 there is a great variation in young people's needs. For younger adolescents it was found appropriate to discourage early sex. But for older youth it was more realistic and useful to emphasise responsible reproductive health behaviour, encouraging those who are already sexually active to think about opting for safer sex.

• **Active youth involvement is essential for the development of effective service models**

Projects emphasised development of the talents of young Vietnamese people, allowing them to play an increasingly important role in all levels of project implementation. Young people were involved as peer educators in outreach activities, addressing their friends and fellow members of their age group, as well as in developing and distributing information, education and communication (IEC) materials. The consultation and involvement of young people in the design of youth-friendly services has been crucial in adapting and setting up a service environment that really meets their needs.

• **Networking strengthens NGO culture**

The concept of networking amongst NGOs is a relatively new one in Viet Nam. Strengthened inter-project collaboration facilitated by the RHI helped to support an NGO culture of collaboration.

RHI projects in Viet Nam

RAS/98/P19: Adolescent sexual and reproductive health services for youth in Viet Nam
Implementing Agency: Viet Nam Family Planning Association (VINAFPA)
Executing Agency: International Planned Parenthood Federation (IPPF-ESEAOR)

RAS/98/P20: Capacity building for local NGOs in adolescent reproductive health: "Stepping Stones"
Implementing Agency: CARE International Viet Nam
Executing Agency: CARE Germany

RAS/98/P21: Adolescent reproductive health project with VAM in Thua Thien Hue
Implementing Agencies: Marie Stopes International (MSI) Viet Nam/Vietnamese Midwives Association (VAM)
Executing Agency: Marie Stopes International (MSI)

RAS/98/P22: Adolescent reproductive health project with the Youth Union in Hanoi
Implementing Agencies: Marie Stopes International (MSI) Viet Nam/Youth Union (YU)
Executing Agency: Marie Stopes International (MSI)

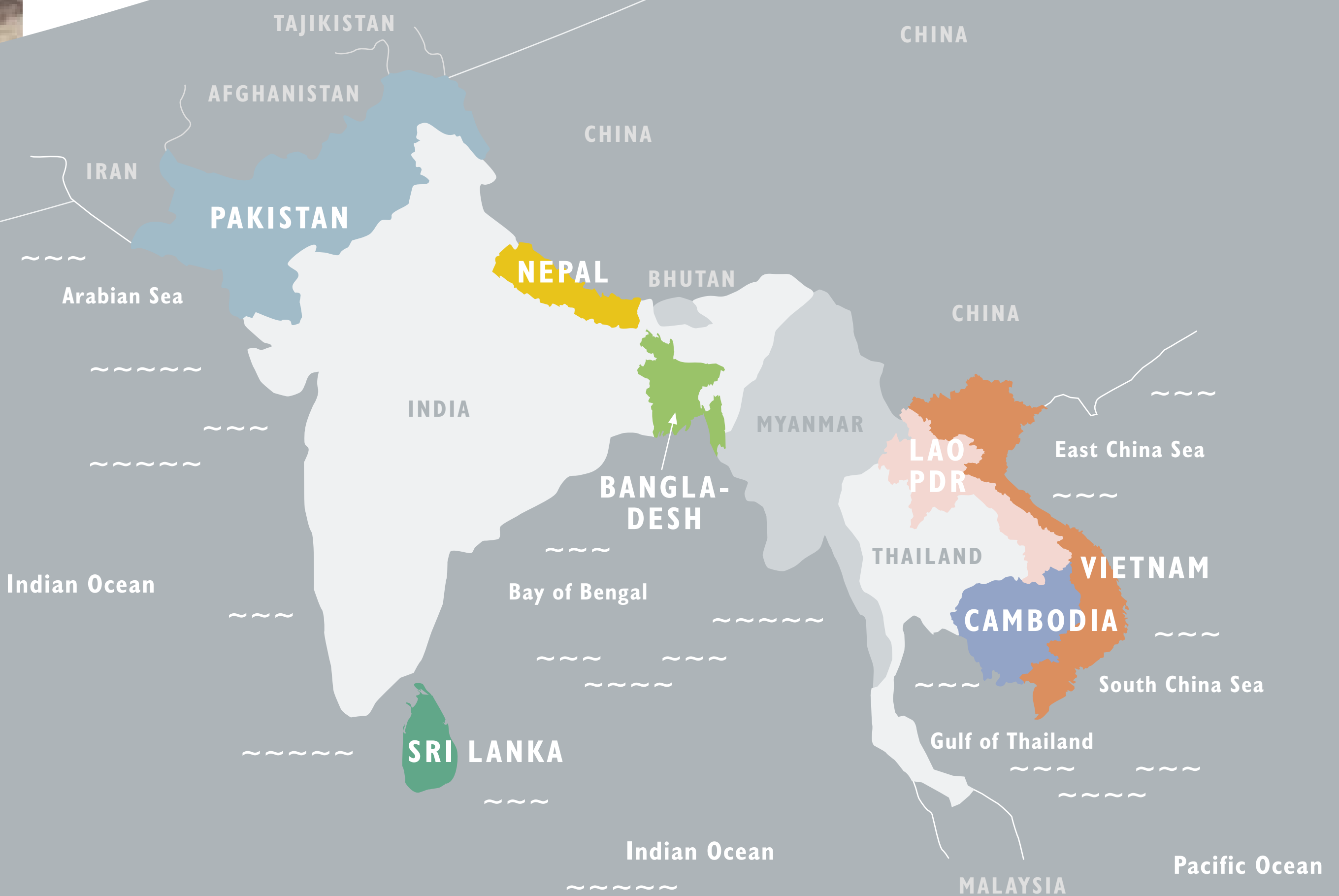
RAS/98/P23: Community involvement in adolescent sexual and reproductive health
Implementing Agency: Centre for Reproductive and Family Health (RaFH)
Executing Agency: World Population Foundation (WPF)

RAS/98/P41: Reproductive health services and information for adolescents in Nghi Loc district
Implementing Agency: District Women's Union (DWU)
Executing Agency: World Population Foundation (WPF)

RAS/98/P54: Improving adolescent sexual and reproductive health services at commune level
Implementing Agency: Centre for Reproductive and Family Health (RaFH)
Executing Agencies: World Population Foundation (WPF)/Enfants et Developpment (EeD) until June 2000

RAS/98/P56: Umbrella project: The alliances project
Implementing Agency: UNFPA Viet Nam
Executing Agencies: UNFPA NY/World Population Foundation (WPF)

REGIONAL
DIMENSION PROJECTS



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Maximising impact

The RHI is by definition a **regional programme.** With altogether 42 projects in seven countries, more than 90 organisations based in Asia and Europe, as well as the RHI Technical Unit in New York, its partners, expertise and experiences are varied and widespread. To draw from this diversity of skills, lessons learned and innovative approaches – and at the same time provide capacity building in key areas, such as gender, monitoring and evaluation (M&E), and press and advocacy work – three regional dimension projects (RDPs) were added to the RHI programme.

The rationale behind all RDPs has been to ensure that the RHI's overall impact is greater than the sum of its component projects project. They were designed to facilitate and strengthen synergy effects and provide a supra-regional base to local component projects.

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Despite the virtues of modern information technology, face-to-face meetings are still a great way to share experiences

• The Regional Monitoring and Evaluation (M & E) Project, the Gender Equity and Reproductive Health and Rights Project and the Information and Communication Network (ComNet), though very different in their individual aims, all contributed towards providing the RHI with a regional and international outlook and helped ensure greater sustainability of project outcomes. Not surprisingly, all RDPs placed a strong emphasis upon capacity building for the RHI partners, in particular for local implementing agencies and organisations. Each RDP had a dual strategy of providing a macroregional approach on the one hand, while taking into account the individual needs and interests at microproject level on the other.

Workshops are excellent platforms for sharing best practices

Main strategies and activities

The ComNet facilitated the internal exchange of project experiences and information via common communication channels for all RHI stakeholders to encourage sharing of lessons learned and success stories. Via the RHI web site, mailing lists, publications and an e-newsletter, as well as regional meetings, the RHI partners could update each other on project progress, share innovative approaches and raise queries and requests for information.

Building upon existing NGO project monitoring and evaluation systems, the M & E project set up a regional data collection system for the RHI, based upon the logical framework approach and the use of pre-defined qualitative and quantitative indicators.

Providing the RHI with standardised formats and tools to enhance synergy effects, the M & E project outlined indicators for data collection, covering service availability, quality and utilisation of services, information education and communication (IEC) activities, organisational and technical capacity, gender and community participation, networking and linkages, as well as legal and policy issues.

At the same time, the Gender Project developed a common gender strategy for the RHI, designed to help achieve the overall goal of reaching gender equity and equality within the RHI countries. For this purpose, a gender, reproductive and sexual health and rights manual was developed in each country and RHI partners and other stakeholders were trained on how to be gender aware and integrate a gender perspective in their projects. The country specific manuals were based on a Generic Training Manual on gender (GTM), entitled *"Reproductive Health for All: Taking Account of Power Dynamics Between Men and Women"*, which had been specifically developed and published for the RHI.

All RDPs made relevant existing materials and key documents accessible to the RHI partners and at the same time researched, collected and showcased data and materials that had been developed within the RHI. The Gender project, for example, collected data and resources related to gender issues in the RHI countries and integrated these into each country-specific gender training manual. The M&E project collected routine data on a bi-annual basis, which together with qualitative information describing the country level context in which the RHI projects operated, was fed back to projects for monitoring purposes. This data was also compiled at country and regional level to provide cross country comparisons and an overall assessment of RHI activities.

One of the key strategies of the ComNet was to enhance the external visibility of the RHI as an innovative programme. European and Asian decision-makers and journalists were informed about the reproductive health needs of the under-served populations in the RHI countries and innovative approaches within the RHI via press releases, publications and selected activities. One of the highlights of the ComNet press work was the organisation of an international press tour to RHI projects in Cambodia.

Capacity building was a central component of each RDP, the focus of which depended on the nature of each project and the needs expressed by the RHI organisations. The Gender project first trained a team of gender and reproductive health experts and trainers for each country (with the exception of the Lao PDR), which allowed them to adapt the GTM to the needs of each specific RHI country and carry out corresponding training activities. A series of workshops was organised in each country and 400 managers, senior planners and programme officers from partner organisations and Government officials were trained on how to incorporate social and gender dimensions into health service planning and promote individual behavioural change and positive health outcomes through programme actions.

In-depth research studies

The M & E project conducted three **in-depth research studies**, related to the RHI. These included an investigation into donor support to the NGO sector and the role of civil society in reproductive health interventions and two in-depth case studies, namely an evaluation of a peer education programme in Cambodia *(RAS/98/P13)* and a review of male involvement in maternal health care in the context of an RHI project in Nepal *(RAS/98/P39)*.

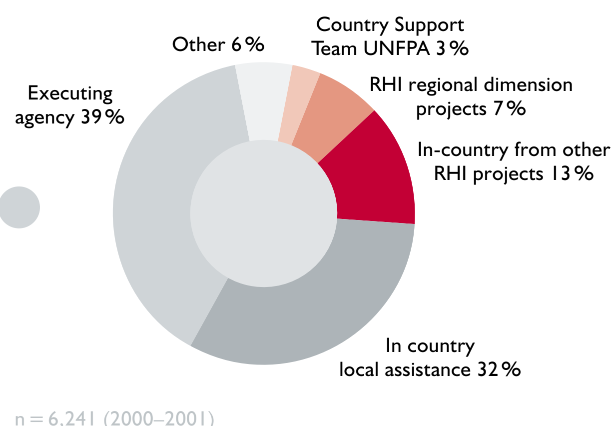
For the evaluation of the peer education project in Cambodia, 1,200 unmarried young men and women between the ages of 15 and 25 years were interviewed. Preliminary results show that 40 per cent of young people had had contact with a peer educator in the six months prior to the survey, and that young men were twice as likely as young women to interact with peer educators. Although young women were less likely to have had contact, the effect of such an encounter with a peer educator on young women's reproductive health knowledge was significant and more striking than the effect on young men. There was no effect on sexual behaviour, but this should be viewed within the context of high condom use overall, and relatively late age of sexual initiation.

The study on the role of the NGO sector in reproductive health, co-funded by the UK Department for International Development (DfID), provided a critical analysis of NGO involvement in development using the RHI as an example. The study highlights the challenges of the RHI's innovative approach and draws conclusions that are relevant for similar programmes in the future.

Similarly, the M & E project trained national monitoring and evaluation specialists who provided technical back-stopping to the RHI partners and joined the M&E staff in providing training. The M&E project staff carried out a series of technical workshops and monitoring visits to enhance the skills of the RHI NGOs in data collection, and the interpretation, dissemination and presentation of M & E data.

Focussing on several aspects of communication and information, the ComNet project organised workshops on how to deal with the media, how to integrate advocacy into an organisation's portfolio and on the basics of information and communication technologies.

RHI: Number of person-days of technical assistance received by source



n = 6,241 (2000–2001)

Innovations and achievements

The RDPs played an important role in strenghtening the regional perspective of the RHI and in encouraging the spirit of collaboration, which characterised its four year life span.

The ComNet project produced a series of three capacity building guides, introducing RHI organisations to press and media work, as well as advocacy campaigning. Entitled *"Dealing with…"*, the guides gave step-by-step information on how to stage a press conference, why advocacy is important and what to do if you receive bad press. These very popular guides filled a gap between other organisational development training offered within the RHI and were complemented by capacity building workshops.

Collecting monitoring data by age and sex has been one of the challenges of the RHI. Through the introduction of standard tools, which included a detailed breakdown by age and sex, partner NGOs increasingly recognised the importance of disaggregated data and adjusted their collection and reporting systems accordingly. For example, age reporting of clients visiting RTI/STD/HIV services in Nepal and Viet Nam increased from 20 per cent to 100 per cent between 2000 and 2001.

The ComNet programme organised a series of practical workshops on how to deal with the media

The RHI provided a unique example of a large and diverse programme, which collected quantitative data on project and programme outputs. This data is important for programme evaluation and planning at both regional and country level.

The M & E project produced a monitoring and evaluation manual for the RHI. The manual is based on the experience gained during RHI and as such is innovative, filling a gap between the use of a logical framework, conceptual reproductive health model and systems analysis framework, and connects these to an integrated plan for project monitoring and evaluation. Thus, the manual is an essential tool for the design of RHI-like programmes in the future.

All IEC materials, such as t-shirts, posters and badges, developed under the RHI, totalling more than 200 materials in ten languages, were collated and centrally displayed by the ComNet project in an online searchable database.

The Gender project developed a regional gender and reproductive health training framework, which, once adapted to the local context of the RHI countries, was used to help integrate gender issues into all RHI projects, especially those that previously had not addressed this within their activities. This is an innovative approach based on a common formula, able to accommodate local needs without changing basic human rights and gender and health concepts. The methodology used for training is highly participatory in nature. The Generic Training Manual on gender (GTM) describes a set of methods and processes that allows participants to draw from their own experience. It describes in detail the process that the trainers should follow. However, the content itself is generated by the participants, making it locally relevant. The methodology of the GTM was deemed appropriate by the World Health Organisation (WHO) which has used whole sections in its own training curriculum for health programme managers. The GTM has also been used in other context's and in particular it has been adapted for a training programme in the Islamic Republic of Iran.

The ComNet project developed and maintained a platform for RHI-internal communication, thereby guaranteeing a continuous exchange of information between all partners of the RHI and strengthening South-South and North-South dialogue. This meant, for example, that programme managers in Pakistan could learn from the media campaign experiences gathered in Viet Nam.

Increasing the visibility of the RHI: The 2000 press tour

In order to enhance awareness of the activities of the RHI, the ComNet project *(RAS/98/P28)* organised a Press Tour to Cambodia in November 2000, which resulted in widespread media coverage in Germany, Belgium, UK, France, Australia and Cambodia.

During the tour, the journalists (nine from international newspapers, four from Cambodian press agencies) had the opportunity to visit seven different project sites, talk to project staff, members of the Cambodian Government and in general obtain an impression of the way the RHI operates and the needs it addresses.

The press representatives had the opportunity to visit some of the RHI's projects in Cambodia's squatter communities *(RAS/98/P28),* allowing them to talk to peer educators and community members. At the concluding press conference, the press tour participants were able to address their questions to the Secretary of State for the Cambodian Ministry of Health and the UNFPA Representative in Cambodia.

One particular highlight of the tour participants was the opportunity to visit those projects, which make particularly innovative use of modern media in order to reach out to young people. This included, the open air quiz show, a three-hour show with dancing, singing and questions and attended by more than 1,000 in-school adolescents *(RAS/98/P12)* and the radio station, from which the interactive radio show "Especially for You Young People" was broadcast *(RAS/98/P10)*.

Adapting to local needs

Co-operation and capacity building

Although each RDP focused on providing the RHI with a regional character, a substantial portion of activities were carried out at both country and component project level. The M & E project employed national researchers in six of the seven RHI countries to support local monitoring and evaluation systems, strengthen project decision making and build the capacities of RHI organisations in monitoring and evaluation of sexual and reproductive health interventions.

Similarly, the Gender project worked closely together with the RHI component projects, through the collaboration of specially trained gender and reproductive health resource persons in six of the seven RHI countries. In each country, the GTM was adapted to the country's context and six tested editions of the manual were translated into local languages (Khmer, Bangla, Vietnamese, Singhala, Nepali and Urdu). The Bangla version of the gender manual, for example, was strongly appreciated by the Bangladesh Government, for which 1,200 extra copies were printed for use by various departments and other interested organisations.

With the assistance of the Umbrella Projects and other resource persons, the ComNet project translated its "Dealing with Media" guide into six Asian languages, including Bangla, Sinhala, Urdu and Vietnamese.

The RDPs sought not only to strengthen linkages within the RHI, but also to share information and thus enhance synergies between the RHI and other reproductive health programmes. One example is the South-South co-operation of the gender project, with the Women's Health Project, a women's NGO attached to the University of Witwatersrand in South Africa in developing the GTM curricula and in conducting training of trainers activities. Besides this, the Gender project also involved four additional national NGOs in the RHI. As a result, national expertise in integrating gender approaches was built up, and could be made available to other NGOs and Government officials. The GTM manual, as well as the Manual on *"Monitoring and Evaluation of Sexual and Reproductive Health Interventions"*, written by the M & E project team, proved to be valuable capacity building resources to members of the RHI and other reproductive health stakeholders alike. The visibility activities of the ComNet, such as publications containing lessons learned, press mailings and the RHI web site, served to inform programme managers worldwide about innovative reproductive health approaches. Serving as a first point of contact, the ComNet project referred interested programme managers to the implementing agencies within the RHI, to strengthen co-operation and encourage information sharing.

At the same time, local capacity building in dealing with the media, carrying out advocacy activities and using the internet for organisational and research purposes helped ensure that numerous organisations were in the position to carry out local level awareness raising, thus contributing towards organisational sustainability.

The "Dealing with…" guides provide a basic introduction into political advocacy and press work

The Generic Training Manual on gender was translated into six languages

Lessons learned

- **Effective information exchange multiplies the benefits of a regional programme**

Once initial hesitations were overcome, RHI organisations were eager to share their success stories and exchange experiences with their RHI peers and learn from one another. As a result, lessons learned from one project could be adapted to another project, even if it operated in a different environment. Although the RHI country programmes are different and face diverse economic, cultural and social barriers, the individual projects deal with very similar obstacles and problems. As an example, an RHI project in Viet Nam exchanged its experiences in mounting a TV campaign with other RHI members. This idea was then picked up by an RHI project in Pakistan, which plans to carry out a similar activity.

RHI regional dimension projects

RAS/98/P26: The Gender equity and reproductive health and rights project
Implementing Agency: Italian Association for Women in Development (AIDOS)

RAS/98/P27: Regional monitoring and evaluation project
Implementing Agency: Netherlands Interdisciplinary Demographic Institute (NIDI)
Executing Agency: London School of Hygiene and Tropical Medicine (LSHTM)

RAS/98/P28: Information and communication network (ComNet)
Implementing Agency: German Foundation for World Population (DSW)

The Gender project also enlisted the involvement of the following NGOs to carry out adaptation of the gender manual:

- Bangladesh Rural Advancement Committee (BRAC)
- Reproductive Health Association of Cambodia (RHAC)
- CARE, Lao PDR
- Women's Rehabilitation Centre (Worec), Nepal
- Shirkat-Ghah, Pakistan
- Family Planning Association of Sri Lanka (FPASL)
- Research Centre for Gender, Family and Environment in Development (CGFED), Viet Nam

• **A clear M&E strategy should be used in programme design**

The establishment of an efficient and effective monitoring and evaluation (M&E) data collection system for future programmes is facilitated by the design of a clear M & E strategy which is fully integrated into the programme and project aims and objectives. It is crucial that the M & E strategy is designed simultaneously with the programme and projects. Equally important is the development – at the earliest stage possible – of a conceptual framework guiding the formulation and selection of standard indicators and measurement tools.

• **Disaggregated reporting on age and sex is essential**

Programmes, which focus on adolescents and youth, need to report on the age and sex of their clients when collecting monitoring and evaluation data. Without this information, it is impossible to review whether young people are reached by the programme and whether young women and men are equally involved.

• **There is a strong demand for media and information, communication and technology (ICT) training**

The ComNet training materials and workshops in press work, political advocacy and using the internet filled a key niche between the training activities of the umbrella projects and the other RDPs. The demand for internet training was so great amongst the RHI partners, that instead of holding two workshops as originally planned, the ComNet hosted five and designed an online training course for those partners that could not attend the workshops.

• **A common formula for gender issues**

A regional gender strategy that takes into account socio-cultural and policy issues, as well as the national and local context in which it is addressed, is a major asset in efforts to achieve gender equity and equality. Often NGOs are aware of the need to address gender issues, but have not learnt how to operationalise this in their respective projects. In most countries, the training courses were also open to non-RHI NGOs and Government staff, in view of the importance of the subject. The findings of an internal evaluation, carried out in collaboration with the UNFPA Country Support Team, revealed concrete evidence of the application of knowledge and skills learned and the sharing of experiences from the training both formally and informally.

• **Training is key to comprehensive M & E**

Training of staff in the use of planning and management instruments, such as the project logical framework, is key to the success of any new programme's monitoring and evaluation strategy. This allows project partners to use these instruments effectively and in a standardised manner.

• **Gender audits and analysis can help address needs**

The Generic Training Manual on gender (GTM) devoted an entire section towards mainstreaming gender equality and equity into the daily operations of organisations and institutions. The exercise involved carrying out a gender analysis of the respective organisations in order to identify practical actions promoting gender equality and equity. In Bangladesh, for example, where the partners expanded this exercise to devise and carry out a gender audit of organisations and services. This resulted in improved services better geared to meeting the different needs of women and men. It also greatly helped the RHI partners in Bangladesh to better operationalise gender concepts in their own context.

PRESENTATION

POPULATION INDICATORS & FINANCIAL INFORMATION

THE WAY FORWARD

RHI 1998–2002 106 • 107

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Population indicators for the RHI region

Selected demographic, social and economic indicators

	Total population (million 2002)	Projected population (million 2050)	Average population growth (%) (2000–05)	Urban population (%) (2002)	Urban growth rate (2000–05)	Pop/ha arable & perm. crop land	Total fertility rate (2000–05)	Births with skilled attendants (%)	GNI per capita PPP$ (2000)	Under 5 mortality (m/f)	Access to safe water (%)
Cambodia	13.8	29.9	2.4	18	5.5	2.4	4.77	34	1,440	110/98	30
Lao PDR	5.5	11.4	2.3	20	4.6	4.1	4.80	21	1,540	144/137	90
Viet Nam	80.2	123.8	1.3	25	3.1	7.1	2.25	70	2,000	52/37	56
South-Eastern Asia	537.3	800.3	1.4	38	3.3	—	2.52	61	—	60/48	—
Bangladesh	143.4	265.4	2.1	26	4.3	9.0	3.56	12	1,590	88/97	97
Nepal	24.2	52.4	2.3	12	5.1	7.1	4.48	12	1,370	91/106	81
Pakistan	148.7	344.2	2.5	33	3.5	3.2	5.08	20	1,860	121/135	88
Sri Lanka	19.3	23.1	0.9	23	2.4	4.6	2.09	94	3,460	30/16	83
South Central Asia	1,532.6	2,538.8	1.7	30	2.6	—	3.25	38	—	89/100	—

Monitoring ICPD goals – selected indicators

	Infant mortality Total per 1,000 live births	Life expectancy (m/f)	Maternal mortality ratio	Primary enrolment (gross) m/f	Secondary enrolment (gross) m/f	Illiteracy rate (>15 years) m/f (%)	Births per 1,000 women aged 15–19	Contra-ceptive Prevalence Rate (any method)	Contra-ceptive Prevalence Rate (mod. methods)	HIV prevalence rate (15–24) m/f (%)
Cambodia	73	53.6/58.6	590	128/110	29/15	20/40	97	24	19	0.97/2.49
Lao PDR	88	53.3/55.8	650	120/102	39/27	—	91	32	29	0.05/0.03
Viet Nam	34	66.9/71.6	95	113/107	64/58	4/8	20	75	56	0.32/0.17
South-Eastern Asia	41	64.8/69.2	300	—	—	—	—	58	49	—
Bangladesh	67	60.6/60.8	600	125/120	45/50	47/69	125	54	43	0.01/0.01
Nepal	71	60.1/59.6	830	128/100	56/38	38/74	124	39	35	0.27/0.28
Pakistan	87	61.2/60.9	200	109/62	45/29	41/70	50	28	20	0.06/0.05
Sri Lanka	20	69.9/75.9	60	112/110	68/74	5/10	23	66	44	0.03/0.04
South Central Asia	69	62.7/64.1	410	—	—	—	—	48	41	—

Source: UNFPA State of World Population 2002: People, Poverty and Possibilities

Explanation of selected indicators

- **Total population 2002, projected population 2050, average annual population growth rate for 2000–2005**

These indicators present the size, projected future size and current period annual growth of national populations.

- **Total fertility rate (period: 2000–2005)**

The measure indicates the number of children a woman would have during her reproductive years if she bore children at the rate estimated for different age groups in the specified time period. Countries may reach the projected level at different points within the period.

- **Births with skilled attendants**

This indicator is based on national reports of the proportion of births attended by "skilled health personnel or skilled attendant: doctors (specialist or non-specialist) and/or persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries". Data for more developed countries reflect their higher levels of skilled delivery attendance. Because of assumptions of full coverage, data (and coverage) deficits of marginalised populations and the impacts of chance and transport delays may not be fully reflected in official statistics. Data estimates are the most recent available.

- **Under-5 mortality**

This indicator relates to the incidence of mortality to infants and young children. It reflects, therefore, the impact of diseases and other causes of death on infants, toddlers and young children. More standard demographic measures are infant mortality and mortality rates for 1 to 4 years of age, which reflect differing causes of and frequency of mortality in these ages. The measure is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by improved nutrition and by immunisation programmes. Under-5 mortality is here expressed as deaths to children under 5 per 1,000 live births in a given year. The estimate refers to the period 2000–2005.

- **Infant mortality, male and female life expectancy at birth**

These indicators are measures of mortality levels, respectively, in the first year of life (which is most sensitive to development levels) and over the entire lifespan.

- **Maternal mortality ratio**

These are consensus estimates of WHO, UNICEF and UNFPA. This indicator presents the number of deaths to women per 100,000 live births which result from conditions related to pregnancy, delivery and related complications. Precision is difficult, though relative magnitudes are informative. Estimates below 50 are not rounded; those 50–100 are rounded to the nearest 5; 100–1,000 to the nearest 10; and above 1,000, to the nearest 100. Several of the estimates differ from official government figures. The estimates are based on reporting figures wherever possible, using approaches to improve the comparability of information from different sources.

- **Births per 1,000 women aged 15–19**

This is an indicator of the burden of fertility on young women. Since it is an annual level summed over all women in the age cohort, it does not reflect fully the level of fertility for women during their youth. Since it indicates the annual average number of births per woman per year, one could multiply it by five to approximate the number of births to 1,000 young women during their late teen years. The measure does not indicate the full dimensions of teen pregnancy as only live births are included in the numerator. Stillbirths and spontaneous or induced abortions are not reflected.

- **Contraceptive prevalence**

These data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using, respectively any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilisation, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. These numbers are roughly but not completely comparable across countries due to a variation in the timing of the surveys, and in the details of the questions.

- **HIV prevalence rate, M/F, 15–24**

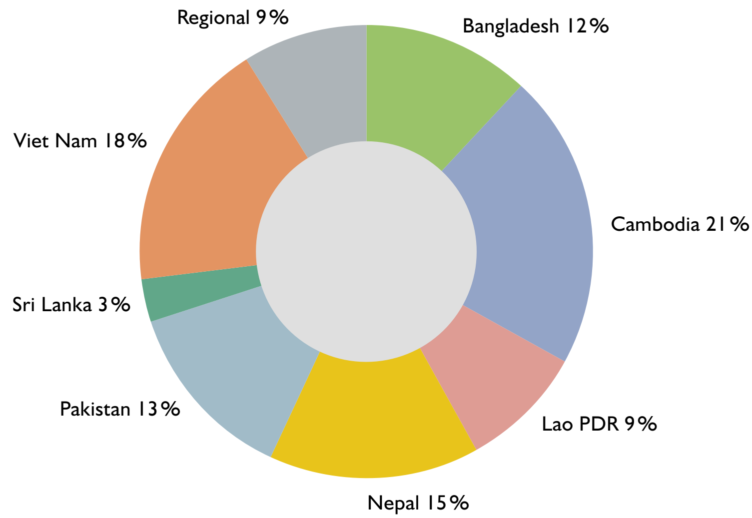
These data derive from surveillance system reports and model estimates. Data provided for men and women aged 15–24 are, respectively, averages of High and Low Estimates for each country. The reference year is 1999. Male-female differences reflect physiological and social vulnerability to the illness and are affected by age differences between sexual partners.

Source: UNFPA State of World Population 2002: People, Poverty and Possibilities

Financial information

All figures in US $

Overall RHI project expenditure, by country (EC funds)



The RHI achieved a project expenditure rate of around 95 per cent of allocations

The UNFPA handles its accounts in US Dollars (US $). For this reason, all information in this chapter is given in US $.

A Euro/Dollar exchange rate of 1.012 has been used in this report. This represents an average of the fluctuating exchange rate used in financial transactions during the RHI's lifespan.

Overall RHI expenditure, by source of funding

Commitments

UNFPA 7%
NGO 8%
US$ 35.7 m
EC 85%

European and local NGOs have between them contributed around US$ 4.9 million to the RHI. This represents an average of almost 19 per cent of total expenditures for each project.

Actual Expenditure

UNFPA 9%
NGO 14%
US$ 34.3 m
EC 77%

RHI expenditure, by country focus

Quality reproductive health services 13%
Community-based reproductive health services 30%
Adolescent reproductive health 57%

RHI country programme expenditure, by budget heading (EC funds)

Budget component	Bangladesh (%)	Cambodia (%)	Lao PDR (%)	Nepal (%)	Pakistan (%)	Sri Lanka (%)	Viet Nam (%)	Regional (%)	Overall (excl TA/OC)
Project staff	39	27	48	27	19	3	21	41	29
Technical assistance	3	9	3	4	6	10	14	9	8
Monitoring	3	3	3	7	4	11	3	3	4
Studies, reviews, etc	12	31	3	12	29	33	14	19	19
Training	12	10	11	19	22	18	15	16	16
Equipment	20	9	16	14	8	14	2	2	12
Visibility/IEC, etc	5	6	10	10	7	5	6	6	7
Support costs	6	6	6	6	6	6	6	6	6
TOTAL									100

Audited expenditures by project and country (EC funds)

	Project Number	Executing Agency
Bangladesh	RAS/98/P55	Umbrella Project
	RAS/98/P62	Marie Stopes Clinic Society
	RAS/98/P63	Save the Children – UK
	RAS/98/P64	Bangladesh Red Crescent Society
	RAS/98/P65	Family Planning Association Bangladesh
Cambodia	RAS/98/P10	Health Unlimited
	RAS/98/P11	Care Germany
	RAS/98/P12	International Planned Parenthood Federation
	RAS/98/P13	Save the Children – UK
	RAS/98/P14	Pharmaciens Sans Frontières
	RAS/98/P15	HIV/AIDS Alliance (UK)
	RAS/98/P16	Save the Children – UK Umbrella Project
	RAS/98/P16	UNFPA Umbrella Project
	RAS/98/P18	Memisa Medicus Mundi
Lao PDR	RAS/98/P42	Enfants et Développement
	RAS/98/P43	Save the Children – UK
	RAS/98/P44	Enfants d'Ailleurs
	RAS/98/P45	Médecins Sans Frontières
	RAS/98/P48	Health Unlimited
	RAS/98/P49	Écoles sans Frontières
	RAS/98/P53	Umbrella Project ***
Nepal	RAS/98/P33	Royal Tropical Institute (KIT) Umbrella Project
	RAS/98/P33	UNFPA Umbrella Project
	RAS/98/P35	Associazione DISVI (Disarmo e Sviluppo)
	RAS/98/P36	Marie Stopes International
	RAS/98/P37	World Population Foundation
	RAS/98/P38	Italian Association for Women in Development (AIDOS)
	RAS/98/P39	Royal Tropical Institute (KIT)
Pakistan	RAS/98/P07	World Population Foundation
	RAS/98/P08	Marie Stopes International
	RAS/98/P09	Interact Worldwide (formerly Population Concern)
	RAS/98/P29	WPF Umbrella Project
	RAS/98/P29	UNFPA Umbrella Project *
Regional	RAS/98/P26	Italian Association for Women in Development (AIDOS)
	RAS/98/P27	London School of Hygiene and Tropical Medicine/Netherlands Interdisciplinary Demographic Institute
	RAS/98/P28	German Foundation for World Population (DSW)
Sri Lanka	RAS/98/P17	International Planned Parenthood Federation
Viet Nam	RAS/98/P19	International Planned Parenthood Federation
	RAS/98/P20	Care Germany
	RAS/98/P21	Marie Stopes International
	RAS/98/P22	Marie Stopes International
	RAS/98/P23	World Population Foundation
	RAS/98/P41	Enfants et Développement
	RAS/98/P41	World Population Foundation **
	RAS/98/P54	World Population Foundation
	RAS/98/P56	World Population Foundation
	RAS/98/P56	UNFPA ****
Total	**42 projects**	**in US$**

* P29 UNFPA executed component as of 1 July 2000
** P41 executed by World Population Foundation as of 1 July 2000
*** P53 executed by UNFPA as of 1 May 2000
**** P56 executed by UNFPA as of 1 January 2001

Audited Expenditure 1998	Audited Expenditure 1999	Audited Expenditure 2000	Audited Expenditure 2001	Audited Expenditure 2002	Total 1998–2002
0	10,753.00	54,801.00	75,128.00	114,361.42	255,043.42
0	65,391.34	198,980.66	256,800.00	333,631.00	854,803.00
0	5,072.20	94,935.80	118,427.00	176,981.00	395,416.00
0	4,400.67	161,266.33	142,452.00	170,911.00	479,030.00
0	83,598.53	230,331.47	223,806.00	267,394.00	805,130.00
0	169,215.74	740,315.26	816,613.00	1,063,278.42	2,789,422.42
56,783.00	174,895.00	145,630.00	177,544.00	32,376.00	587,228.00
50,343.52	164,686.78	149,836.50	127,487.78	40,609.82	532,964.40
46,419.62	106,666.27	140,237.71	286,984.80	53,666.27	633,974.67
68,895.00	150,255.28	155,394.30	164,553.26	46,856.23	585,954.07
39,304.84	192,381.18	246,549.00	240,171.80	155,709.55	874,116.37
200,124.00	237,292.00	227,254.00	84,585.88	0	749,255.88
7,759.00	57,285.00	57,741.72	72,095.30	41,754.43	236,635.45
				34,697.20	34,697.20
34,354.00	87,454.00	75,647.41	115,657.45	0	313,112.86
503,982.98	1,170,915.51	1,198,290.64	1,269,080.27	405,669.50	4,547,938.90
0	86,316.00	138,425.00	113,451.00	0	338,192.00
0	36,183.00	140,845.00	193,101.84	83,326.48	453,456.32
0	40,219.20	117,208.37	78,579.05	81,790.23	317,796.85
0	33,324.00	52,379.00	0	0	85,703.00
0	33,724.00	758.00	0	0	34,482.00
0	72,128.00	118,331.00	98,885.65	63,381.44	352,726.09
0	30,435.00	83,607.00	89,002.00	182,399.76	385,443.76
0	332,329.20	651,553.37	573,019.54	410,897.91	1,967,800.02
9,381.00	143,328.00	166,490.75	78,602.00	40,584.51	438,386.26
			53,435.00	136,587.86	190,022.86
0	126,061.00	96,632.00	97,871.00	77,488.12	398,052.12
0	80,062.00	57,625.00	80,333.16	125,163.00	343,183.16
0	131,755.83	131,386.05	138,045.59	171,847.10	573,034.57
0	122,716.00	87,855.00	134,302.00	150,115.08	494,988.08
0	129,817.54	364,416.69	218,256.00	194,596.00	907,086.23
9,381.00	733,740.37	904,405.49	800,844.75	896,381.67	3,344,753.28
8,446.00	62,479.22	190,946.72	177,196.67	190,255.79	629,324.40
50,336.00	95,162.00	116,219.00	172,852.00	231,501.00	666,070.00
73,863.00	189,764.00	167,727.00	177,057.10	81,955.00	690,366.10
8,804.71	160,323.08	246,821.98	253,917.74	100,298.28	770,165.79
0	0	5,415.00	35,759.00	47,404.90	88,578.90
141,449.71	507,728.30	727,129.70	816,782.51	651,414.97	2,844,505.19
0	41,079.00	209,617.00	210,893.16	35,499.00	497,088.16
0	91,429.00	283,279.00	214,552.00	255,933.00	845,193.00
0	252,731.00	252,749.00	140,397.00	58,506.00	704,383.00
0	385,239.00	745,645.00	565,842.16	349,938.00	2,046,664.16
4,299.00	158,647.00	230,635.00	201,722.00	97,945.06	693,248.06
4,299.00	158,647.00	230,635.00	201,722.00	97,945.06	693,248.06
0	77,310.00	123,137.00	43,510.88	70,413.68	314,371.56
44,637.00	121,995.00	122,833.86	163,180.64	252,821.88	705,468.38
24,935.00	107,545.00	127,003.00	160,147.00	92,425.00	512,055.00
17,967.00	61,679.00	135,081.00	180,902.00	280,327.00	675,956.00
46,721.63	168,053.14	195,584.24	180,085.09	87,287.13	677,731.23
9,216.00	85,185.00	61,063.00	0	0	155,464.00
0	0	43,358.70	197,374.21	169,952.34	410,685.25
0	26,594.08	169,775.75	87,380.36	85,074.94	368,825.13
0	45,028.25	110,971.50	0	0	155,999.75
0	0	0	69,575.00	70,529.59	140,104.59
143,477.63	693,389.47	1,088,808.00	1,082,155.18	1,108,831.56	4,116,660.89
802,589.32	**4,151,204.59**	**6,286,782.51**	**6,126,059.41**	**4,984,357.09**	**22,350,992.92**

Audited expenditures by project and country (NGO funds)

	Project Number	Executing Agency/NGO
Bangladesh	RAS/98/P55	Umbrella Project
	RAS/98/P62	Marie Stopes Clinic Society
	RAS/98/P63	Save the Children – UK
	RAS/98/P64	Bangladesh Red Crescent Society
	RAS/98/P65	Family Planning Association Bangladesh
Cambodia	RAS/98/P10	Health Unlimited
	RAS/98/P11	Care Germany
	RAS/98/P12	International Planned Parenthood Federation
	RAS/98/P13	Save the Children – UK
	RAS/98/P14	Pharmaciens Sans Frontières
	RAS/98/P15	HIV/AIDS Alliance (UK)
	RAS/98/P16	Umbrella Project
	RAS/98/P18	Memisa Medicus Mundi
Lao PDR	RAS/98/P42	Enfants et Développement
	RAS/98/P43	Save the Children – UK
	RAS/98/P44	Enfants d'Ailleurs
	RAS/98/P45	Médecins Sans Frontières
	RAS/98/P48	Health Unlimited
	RAS/98/P49	Écoles sans Frontières
Nepal	RAS/98/P33	Umbrella Project
	RAS/98/P35	Associazione DISVI (Disarmo e Sviluppo)
	RAS/98/P36	Marie Stopes International
	RAS/98/P37	World Population Foundation
	RAS/98/P38	Italian Association for Women in Development (AIDOS)
	RAS/98/P39	Royal Tropical Institute (KIT)
Pakistan	RAS/98/P07	World Population Foundation
	RAS/98/P08	Marie Stopes International
	RAS/98/P09	Interact Worldwide (formerly Population Concern)
	RAS/98/P29	WPF Umbrella Project
	RAS/98/P29	UNFPA Umbrella Project *
Regional	RAS/98/P26	Italian Association for Women in Development (AIDOS)
	RAS/98/P27	London School of Hygiene and Tropical Medicine/Netherlands Interdisciplinary Demographic Institute
	RAS/98/P28	German Foundation for World Population (DSW)
Sri Lanka	RAS/98/P17	International Planned Parenthood Federation
Viet Nam	RAS/98/P19	International Planned Parenthood Federation
	RAS/98/P20	Care Germany
	RAS/98/P21	Marie Stopes International
	RAS/98/P22	Marie Stopes International
	RAS/98/P23	World Population Foundation
	RAS/98/P41	Enfants et Développement
	RAS/98/P41	World Population Foundation **
	RAS/98/P54	World Population Foundation
	RAS/98/P56	World Population Foundation
Total	**42 projects**	**in US$**

* P29 UNFPA executed component as of 1 July 2000
** P41 executed by World Population Foundation as of 1 July 2000

Audited Expenditure 1998	Audited Expenditure 1999	Audited Expenditure 2000	Audited Expenditure 2001	Audited Expenditure 2002	Total 1998–2002
0	1,869.15	18,534.47	33,795.00	35,627.00	89,825.62
0	10,003.93	21,214.48	19,714.00	15,619.00	66,551.42
0	15,746.62	51,182.92	41,846.00	41,494.00	150,269.53
0	12,521.98	35,056.99	31,875.00	23,958.00	103,411.97
57,957.00	76,092.00	54,999.00	70,860.00	12,761.00	272,669.00
3,384.76	14,180.95	23,429.64	30,615.43	9,530.65	81,141.43
0	3,774.00	56,009.00	68,146.00	72,195.00	200,124.00
21,185.00	52,184.00	41,483.00	0	0	114,852.00
33,151.00	209,156.00	176,320.00	262,579.00	72,184.00	753,390.00
45,828.00	293,043.00	0	0	0	338,871.00
3,412.00	6,824.00	6,824.00	4,402.00	2,201.00	23,663.00
4,013.00	10,595.00	9,740.00	25,502.76	0	49,850.76
0	22,195.00	25,918.00	0	0	48,113.00
0	7,258.00	14,094.00	23,432.89	6,864.65	51,649.54
0	6,036.06	11,191.27	12,900.00	14,812.23	44,939.56
0	0	8,673	0	0	8,673.00
0	4,500.00	0	0	0	4,500.00
0	2,524.00	14,539.00	14,622.11	1,564.97	33,250.08
0	22,314.55	29,277.53	4,934.31	0	56,526.39
0	12,394.00	12,528.00	10,862.00	16,711.00	52,495.00
0	10,615.00	13,833.00	15,879.00	8,683.00	49,010.00
0	41,215.00	38,978.00	35,406.00	36,949.00	152,548.00
0	35,790.00	40,276.00	40,276.00	0	116,342.00
0	30,286.85	22,829.67	62,745.00	39,343.00	155,204.52
8,550.00	31,560.00	24,713.00	31,803.00	33,253.00	129,879.00
0	17,981.00	9,983.00	9,983.00	35,273.93	73,220.93
8,208.00	20,660.00	18,572.00	19,673.00	28,143.00	95,256.00
10,700.00	35,600.00	46,850.00	131,925.00	60,575.00	285,650.00
0	0	30,100.00	20,115.00	2,865.00	53,080.00
0	24,299.00	131,077.00	85,389.00	82,562.00	323,327.00
0	35,498.00	38,048.00	21,175.00	6,387.00	101,108.00
5,642.00	24,297.94	24,808.05	21,912.57	14,298.00	90,958.56
0	1,381.00	5,468.63	16,640.00	8,063.00	31,552.63
3,435.89	36,894.44	30,304.66	20,870.00	19,396.00	110,900.99
0	46,674.00	10,809.00	8,019.00	3,000.00	68,502.00
0	29,370.00	6,011.00	8,019.00	7,487.00	50,887.00
14,800.00	56,600.00	29,300.00	25,500.00	33,105.00	159,305.00
0	12,000.00	38,690.00	0	0	50,690.00
		17,530.00	19,805.00	19,805.00	57,140.00
0	24,600.00	22,850.00	21,250.00	15,900.00	84,600.00
0	47,100.00	41,850.00	0	0	88,950.00
220,266.65	**1,345,634.47**	**1,253,895.31**	**1,272,471.07**	**780,610.43**	**4,872,877.93**

Taking stock and moving forward

Over its four year life span, the RHI has made a considerable contribution towards the goals highlighted in the ICPD Programme of Action (PoA) in seven Asian countries.

In addition to the country-level successes described in previous pages, a number of more wide-ranging achievements deserve to be highlighted.

» » »

These include:

- Drawing from a single funding source has helped encourage local and international NGOs to **work together towards a common goal.** This enabled the final result to be more successful than would have been the case with each organisation operating in isolation. In this way the RHI helped to spotlight the crucial role which is played by civil society at local level.

- In all countries without exception, the RHI activities **have strengthened the sexual and reproductive health policies and programmes of the Government.** Not only have they aided Government programmes in reaching more vulnerable and difficult to reach populations at the grass-roots, but the RHI has also helped to explore approaches, methodologies and tools for interventions in areas thus far considered too sensitive by the national authorities. In a number of cases, RHI-produced information, education and communication (IEC) materials, as well as training manuals and methods, have been adopted by the respective country Governments and departments as well as other reproductive health actors. The hosting of joint events carried out by RHI partners in collaboration with Government departments, such as the Youth Camps in Cambodia and the Adolescent Girl's Congress in Nepal, demonstrate how well these actors worked together.

- The RHI has greatly contributed towards creating **increased awareness on adolescent sexual and reproductive health needs,** even in those countries that did not include this as the main theme of their programme. Through a number of specific projects that undertook research and explored pilot activities in this area, the subject has become an acceptable issue for public debate – to the extent that even in these countries (Bangladesh, Nepal and Pakistan) adolescent reproductive health has now become the central theme for the next phase.

- The **special partnership** between national and international NGOs, with the latter as the executing agencies, has proven to be a success from many perspectives. It provided a useful two-way channel for the exchange of technical know-how: the international organisations assisted the local NGOs with state of the art support on substantive matters and administrative/financial management. At the same time, the partnership provided the international organisations with the opportunity to gain hands-on field experience in reproductive health in developing countries. Last but not least, this partnership also provided local NGOs with a very important stepping stone in helping them gain the necessary experience to become executing agencies themselves. The proof of this is that in next phase of the RHI, namely the RHIYA, about half of the local NGO partners have now become entirely responsible for project execution.

"I would like to take this opportunity to thank the European Commission for their generous funding of the RHI and extend a special thanks to UNFPA for bringing the RHI to the Lao PDR."

H.E. Mr. S.M.,
Minister to the Prime Minister's Office, Government of the Lao PDR

The RHI has supported Government programmes in serving vulnerable and difficult to reach populations

This evolution in role was largely enabled by the strong **capacity building component** that was built in to the RHI for local organisations.

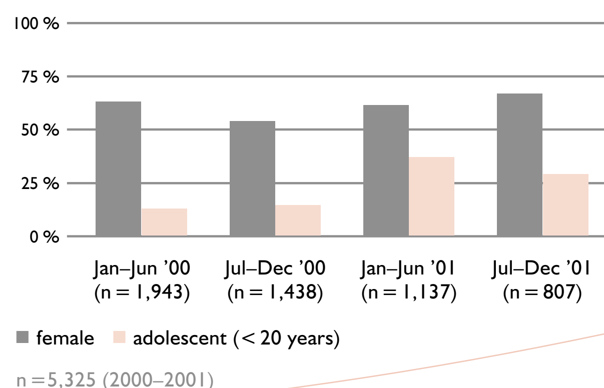
For example, during the course of the RHI, up to 28 per cent of paid project level staff were trained in project management topics, while up to 30 per cent of service delivery point workers received instruction across a range of technical reproductive health issues.

These capacity building efforts were combined with partnership development through the fostering of both **formal and informal networks** between implementing partners, and with the development of strong contacts and links to Government departments and key policy makers.

Among the other overall achievements of the RHI, a number merit specific mention, in particular the **building of trust and credibility** among beneficiaries and clients, and the enlisting of the support and involvement of local grass-roots level communities and gatekeepers for reproductive health interventions.

A key indication of the level of local support enjoyed by RHI activities is the proportion of **volunteer staff working at community level,** either as peer educators or as facilitators. In fact, volunteers made up the majority of staff working at community-based organisations and at service delivery points. Given the focus of many projects on young people, it is also not surprising that a large percentage of the volunteers were adolescents.

RHI: Proportion of adolescents and females among volunteers recruited at the level of service delivery point/community based organisation



The RHI has proved to be a successful approach in terms of meeting sexual and reproductive health needs by bringing together diverse resources and expertise. As the programme comes to an end, it is clear that the collaboration between the EU, UNFPA and European and local NGOs has been rewarding.

Thoraya Ahmed Obaid, Executive Director, UNFPA

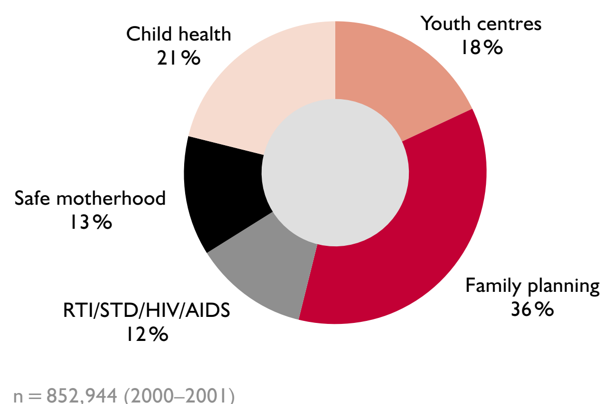
"The RHI execution modality is unique. It combines the experience, the know-how, the network and the institutional and human resource capacity of government institutions, local and international NGOs and multilateral organisations on a scale never attempted before in the area of reproductive health."

Imelda Henkin, UNFPA

Depending on the local context, the RHI country programmes developed a variety of creative ways to enlist community trust and gain the **support of influential community members.** In Cambodia, for example, community-based projects worked together with monks to spread positive messages on reproductive health, while in Bangladesh tea vendors hosted "radio listening clubs" for the radio campaign promoting male involvement in family planning.

In terms of reaching out to under-served and vulnerable groups, the RHI country programmes had a considerable impact. Access to quality and **youth friendly clinical services** was improved, resulting in at least 850,000 client visits to reproductive health services in the years 2000 and 2001 alone.

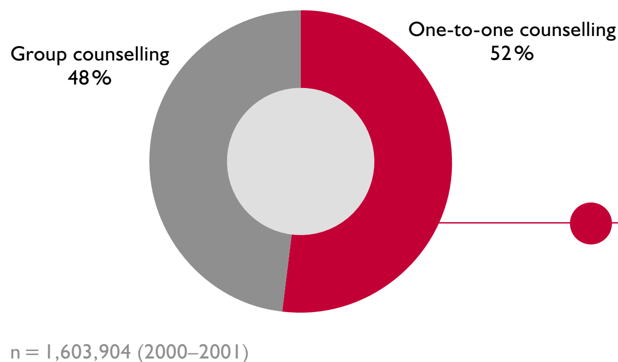
RHI: Total client visits to reproductive health services



n = 852,944 (2000–2001)

Next to clinic based services, **counselling,** whether on a one-to-one basis or in a group, was a key component of most projects. During these talks, client questions ranging from gender and adolescent reproductive health issues to STDs, HIV/AIDS and safe motherhood were addressed. Overall, more than 1.6 million people attended RHI supported counselling sessions in 2000 and 2001.

RHI: Total visits to counselling sessions



n = 1,603,904 (2000–2001)

To overcome the dearth of appropriate information, education and communication (IEC) materials available in the RHI countries, especially ones designed by and for young people, many RHI partners developed tailor-made packages to promote **reproductive health messages.** The nature of these materials varied considerably and included a TV campaign broadcast in-between football matches in Viet Nam, street theatre in Nepal and communication materials specifically designed for ethnic minorities in the Lao PDR.

The Mid Term Evaluation missions of the RHI, conducted in 2000 by both UNFPA and the EU, established that programme activities in all seven RHI countries were making progress towards meeting the ICPD PoA goals. At the same time, these reviews concluded, that for more **sustainable results** and to gain maximum impact, the life-time of the Initiative would need to incorporate a new phase.

The final EC Evaluation confirmed that an encouraging start had been made in trying to meet the sexual and reproductive health needs of young people, with **innovative approaches** adopted in several countries. However, for any future phase of the RHI, more effective targeting was recommended to ensure that this critical segment of the population would be effectively reached. The level of unmet reproductive health needs among adolescents and youth in all these countries, the comparative advantage already demonstrated by NGOs in dealing with this sensitive issue and the demand created by activities under the RHI, all pointed to this theme as an area in which a second phase of the RHI could make a significant impact.

With time, the overall programme framework established by the RHI gained in effectiveness and evolved a **unique modus operandi.** Other comparably complex multi-country, multi-partner programmes should be able to benefit from this experience.

An important outcome of the RHI has therefore been an impressive series of well-documented successes achieved and lessons learned over its four-year life span. The **wealth of experience** gained and the ensuing commitment to build on these achievements constitutes a solid foundation for further work.

After the RHI: Building on lessons learned

As a result, a second three-year phase was formulated, entitled the **EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA).** This expands upon the successful partnership already established during the RHI between the European Union, UNFPA and its range of implementing and executing partners. In the new programme, the majority of the Executing Agencies will in fact be almost entirely composed of local civil society organisations.

RHIYA: Meeting the needs of young people

The new programme spans the same seven Asian countries involved in the RHI, **building on the achievements** of the RHI projects in these countries and covering an implementation period of three years. The overall objective of the RHIYA is to improve the sexual and reproductive health of young people, particularly of those from vulnerable and disadvantaged populations, with an emphasis on gender equity.

Concerned with fostering healthy family life attitudes from an early age and stemming the HIV/AIDS pandemic, starting with **young people** in countries most under threat, the RHIYA seeks to encourage responsible sexual and reproductive health behaviour by increasing access to and utilisation of sexual and reproductive health information, counselling and services. Similarly to the RHI, the new Programme intends to benefit from the comparative advantage of civil society organisations in reaching the most vulnerable groups and in dealing with an ever changing and highly mobile target population in a subject area as sensitive as reproductive health and sexuality.

As with the RHI, throughout the new programme, emphasis will be placed on **creating a supportive enabling environment** by engaging community participation and promoting ownership among stakeholders, particularly among youth and adolescents themselves. The programme will also focus on the sharing of knowledge and information and increasing availability of quality counselling and youth-friendly clinical services.

Particular attention will be paid to **building the capacity of local NGOs** and civil society as a whole to recognise and meet the sexual and reproductive health needs of adolescents and youth, using sustainable approaches as far as possible.

A contract between the EU and UNFPA for the RHIYA was officially signed on 28 March 2003 and projects involving a number of the local NGOs that worked under the RHI, as well as some new ones, are currently in the final stages of development **ready for launching during the summer of 2003.**

The RHIYA is ready to begin in the summer of 2003

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The International Conference on Population and Development (ICPD) in Cairo in 1994 highlighted the urgent need to support activities relating to population and sexual and reproductive health and rights as a means of promoting sustainable development, especially in some of the world's least developed countries (LDCs).

1997 therefore saw the start of an ambitious and innovative partnership between the European Union (EU) and the United Nations Population Fund (UNFPA), the EC/UNFPA Initiative for Reproductive Health in Asia (RHI). This Programme sought to implement the aims of the ICPD Programme of Action (PoA) by providing sexual and reproductive health services and information to the most vulnerable populations in seven South and Southeast Asian countries. Over the course of the next four years, this Initiative – alongside the EC and UNFPA – drew on the expertise of more than 80 local and international organisations in Asia and Europe, implementing over 40 projects focusing on key areas of sexual and reproductive health.

"Learning from Partnerships," as its title suggests, draws together best practices and lessons learned from the implementation of RHI. Not only does it provide a comprehensive overview of a complex and intricate intervention, but also allows the opportunity to take stock and review the successes and failures.

The publication, though marking the end of the first phase of the RHI, also heralds the start of a new phase of the so-called *"Asia Initiative,"* namely the EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA), which is due to start in the summer of 2003.

"The RHI has pioneered a unique approach and a score of innovative activities, building upon the respective strengths of its diverse actors. This book provides a comprehensive narration of four years of activities, experiences and lessons learned and will serve as a valuable resource for the next phase – RHIYA – and other large scale sexual and reproductive health initiatives."

Shu-Yun Xu, Director UNFPA, Asia and the Pacific Division

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