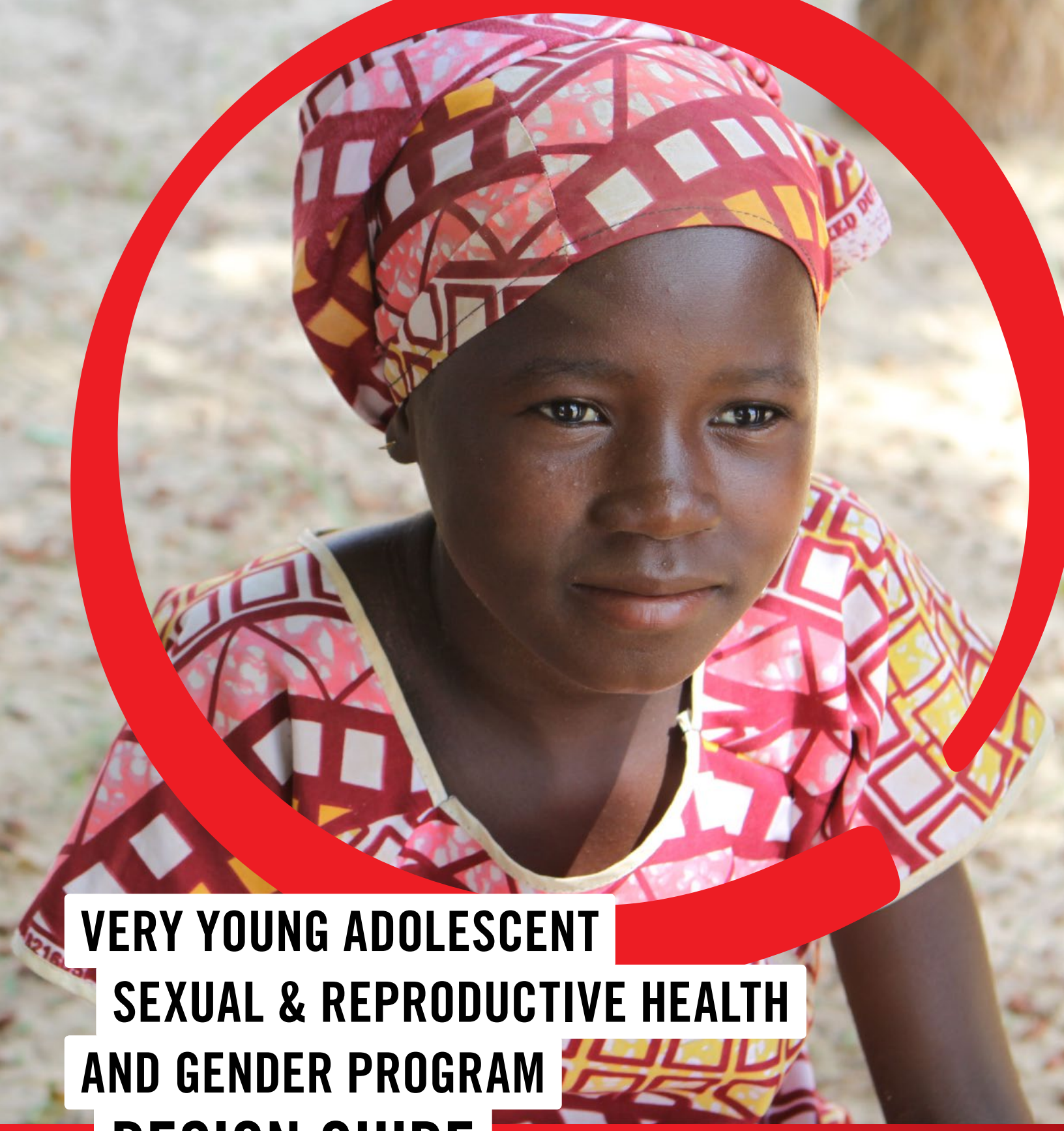

VERY YOUNG ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH AND GENDER PROGRAM DESIGN GUIDE

Save the Children®

Photo : Mats Lignell

ACKNOWLEDGEMENTS

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ACRONYMS

AD	Adolescent Development
ASRH	Adolescent sexual and reproductive health
CSE	Comprehensive Sexuality Education
GBV	Gender-based violence
GEAS	Global Early Adolescent Study
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
IEC	Information, Education and Communication
MHM	Menstrual Hygiene Management
NGO	Non-governmental organization
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
VYA	Very Young Adolescents
YAC	Youth Advisory Council
YFHS	Youth-friendly health services

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INTRODUCTION

The Unique Needs of Very Young Adolescents

Adolescents are a large and growing portion of the world's population. As of 2015, there were approximately 1.2 billion adolescents aged 10–19 in the world; of those, half were very young adolescents (VYAs) aged 10–14 years.[1] VYAs are entering a unique life stage that includes one of the most intense periods of physical, intellectual and socio-emotional development in their lives. Many lack the knowledge and skills to deal with these rapid changes of puberty, and social norms prohibiting discussion of puberty, sexuality and related topics may further isolate them from the information and support they need. Emerging evidence indicates that VYAs often enter adolescence with very limited information about their changing bodies, their potential fertility or the challenges and advantages of adopting protective behaviors as they approach adulthood. Parents and guardians, an important source of guidance for VYAs, express feeling similarly ill-prepared to help their children understand and prepare for puberty.[2]

In addition to the biological changes they experience, VYAs are also learning to navigate shifting societal expectations about their roles and rights. Recent findings from the Global Early Adolescent Study (GEAS) on VYAs from around the world reveal a remarkably consistent narrative about gender roles as children enter adolescence. Girls are portrayed as vulnerable, weak, and in need of protection from boys, who are characterized as dangerous and even violent predators. Girls are increasingly expected to remain in the home to be groomed for the duties of marriage and motherhood. Conversely, boys experience a new level of independence and freedom of mobility, but also heightened expectations to contribute financially to their families.[3]

Given this reality, early adolescence offers a critical window of time to intervene with VYAs to improve gender and health outcomes. Until recently, they have largely been left out of global health initiatives – having survived their earliest years, they are generally healthy and considered to have few serious health risks. Most sexual and reproductive health (SRH) programs instead focus on adolescents and youth 15 years and older, many of whom have urgent health needs related to sex and contraception, early marriage and childbearing. These programs, however, fail to capitalize on the protective power of prevention. Early intervention with VYAs can multiply health benefits and overall impact by helping adolescents and young people understand and avoid risky health behaviors and seek care proactively. This in turn can decrease adverse health outcomes during early adolescence and throughout the life course. Ensuring that VYAs have the opportunity to seek out comprehensive health information and services is also an important part of protecting their rights to health and well-being, as defined in the Convention on the Rights of the Child and agreements signed at the International Conference on Population and Development.

Save the Children's Focus on Very Young Adolescents

Save the Children's mission is to inspire breakthroughs for children and achieve immediate and lasting change in their lives to reach our vision of a world in which every child – that is, any individual under 18 years of age – attains the right to survival, protection, development and participation. Our child-centered approach emphasizes holistic care and prioritizes the most marginalized and vulnerable children. Working for and with VYAs, who are often overlooked by health and development programs, is a critical piece of achieving those goals.

Save the Children was one of the first international non-governmental organizations (NGOs) to prioritize and invest in VYAs. Over the years, we have worked to implement and continually improve our capacity and programming for VYAs, developing, refining, evaluating and adapting strategies geared towards this group's specific needs, both in development and in humanitarian settings. In 2005, we launched our hallmark VYA program, Choices, one of the first gender-transformative curricula for VYA. Since its successful pilot in Nepal, Save the Children has developed many additional programs to improve VYAs' health, education and protection in countries across the world, including two complementary programs for Choices that now form a comprehensive approach for changing gendered attitudes, norms and behaviors: Choices, Voices, Promises (CVP). Similarly the Gender Roles, Equality and Transformation (GREAT) intervention package developed by Save the Children, the Institute for Reproductive Health and Pathfinder International, originally tested and evaluated in northern Uganda, has been adapted and scaled up in several locations around the world. One adaptation of the package, called Growing Up GREAT, was implemented in urban Kinshasa and rigorously evaluated by the GEAS under the Passages Project. VYAs are a key demographic for our broader adolescent development (AD) work under sponsorship-funded programs in more than 13 countries across the globe. All of our internal guidance documents include considerations for VYAs' unique needs, and many agency-funded programs feature activities and content specific to this age group.

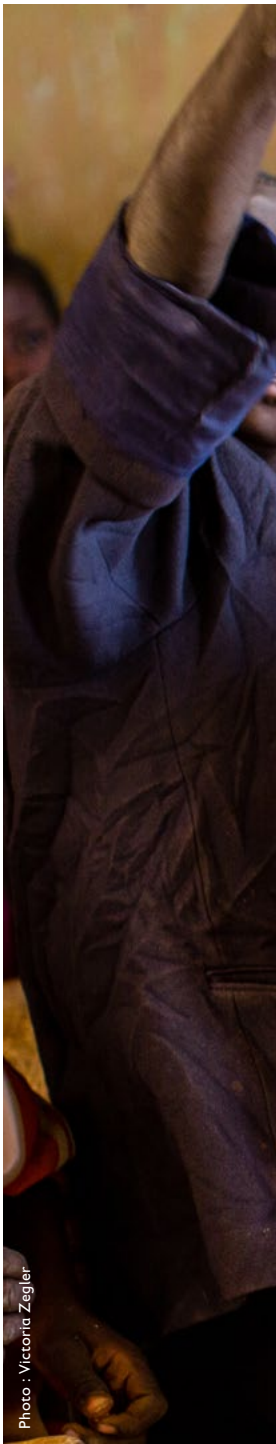


Photo : Victoria Zegler

Why This Guide?

This guide is a decision-making tool to help those designing and adapting SRH and gender programming for VYAs. As the focus on VYAs grows and programming for this critical age group expands, it is important to learn from what has already been done. Future programs must endeavor to build on the existing evidence in order to catalyze further innovation and learning, rather than repetition or duplication. To achieve that goal, this guide was developed as an evidence-informed resource based on the most current evidence and experience on VYA SRH and gender programming. It draws heavily on Save the Children's decade's long experience implementing programs with early adolescents, and also integrates evidence from our partners' and contemporaries' programming and research, peer-reviewed publications and grey literature or other unpublished data.

"Early adolescence offers a critical window of time to intervene with VYAs to improve gender and health outcomes."

HOW TO USE THIS GUIDE

It can be used by international and national NGOs, ministries, donors, and other health and gender practitioners. It is structured to provide simple and actionable guidance for programs across different contexts and target populations, to achieve a variety of behavioral and health outcomes, with varying needs and objectives for scalability and sustainability. The guide offers key considerations for programmers to explore before program design, as well as step-by-step guidance for selection of target groups, priority outcomes and intervention content and activities. It also provides reflections on the special challenges of monitoring and evaluating VYA programs. The guide can be used by practitioners creating stand-alone VYA programs or by those desiring to integrate VYA-focused tools, strategies or activities into existing programs.

The guide includes the following sections:

1. Section 1 introduces the *Key Principles of SRH and Gender Programs for VYA*.

2. Section 2 *Program Design* guides readers through the five steps that program designers should follow to prepare, conceptualize and actualize an SRH or gender program for VYAs. Steps 1 through 3 should be completed in an iterative manner. They are meant to help you think through key details of the design process but you may find that it is necessary to have preliminary conversations around all three steps before finalizing decisions or activities for Step 1.

3. Section 3 *Linkages with other Sectors* offers additional considerations for cross-sectoral programming and meaningful youth engagement.

4. A series of *Annexes* provide useful tools and templates that can be adapted for your programs purpose.

SECTION 1:
Key Principles of SRH and Gender Programs for VYAs

Even within the comparatively specific field of SRH and gender, programs for VYAs may vary greatly depending on target population, scope and objectives. Activities may differ depending on gender, school or marital status, family structure – including whether VYAs are living with a responsible adult or have children of their own – and setting. Those in humanitarian settings recovering from natural disaster or facing protracted conflict in particular may have a different set of needs. Goals may be more modest or learning-oriented for short projects or pilots than for scale-up. Regardless of these differences, all VYA programming should adhere to the following key principles to ensure the rights and protection of participants and ethical implementation, as well as to improve the likelihood of successful outcomes.

SAFE & PROTECTIVE

Programs should ensure that systems are in place to avoid unintended harm to adolescents and minimize the risk of accidents. They should promote positive physical, social and emotional development of adolescents in environments that are free from abuse and harassment. It is especially important to reduce and prevent harassment and stigmatization of vulnerable or marginalized adolescents such as girls, those who are not in school, those who are living with HIV, those in humanitarian settings, and those who are disabled, among others.

RIGHTS-BASED

Programs should support and protect VYAs' right to live healthy sexual and reproductive lives. This includes enabling, protecting and expanding their access to information and services related to their health and development. These rights are enshrined in the *Convention on the Rights of the Child*, which states that children should be fully prepared to live an individual life in society and be brought up in the spirit of peace, dignity and equality.

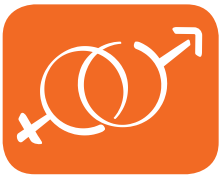
AGE APPROPRIATE & AFFIRMING

Programs should provide information that is developmentally appropriate for VYAs. Content should be scientific and factual, but expressed in clear and simple language. It should also be delivered in appealing ways, such as participatory activities, stories and games. Programs should acknowledge the unique challenges of this time of life by emphasizing that curiosity and concerns are normal and by encouraging questions as a healthy way to address these uncertainties. They should model respect, agency and choice, and consider how to make referrals or create links to the health system. Age appropriateness also considers life stage, including additional information that married VYAs or other groups may need to meet their particular needs.

EVIDENCE-INFORMED

Programs should be informed by global evidence about what approaches create positive outcomes for adolescents. This guide provides an overview of many different approaches, but also indicates which have strong evidence of effectiveness. An initial assessment (Step 1 below) conducted prior to program design should also generate information about what has worked in your specific context, while program monitoring can serve as an important source of data on successes and necessary adjustments. In certain instances, programs may also choose to pilot an innovative approach to test new ways of reaching VYAs. These experiences should be rigorously documented to add to the evidence base.

GENDER TRANSFORMATIVE



Given the emerging evidence of inequitable gender norms in early adolescence,[1] VYA programming should aim to be gender transformative, actively promoting gender equality and working with key stakeholders to address the root causes of gender inequality. They should consistently seek to identify and take into account the different and unique needs, abilities and opportunities of girls and boys. Gender equality should be considered during all phases of the program, from the needs assessment and program design to implementation of activities and analysis of results.

PARTICIPATORY & EMPOWERING

The United Nations Convention on the Rights of the Child recognizes that children have a right to be heard. This right has been broadly conceptualized as 'participation', or the informed and willing involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them. This involvement is especially important for adolescents – including VYAs – who have already begun their journey to adulthood and are engaged daily in defining their place in and unique contributions to their communities.

Programs should give adolescents a clear voice and meaningfully engage them, which requires a deep and substantive engagement from the earliest stages of preparation and a commitment to providing them with opportunities to inform and lead decision-making. In the early stages of formative research and program design, VYAs may participate in focus group discussions to share their thoughts on health concerns, explore gender norms that underpin poor health outcomes or brainstorm fun and engaging program activities or materials. They can also help identify relevant objectives and indicators to gauge change in their daily lives and the realization of their rights. When VYAs are familiar with project objectives and indicators, and have been actively involved in planning, they can play a more meaningful role in implementation, monitoring and evaluation. They may be able to lead some project activities, especially if attention is given to developing simple, easy-to-use materials, or co-lead monitoring and evaluation activities with older partners. Youth Advisory Councils (YACs) also provide an excellent platform for meaningful participation while providing capacity-building and networking benefits. Mixed YACs that combine both VYAs and older adolescents can also be a vehicle for mentoring, but you may need to manage group dynamics to ensure VYAs are as participatory as older adolescents. Finally, VYAs should be integral to dissemination and advocacy efforts as well, both to reinforce the centrality of their input to quality programming and to give them opportunities to directly engage with and influence policymakers. If VYAs are not comfortable expressing themselves through traditional media, they can opt to share messages through more familiar means, like original poems, songs or dances that reflect their new knowledge.

It is important to note that all of these activities will require parental or guardian approval and support to ensure that VYAs are not exposed to negative consequences related to family or social pushback. Their schedules must be considered as well; many VYAs attend school and have limited free time or mobility outside their homes and immediate neighborhoods in the evenings. This is especially true of girls, who should be prioritized to ensure equal participation. In some cases, if it is too logistically or ethically challenging to engage VYAs at this phase, you may find it useful to work with older adolescents to gather feedback retrospectively about their experience as 10-14 year olds.

SECTION 2:
Program Design

Photo : Victoria Zegler

STEP 1:
Understand the Lives of VYAs

Program design should always be informed by formative work that explores VYAs' context and reality, including the barriers and enabling factors that influence gender awareness, SRH knowledge and services. It is useful to begin with a desk review of available health data and laws or policies related to VYA SRH. Consider using secondary data from government sources or large national-level surveys, as well as reports from multinational organizations or local NGOs. Figure 1 below offers suggestions on key health and education data to compile, as well as social and gender attitudes and norms worth investigating if your program plans to conduct social and behavior change (SBC) activities. You may also choose to conduct a stakeholder or partner mapping to learn what government agencies and community-based organizations

are working on in similar domains. Keep in mind that it may be challenging to find age-disaggregated data on VYAs, as many large representative surveys and adolescent programs only collect data on youth aged 15 and above.[4] Demographic Health Surveys and Multiple Indicator Cluster Surveys rarely collect data on VYAs, but two other large, representative surveys – the Global School-Based Student Health Surveys (GSHS) and the Violence Against Children Surveys (VACS) – may provide useful data for some countries of interest.[5] Typically, vulnerable populations or individuals reside in particular hotspots, as opposed to across the whole country. Primary data collection can provide an opportunity to find those areas or groups of vulnerability on key indicators to target the approach accordingly.

Figure 1: Key themes to explore during formative work

HEALTH KNOWLEDGE AND PRACTICES

- Knowledge of fertility and contraceptive methods, puberty, and HIV prevention
- Menstrual practices
- Age at sexual intiation
- Age at first marriage
- Access to and use of SRH services by adolescents
- Adolescent contraceptive prevalence rate
- Adolescent birth rate
- Maternal mortality ratio
- Prevalence of gender-based violence, including rates of coerced first sex
- Availablity of adolesent-responsive health services, including provider knowledge and attitudes

EDUCATION PRACTICES

- Participation of VYAs in school (% enrolled, attendance and retention rates), by sex
- Availability of comprehensive sexuality education (CSE) in school
- Availability of puberty and menstrual hygiene management (MHM) learning in school
- Teachers' comfort with discussing CSE, puberty and MHM content in school
- Availability of school-based health services
- Facilities enabling MHM
- Access to the internet and other technology

GENDER AND SRH ATTITUDES & NORMS

- Norms around girls' education
- Gendered division of household tasks & resources
- Acceptability of GBV/IPV
- Acceptablility of sex among unmarried adolescents
- HIV-related stima
- Male vs. female access to technology e.g. mobile phones and the internet
- Key family members who VYAs speak to about SRH issues
- Key community members most likely to be opposed to adolescent programming and involvement

LAWS AND POLICIES

- Laws and policies governing access to health services, particularly any restrictions on SRH services based on age or marital status
- Age of consent for sex and for health services
- Legal age of marriage
- Inclusion of VYA needs in national youth policy
- Compulsory life skills or sexuality education as part of national curriculum

GOVERNMENT PARTNERSHIPS

Often the most effective, scalable and sustainable programs for VYAs are partnerships between governments and non-governmental actors. Tips for establishing strong partnerships early on include:

- **Partner to build an improved legal environment**. Your situational analysis should include a review of existing laws and policies related to SRH. If you discover major gaps or obstacles to VYAs' SRH or full realization of their rights during your situational analysis, governments and partners can develop joint strategies to raise awareness and support efforts to propose new policies or legislation to protect adolescents' health and rights.
- **Create a local reference group**. This body of experts should include key stakeholders such as representatives from relevant ministries, multi-lateral organizations, international and local NGOs, as well as program implementers and participants, especially VYAs. This mixed group can ensure the program is guided by a clear understanding of local context, help to identify the most vulnerable or hard-to-reach populations, provide feedback on program content or adaptation of tools, and help craft linkages to other government structures. Their terms of reference can focus on whatever support is most useful to your program, but should be developed collaboratively prior to program launch.
- **Host dissemination meetings to share program progress and research findings**. Keeping all stakeholders informed of your work will demonstrate that you are transparent, open to feedback and willing to collaborate. It will also raise your program's profile and make stakeholders more likely to get involved or connect you to others.
- **Partners can support national, provincial and district level work planning and budgeting.** Governments may lack the resources to organize regular, inclusive meetings and plan ahead when funding is uncertain. NGOs can offer supplemental funding or capacity-building to help key agencies realize activities or purchase goods that will support work with VYAs. Functioning sanitary facilities at schools, necessary medications or equipment at healthcare facilities and child protection systems are some examples.

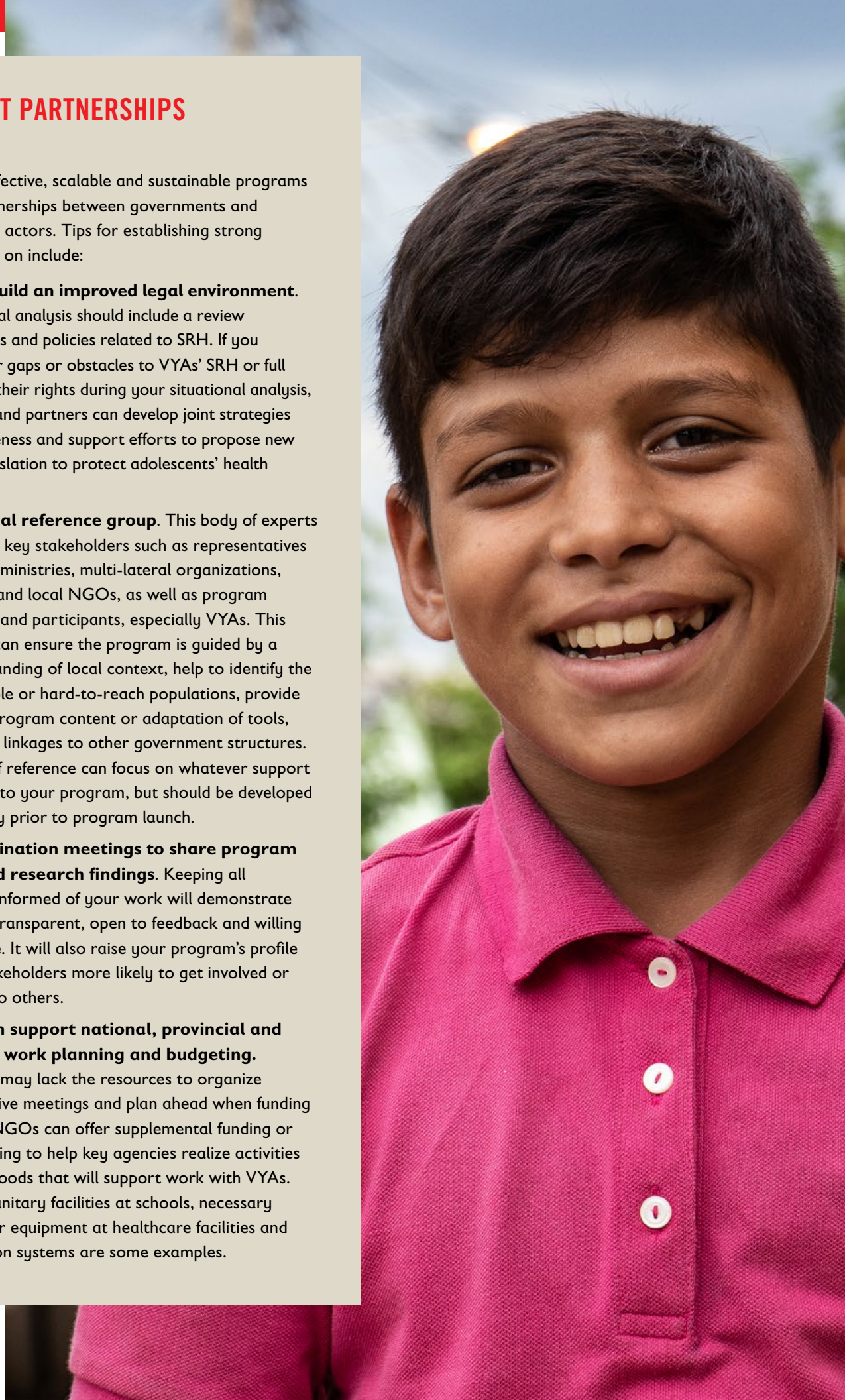



Photo : Sacha Myers

The results of your desk review should provide a clear indication of what themes bear further investigation and give you a sense of what method is best suited to fill any information gaps. Light-touch approaches like a rapid assessment or stakeholder interviews are ideal for gathering supplemental or updated information in data-rich contexts, or for providing a deeper understanding of specific topics within a short timeline. They are also ideal in situations where the health and social systems have been disrupted by natural disasters or conflict. Situational analysis may be preferred in new contexts because it offers a broader overview of the factors that may impact program themes and outcomes. More time-intensive approaches like qualitative research or a full baseline survey may be advisable where there are significant gaps in data or where program outcomes should be measured through rigorous evaluation. Finally, if you are considering including SBC as part of your intervention, you may want to conduct a social norms exploration to identify existing norms [6] and other important information about reference groups and sanctions that will influence program development. Regardless of which formative approach is selected, tools should be designed to break down themes into simple concepts and convert them into questions that can be discussed via interactive approaches tailored to VYAs' interest and capacity. See *Step 5: Establish Monitoring and Evaluation Systems* for more detailed guidance or *Annex A* for a list of key questions by program area.

Once primary data collection is complete, analyze findings to identify the greatest needs and opportunities for VYAs. Methods of analysis may vary significantly based on the research approach you use, but grouping your findings into thematic or outcome-based categories is the best way to understand data. For example, if you are planning an SRH intervention, you may examine knowledge, attitudes and behaviors related to puberty, menstrual hygiene management (MHM), sex and contraceptive methods among VYAs, their families and communities and health providers. A program focused on ending child marriage may look at different gender and social norms, or known health burdens associated with early marriage and childbearing. Programs with interest in MHM may have a focus on infrastructure, hygiene products and water, sanitation and hygiene (WASH) in addition to data on knowledge, behaviors, information and guidance available, as well as local taboos that may present barriers to program implementation. Programs set in refugee camps or humanitarian settings will prioritize gathering information about the availability of a minimum service package to ensure life-saving SRH services, as guided by the Minimum Initial Service Package for Reproductive Health. Whatever findings are of interest, data should be mapped and compared to the needs expressed by communities and the overall context, including known health burdens in that environment. Engagement of adolescents at this stage is important to ensure correct interpretation of the data. Engaging with key stakeholders throughout this process will also ensure that results accurately reflect their valuable knowledge and perspectives.

STEP 2: Select Target Group(s)

The results of your situational analysis should provide some insight into the different sub-populations of VYAs in your context. Given the diverse needs of VYAs, it is important for programs to specify which VYAs you intend to target, and why. You may want to consider the following categories as you determine how the needs of these groups align with the technical and financial resources available.

Girls and Boys

Adolescent girls are one of the world's largest vulnerable populations. As such, girl-focused interventions have gained increasing attention over the past decade as a way to remedy pervasive gender inequity and help girls achieve parity with boys. Numerous well-designed and evaluated programs aimed at improving girls' education, creating safe spaces, and supporting menstrual hygiene have provided important opportunities for girls to learn and thrive. However, there is increasing evidence that engaging both girls and boys (separately or together) is critical to break down the gender-related barriers to girls' opportunities.[7,8,9] Including boys offers an important opportunity to meet the specific needs of boys while

ensuring boys understand girls' lived experiences and vice versa. This promotes understanding and empathy and prepares boys and girls to be more involved in equitable partnerships in the future. It also ensures that programs are fully rights-based, promoting the rights of all VYAs to access information and services. Given evidence that girls may participate less in co-educational activities if programs do not take steps to ensure their full and equal position, boys and girls could be engaged separately as well as together. In addition, steps should be taken to ensure the program does not inadvertently reinforce gendered inequalities. These could include conducting gender training for project staff, inclusion of gender-sensitive monitoring indicators and periodic gender checks to gauge any gendered differences or needs.

Urban and Rural

Though urban and rural VYAs face many of the same challenges, there are several issues that are unique to each group. Those living in rural or remote communities may have less access to education and health services due to distance from health centers. They may also be subject to more conservative social and gender norms. Urban VYAs, especially those living in densely populated urban areas (slums), are often very mobile – they may migrate with their families for seasonal employment, are sent to live with relatives, or move suddenly due to housing instability – which can increase their vulnerability, and make them hard to reach and retain as program participants. In the middle of a bustling city, they may also have numerous alternatives for filling their free time, and choose not to participate. They are also at increased risk for gender-based and sexual violence.[10]

In-school and Out-of-School

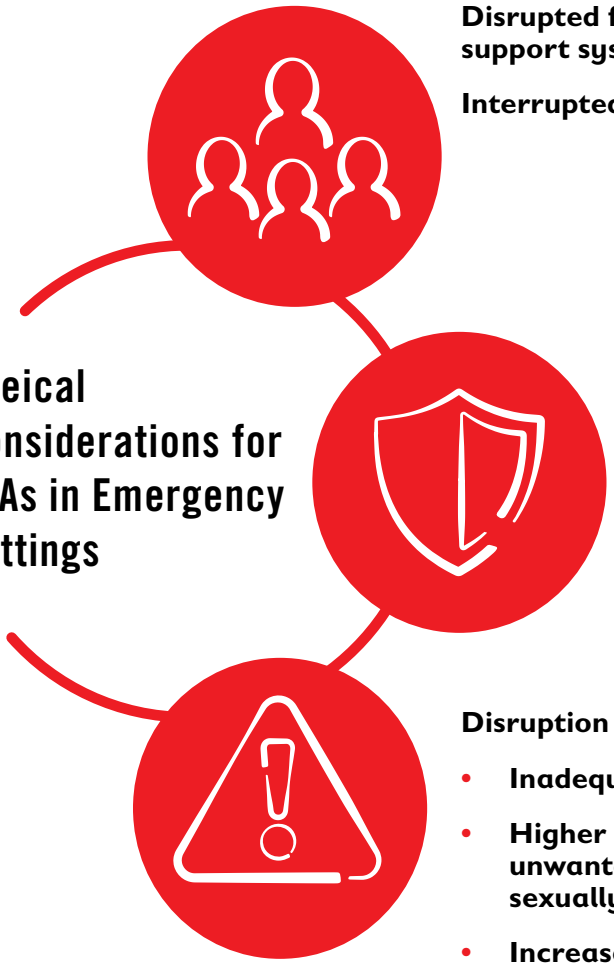
VYAs who are not attending school are among the most vulnerable adolescents and often suffer from poor health, weak social support systems and a lack of protection. They may require a significantly larger investment in time and funding to identify and engage. Community organizations that are actively engaged in programming and command the trust and respect of communities can be an excellent source of information on out-of-school adolescents and should be considered as program leads as well as implementing partners. In-school VYAs are easier to reach with programming, which can be integrated into a structured school day or after-school activities. They are generally less mobile than their out-of-school peers, and often benefit from a more stable home environment and higher socio-economic status. However, in-school VYAs may face increased health risks, including school-related gender-based violence (GBV) from fellow students and teachers, when proper systems are not in place to monitor and protect them.

Other Vulnerable Populations

There a number of other vulnerable VYA populations including children in humanitarian settings and migrant children, orphans and street children, LGBTQI individuals and disabled children. These sub-populations have a number of intersecting and pressing needs that require unique, targeted programing. If you choose to work with one of these groups, you should plan to design an integrated intervention that can address these diverse needs simultaneously. For additional considerations related to programming with VYAs in humanitarian settings, see the box on ***SRH and Gender Programs Targeting VYAs Living in Humanitarian Settings***.

SRH AND GENDER PROGRAMS TARGETING VYAS LIVING IN HUMANITARIAN SETTINGS[2]

During humanitarian emergencies, family and social support systems are disrupted, education programs are discontinued, and community networks break down—leaving adolescents without the livelihood, security and protection provided by family and community structures. Adolescents face an increased risk of poverty, violence, and sexual exploitation and abuse, including early, coerced and forced sex; child, early and forced marriage, and sexual- and gender-based violence. The interruption of health services during times of crisis increases demands placed on health and social-service providers, often resulting in inadequate access to SRH services for adolescents and increasing the risk of early and unintended pregnancy. Moreover, VYAs are at a heightened risk within this context due to their developmental stage and limited life experience. They may not recognize the sexual nature of abusive or exploitative actions.



Speical Considerations for VYAs in Emergency Settings

Disrupted family & community support systems

Interrupted health and social services

Increased risk of poverty, violence, and sexual exploitation and abuse, including:

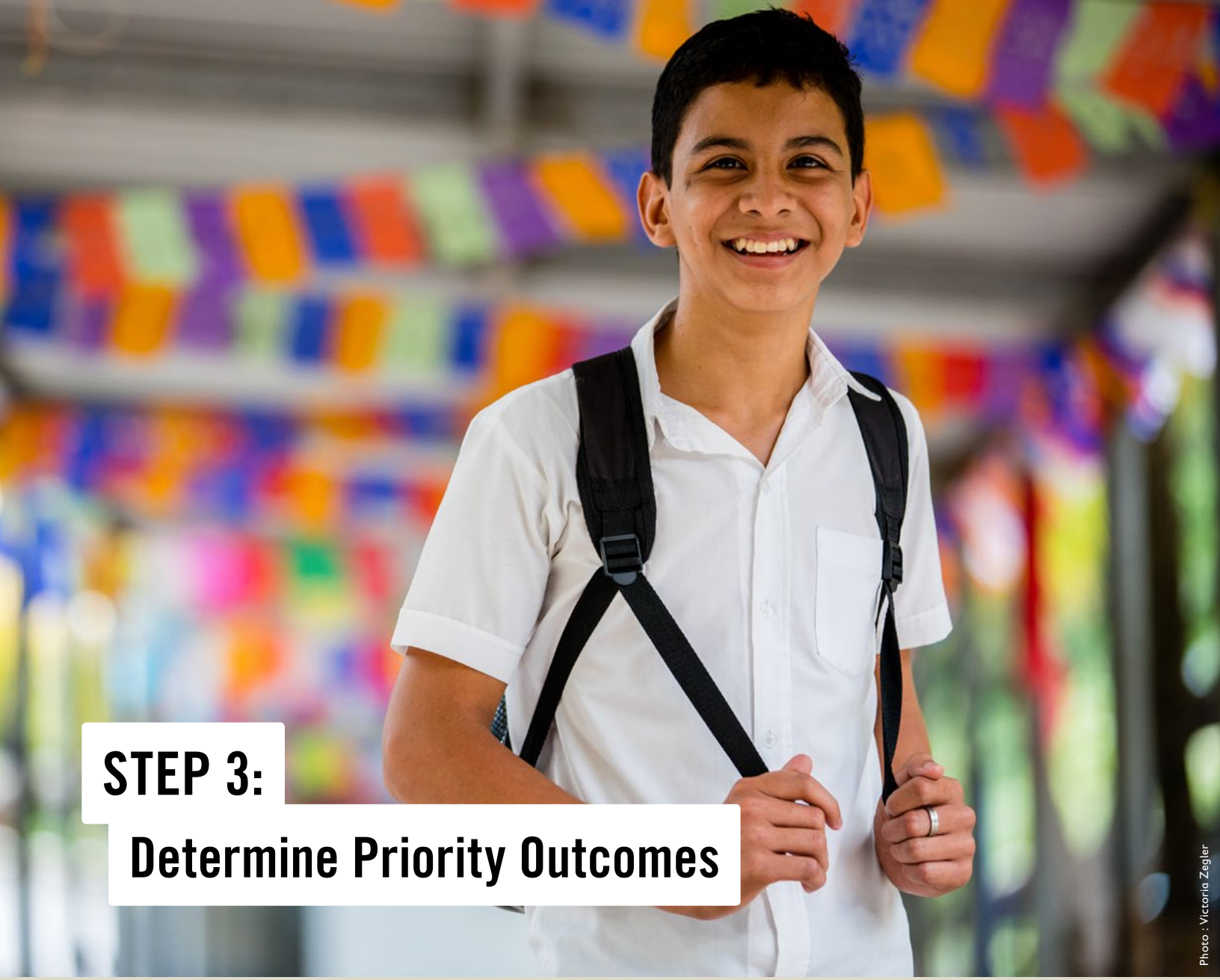
- **Early, coerced and forced sex**
- **Child, early and forced marriage**
- **Sexual- and gender-based violence**
- **Recruitment into armed forces or groups**

Disruption and vulnerabilities may result in:

- **Inadequate access to SRH services**
- **Higher risk of early, unitended and unwanted pregnancies, as well as sexually transmitted infections**
- **Increases in risk-taking behaviors, such as alcohol and drug abuse**

To address the paucity of information on the unique needs, risks and capacities of VYAs in humanitarian settings, several agencies and institutions—including Save the Children—conducted a study in 2012 to examine the SRH needs and risks of VYAs in three emergency contexts in Ethiopia, Lebanon and Thailand. The results found that SRH programs for VYAs in these settings should include, at a minimum, 1) sensitive care for survivors of sexual violence; 2) information on menstrual hygiene management, life skills and fertility education; 3) strong engagement with parents, teachers and community leaders as partners in the development and implementation of programs; and 4) continued education of VYAs and adults that inform and influence their decision and behaviors, including service providers. Additionally, it is important to identify the operational barriers toward implementation of VYA-focused support in humanitarian settings, including cultural norms and practices of either the country or community hosting the beneficiary population and the beneficiary population's country of origin. SRH programs in humanitarian settings, including those for VYAs, should be guided by the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Settings, a coordinated set of priority activities designed to: ensure leadership for the implementation of the MISP; prevent sexual violence and respond to the needs of survivors; prevent excess maternal and newborn morbidity and mortality; prevent HIV transmission and reduce mortality and morbidity due to HIV and other STIs; prevent unintended pregnancies; and plan for comprehensive RH services beginning in the early days and weeks of an emergency.[3] The MISP was updated in 2018 and identifies a need for more evidence on how best to respond to VYAs' unique needs in emergency settings.

Photo : Daphnee Cook



STEP 3:
Determine Priority Outcomes

Photo : Victoria Zegler

Background information from your situational analysis should also inform decisions about your priority outcomes – the knowledge, attitudes, behaviors and enabling environments you hope to affect among VYAs and their influencers through your intervention. These may vary widely based on the target group, existing programs and resources, and socio-political environment. The following five criteria provide some helpful considerations for choosing health and gender outcomes for VYA SRH and gender programming.

1. **Need:** What were the greatest needs identified for the specific target population of VYAs through the situational analysis? Are there any that must be addressed as a matter of rights? Any that are sequential and must be addressed before other issues can successfully be resolved?

2. **Expertise:** What technical expertise is available from your team and partners, including governmental institutions, to support programming? Are you uniquely positioned to address a specific SRH issue? How can you leverage past experience and current partnerships to contribute to program success?

3. **Feasibility:** What outcomes can you realistically expect to achieve within your timeframe? Are your financial resources sufficient to support the activities required to effect those changes?

4. **Cost-Effectiveness:** Are there areas where a small investment could result in a big impact? How can you incorporate or adapt simple and inexpensive tools and approaches into your program? Can you leverage existing programs or platforms, or partner with other organizations for increased impact?

5. **Sustainability:** What outcomes might produce the most enduring change among VYAs, both now and in the future? Among communities? Could any of those changes have positive ripple effects?

Table 1: Illustrative Outcomes for SRH and Gender Programs with VYA

Individual	Increased SRH knowledge Increased positive attitudes towards SRH service use among adolescents Increased gender-equitable attitudes among adolescents Increased demonstration of gender-equitable behaviors by adolescents Decreased child marriage Increased use of health services Decreased perpetration of gender based violence
Family	Increased gender-equitable attitudes among parents Increased gender-equitable treatment of VYA children by parents in the home Increased parent-child communication about sexuality and future plans
Community	Increased community support for gender equity Increased community support for use of SRH services by adolescents Decreased acceptance of child marriage
Health & Education Systems	Increased availability and quality of classroom instruction on gender equality and sexuality Increased knowledge and comfort of teachers to provide instruction on gender equality and sexuality Increased secondary school retention and completion for girls and boys Increased quality and availability of age-appropriate SRH services for VYAs Increased positive attitudes towards SRH service use among health providers

After defining the desired outcomes of your program, work with your team to develop a plan for realizing each one. This may require careful timing of activities and strategic introduction of different topics and activities to ensure success. For instance, you may decide to begin activities with parents first to build up support for and approval of content shared with VYAs. Or, you may choose to use puberty changes – especially menstruation and the commencement of wet dreams – as natural points of entry for conversations about more sensitive topics. You should also articulate how your anticipated outcomes together will improve VYA health overall – your program goal. The result of Step 3 should be a rough results or logical framework that you can continue to refine in the next two steps as you select interventions and propose appropriate monitoring and evaluation systems.

Photo : Victoria Zegler

STEP 4:
Determine Interventions

Using a Socio-Ecological Model

VYAs are just beginning to form their identities and understand their role in family and society. Developmentally, they are becoming more independent and peer-focused, but they are still heavily dependent on parents and family, teachers and other adults, including health providers, both for their basic needs and for guidance. The most successful VYA programs recognize and engage with the interconnected web of other individuals and institutions that support these adolescents.[24,25] The socio-ecological model in Figure 2 illustrates how these agents can influence VYAs and points to the importance of intervening at each of these levels to achieve better outcomes for VYAs.

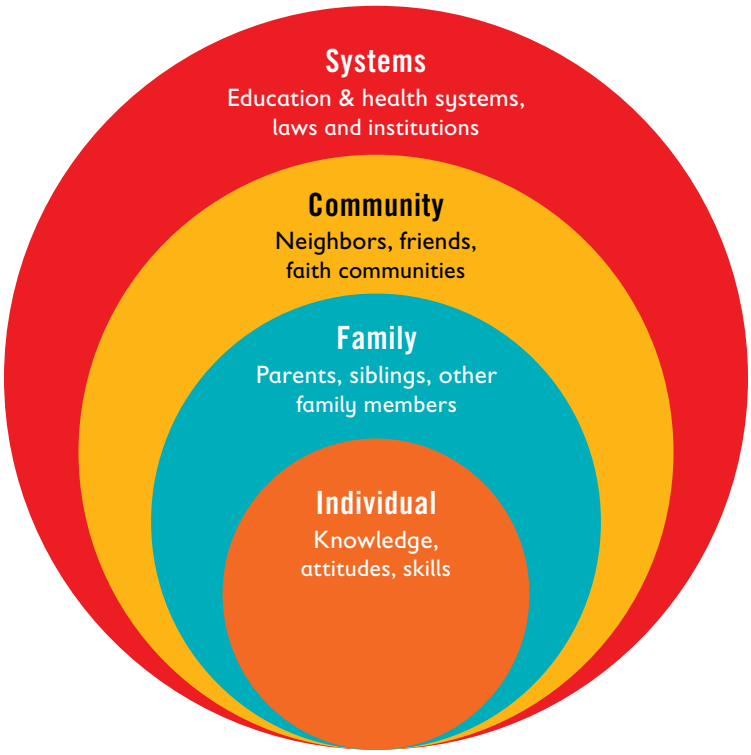
Individual Personal history, cognitive and emotional development and biological factors, such as physical maturity and sex, influence a person's behavior. Knowledge of fertility and pregnancy prevention methods, as well as attitudes towards seeking services, are other examples of individual factors.

Family Relationships with parents, siblings, intimate partners and extended family members affect adolescent outcomes. Family support, pressure from peers and influence of friends and intimate partners can all affect VYAs' abilities to articulate and realize their goals.

Community. People and institutions providing social support play a large role in cultivating an enabling (or hostile) environment for adolescents to access information and services. Neighbors, friends, sexual partners, community and religious leaders, teachers and other individuals can all influence VYAs' attitudes, beliefs and decisions. They are also key players in forming and reinforcing social and gender norms.

Systems Schools, the work place and other public places provide context for interpersonal relationships and affect factors that put adolescents at risk. Health systems, and in particular the availability of high quality, confidential and non-judgmental services, are a critical ingredient for adolescent SRH. National and local laws and policies also play a role.

Figure 2: Influences on VYAs at each level of the socio-ecological model



Based on considerable programmatic evidence and the growing consensus among experts that intervening simultaneously at multiple levels more effectively improves SRH and gender outcomes,[11,12] this document provides guidance for developing program content and selecting delivery mechanisms at each level of the socio-ecological model. Content refers to the information and messages that are imparted through an intervention, and the physical means through which they are communicated (i.e. materials and environment). It is important for content to be carefully tailored to the age, life stage, education and status of audiences at each level of the socio-ecological model. Delivery mechanisms refer to the strategies for disseminating content (i.e. activities). Program designers should pair these different elements at multiple levels of the model to achieve different key outcomes and program goals.

Organizations should develop and apply a child protection policy before initiating programming with VYAs. The policy should explain procedures for obtaining VYAs' consent to participate in program activities and clearly define both appropriate and inappropriate staff engagement with VYAs. It should also build in regular checkpoints to screen for child protection issues and get VYAs the help they need.

Intervening at the Individual Level

CONTENT

Needs-Based

The content you choose to include for VYAs in your program will depend on the needs revealed by your situational analysis and the key outcomes your team defines. It is likely you will find low knowledge across all subject areas in Figure 3 since VYAs are widely neglected in SRH and gender programming. Key protective assets like positive self-concept, self-control, higher order thinking, communication and other social skills should always be integrated into project content. These transferable life skills are building blocks that support numerous positive and cross-cutting outcomes.[13,14,15] Gender and norms also play a large role in determining whether VYAs can access the information and services they need and should be woven into content as well. You may also want to consider the age of your target group – in some cases, information on puberty or menstruation alone may be sufficient for younger VYAs (10-12 years), while older VYAs (13-14 years) may require additional in-depth information about sexuality, relationships and contraception. Age is also a helpful indicator of general social, emotional and psychological development, which can help you ensure content is suitable for participants' cognitive growth and skills. See the box on ***Tips for Developing Content for VYAs*** for more detailed information.

Interactive and Fun

It is especially important when working with this younger group to think about how to make content engaging and fun. This is a vital way of ensuring that content is both age-appropriate and acceptable to participants. Stories, games, drawing, role plays and drama, and other ways of allowing VYAs to express themselves creatively are excellent vehicles for content. Different methods and media can be mixed and matched to keep VYAs engaged, but there should be a common element uniting activities under your program. One good way to achieve this is to introduce a protagonist or group of characters who can appear throughout your materials to raise problems that adolescents face and show how they may choose to navigate those challenges. This will help participants to identify with the character(s) and help them reflect on their own challenges. An easily recognizable program name or an attractive logo also help to create an association. They can raise the profile of your program while also helping VYAs and community members to better understand the underlying themes across activities.

Cohesive

Reflect on the best way to package your content. A curriculum is an easy way to ensure that information is imparted in a methodical and comprehensive way, but it requires more time to develop and dedicated and skilled facilitators to implement. Low-cost options such as self-facilitated games using local materials or even simple prompt cards can be successful at introducing and stimulating discussion on key topics, though they may not provide sufficient accurate information to reach certain desired outcomes. Handouts, brochures and small booklets can serve as useful reference documents for VYAs both during and after programs, either as standalone resources or as a complement to other more structured content, but they are costly and can easily be damaged or lost. A collective set of materials that can be used as program participants come and go, and after program close, may provide the greatest impact.

Acceptable

It is wise to consider prevailing social norms as you develop content in order to anticipate and plan for any pushback related to sensitive or culturally taboo topics. Starting with a topic like body changes or menstruation can provide a necessary entree to more challenging subjects. It is also important to lay the foundation for your program by sensitizing communities and creating a relationship of trust and mutual respect. Parents or guardians should always be informed in advance about the content their VYA children will be exposed to and they should provide explicit authorization for their child's participation whenever possible. They should be informed of the benefits of comprehensive sexuality education (CSE) for the whole family and that CSE does not increase the likelihood of early or premarital sexual activity, but makes VYAs more aware of what is needed for safe, consensual sex at the right time and with the right person. In countries that have strong, evidence-based national guidelines for sexuality education or adolescent-friendly health services (AFHS), it will be critical to align content to existing documents. This can help increase scalability and sustainability of program approaches.

Adapted

Test your materials with VYAs before you finalize them! You should already have engaged them directly during your situational analysis or formative research and ideally as you considered priority outcomes, but it is especially important that you solicit their feedback at this point to ensure your materials are attractive and useful. Adolescents will likely have ideas about what content is most important to cover, what words or phrases best express certain information, which activities are most fun, and how to portray adolescents genuinely. In some cases, it may also be useful to work with older adolescents to gather feedback retrospectively about their experience as 10-14 year olds.

TIPS FOR DEVELOPING CONTENT FOR VYAS[4]

VYAs are impressionable. As they enter puberty, they assert greater independence and place more emphasis on acceptance from peers. This curiosity and desire to establish their personal identity means that they can learn from diverse experiences, both positive and negative. Cognitively, their capacity for abstract, future-oriented and moral reflection is expanding, so they may be easily influenced by heroes and other inspirational role models. However, they are also prone to testing and risk taking and may be tempted to engage in unhealthy behaviors.

VYA programs should take into account the unique cognitive and socio-emotional development of this age group by:

- Providing information about the physical, mental, emotional and social changes VYAs are experiencing and those they may face in the near future
- Acknowledging burgeoning sexuality as a normal part of adolescence while offering clear guidelines for respect and consent
- Exploring gender, violence and other social norms using realistic examples that reflect VYAs' experiences
- Breaking down complex concepts and using clear, simple language to relay information and ideas
- Featuring inspiring role models who can help VYAs develop healthy and positive goals and identities
- Expressing both positive and negative concepts, and clearly articulating the consequences of both
- Employing a variety of short, interactive and fun activities adapted to VYAs' attention span and developmental stage
- Providing time for reflection and discussion to give VYAs the opportunity to engage growing cognitive abilities

Figure 3: Key content for VYA SRH and gender programming, by age

CONTENT	SUMMARY
Relationships	Family member roles Friendship and love
Human Body & Mind	Anatomy Puberty Body image
Rights & Responsibilities	Values Tolerance and respect Human rights Social influences
Life Skills	Decision-making Communication and negotiation Resource people
Gender	Gender and norms Gender equality Gender-based violence
Sexuality	Sex Sexual behavior
Sexual & Reproductive Health	Pregnancy HIV/AIDS Risk reduction behaviors
Violence & Safety	Bodily integrity Privacy and consent Sources of information

Adapted from: UNESCO. 2018. International Technical Guidance on Sexuality Education, 2nd Edition. UNESCO: Paris, France.

*The sexual response cycle describes the way humans experience sexual pleasure. It includes the hormones that play a role in this process, as well as the physical and emotional responses t

10-11 YEARS	12-14 YEARS
Parent and guardian roles in supporting children Positive aspects of friendship and love Changing expressions of friendship and love Inequality in relationships Child marriage Culture and gender roles in families	Responsibility for self and others Changing relationships during adolescence Romantic relationships, inequality and power Conflict and misunderstanding Marriage and long-term commitment Responsibilities of parenthood Social and health consequences of child marriage
Body changes during puberty (incl. menstrual cycle) Physical appearance and self-worth Social and emotional changes during puberty (e.g. mood shifts) Hygiene during puberty Fertility	Hormones during puberty and pregnancy Reproductive functions vs sexual feelings Self-image, health and behavior
Values imparted by family Protecting human rights Social and cultural influences on health and sexuality Stigma and discrimination	Developing personal values Influence of rights on sexual and reproductive health Social and cultural influences on health and sexuality Discrimination and human rights
Strategies for challenging negative peer pressure Decision-making skills Expressing needs and boundaries Identifying sources of help and support	Gender norms, peer pressure and sexual decision-making Strategies for challenging negative peer pressure Decision-making and consequences Communication in personal relationships Evaluating quality information and sources of support
Influence of society and culture on gender roles Gender and power in different relationships GBV and human rights	Gender roles and norms Gender stereotypes and bias Gender identity Gender equality GBV and human rights
Human sexuality and curiosity Sexual response cycle* Responsible sexuality	Sexual feelings and desires Sexual response cycle Cultural understanding of sex, gender and reproduction Minimizing sexual risk Transactional sex
Health risks early marriage and child-bearing Contraception HIV/AIDS Unsafe sex and STIs Voluntary counseling and testing for HIV	Health risks of early child-bearing and closely spaced births Contraception effectiveness, benefits and side effects Access to contraception Prevention and treatment of STIs Voluntary counselling and testing
Bullying Sexual abuse and sexual harassment Intimate partner violence Unwanted sexual attention Sexually explicit media and gender stereotypes	Sexual abuse and sexual harassment Intimate partner violence Privacy and bodily integrity Relationships and consent Sexually explicit media and harm media Social media and unwanted sexual attention

that can occur. For more information, see Advocates for Youth's Circles of Sexuality activity: https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/lesson-plans/Session-4.pdf

Photo : Victoria Zegler

DELIVERY

Content can be delivered via different mechanisms, or a combination of several mechanisms, which should be selected based on your goals and content. Save the Children has made a strategic decision to use group-based methodology in the majority of its VYA programs as they provide an ideal environment for adolescents to reflect, discuss and share different perspectives on complex topics like gender, social norms and other barriers to SRH information and services, while supporting social cohesion and positive friendships.[16,17] However, each methodology has its own unique advantages and disadvantages, and each can be used to achieve positive change.

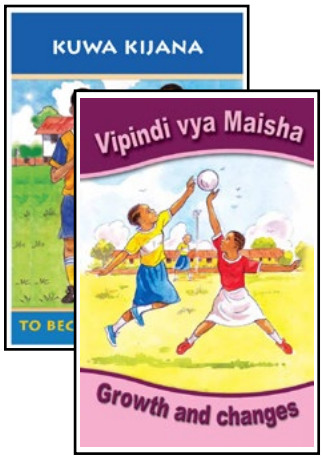
Self-paced Study

Self-paced study entails distribution of informational or reference materials to VYAs to read and review as frequently as they would like. Examples of this include puberty workbooks like the Grow & Know books first developed by the Girls and Boys Puberty Book Project and subsequently adapted by numerous organizations, including Save the Children.[18] Brochures, informational leaflets and education and communication (IEC) materials may also provide an opportunity for self-paced learning. The main benefit of the approach is that materials remain with adolescents as permanent resources and can easily be read with others, including siblings, caregivers and friends, to prompt questions and conversation. Extra copies may also be donated to libraries or school clubs to be lent out and shared among numerous adolescents, further expanding the reach of materials. Some of the drawbacks include the cost, related scalability and sustainability implications, and the literacy requirements. Low-literacy populations may struggle with

written materials, but image-based alternatives can sometimes be an option. Self-paced study is a good option for MHM content, since girls may want to check information often as their bodies and needs change, or as they discuss with friends. Boys may be embarrassed about their body changes, such as wet dreams and erections, and may also appreciate the opportunity to read the content privately. They may also have less access to male elders willing to discuss puberty and SRH topics than girls have to female elders due to social norms, and so self-paced study could provide a valuable alternative channel of information. Self-paced study can also be paired with other mechanisms to reinforce learning from group-based or one-on-one learning.

GROW & KNOW PUBERTY BOOKS[5]

Puberty transitions via self-paced study



First developed by Marni Sommer in Tanzania, the Grow and Know puberty books deliver critical information to young girls and boys on their changing bodies. The short booklet aims to improve knowledge, self-esteem and self-efficacy by providing basic guidance on puberty and menstruation, sharing stories written by older adolescents and introducing activities – like menstrual tracking – to support healthy puberty transitions. Puberty books also promote positive gender norm formation and build empathy for changes experienced by the opposite sex. Puberty books have been adopted and adapted by numerous organizations, including Save the Children, who has used them in Bolivia, DRC, Ethiopia, Nepal, Malawi, Uganda and Vietnam. They can also be found in Ghana, Madagascar, Cambodia, Laos and Pakistan. Content is shown in two languages on each page – English and the local language – to encourage VYAs to read them and also practice English. In DRC, the books are distributed to VYAs to share with siblings and parents, but also to teachers, who can use them as an accompaniment to sexuality education or life skills curricula. All books are approved by the relevant Ministry of Education as a supplementary reading material to enable scale up and sustainability.

Mentoring

Mentoring creates a one-on-one relationship between an informed or experienced (often older) mentor and a VYA learner. This approach provides individual attention and follow-up tailored to the mentee's specific needs. The quality of mentoring can vary widely depending on mentors' training, level of experience and comfort with content. Mentoring is a good option where there is an existing pool of knowledgeable mentors or an expressed interest among youth, or where you plan to work with both VYA and older adolescents and can easily pair them. Mentoring is best paired with other approaches, as a means to reinforce learning and support VYAs to continue seeking the information and services they need.

Peer Education

Peer education employs trained adolescent facilitators to lead group-based or one-on-one learning sessions for their peers. In theory, this model would provide a double benefit – through training for peer educators and through mass education of other adolescents in the community. However, emerging evidence indicates that peer education has not been very successful at achieving both of these ends.[19] While peer educators benefit from in-depth training and the knowledge and empowerment it brings, programs based on this model have not seen an accompanying increase in knowledge among the adolescents who are meant to be reached by the peers. This approach poses a number of additional challenges for VYAs, who may be too young to retain key information, independently seek out peers to counsel, or manage group facilitation, so alternative methodologies are recommended in most circumstances.

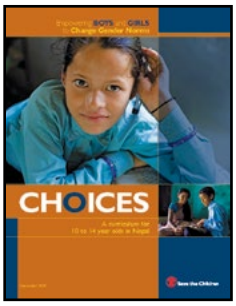
Group-based Learning

This mechanism captures a wide range of approaches, from after-school or community-based clubs to sports teams, which impart knowledge via small group activities. The flexibility of this approach is a significant benefit – it can be adapted to almost any context with any key population. It can also be modified to fit any combination of program content. For example, it can accommodate straightforward formal educational sessions or unformatted dialogues to exchange ideas and reflections. Population Council's "safe spaces" approaches, for example, bring together vulnerable girls for group-based learning using a life skills curriculum led by mentors, who also serve as role models for participants.[20],[21] In addition to the learning component of safe spaces approaches, girls benefit from the identification of a safe physical location where they can gather to build friendships and social networks free of the influence of typical power-holders in the community. Group-based learning is also one of the best mechanisms to effectively address the social and gender norms that influence access to SRH information, conversations and services.

The open format of group-based learning approaches means that implementers will need to make strategic decisions about the size, frequency and facilitation of group meetings. Groups should generally bring together no more than 20-25 VYAs in order to create a sense of confidentiality and to allow each member a chance to participate actively in sessions. Some programs benefit from even smaller groups. In most cases, facilitators should be older than group participants, relatively literate, well-trained and regularly supervised, ideally with mentoring or coaching to help them build and increase their facilitation skills, and connected to community health services. It is also strongly recommended to pay facilitators, not just to compensate them, but to formalize their role within communities and cultivate respect for their work. Save the Children's Choices program asked VYA group members to nominate older adolescents in their communities who were literate, demonstrated leadership and had the potential to be a dynamic facilitator. Frequency and length of meetings must also be suited to content and approach. *Choices* was designed to hold two-hour sessions every two weeks over five months to allow participants to process and internalize content and test new behaviors as part of the gender norm change it sought. ISHRAQ, one of the Population Council's safe spaces programs aimed at providing literacy, life skills and physical education for out-of-school VYA girls in rural Egypt, held four-hour sessions four times a week over 20 months for a total of over 1,000 hours of exposure.[22]

CHOICES

Gender norm change via group-based learning



Choices was one of the first interventions targeting VYAs for attitude and behavior change related to gender norms. It follows a curriculum of age-appropriate and developmentally-appropriate participatory activities designed to stimulate discussion and reflection between VYA girls and boys with the goal of helping them discover alternatives to conventional gender roles and behaviors. Activities explore gender equity, power and respect as both obstacles and facilitating factors to girls' and boys' realization of hopes and dreams. A 2010 evaluation of the curriculum showed statistically significant differences in gender attitudes and behaviors between control and experimental groups after participation in Choices.[6] Following these positive results, Save the Children developed Voices and Promises, two linked approaches to engage parents and community members in reflection on gender norms in tandem with VYAs. Choices has been adapted for implementation in over 10 countries, including Bangladesh, Bolivia, Egypt, El Salvador, Ethiopia, Kyrgyzstan, Malawi, Somalia and Zambia.

Photo : Susan Warner

Classroom-based Learning

Classroom-based learning is a type of group-based learning delivered by trained teachers in a formal school environment. This approach may be similar to some group-based learning methods, but it tends to employ didactic approaches rather than inclusive activities or dialogue-based exploration of topics. It is also more structured, offering less flexibility in selection of facilitators and usually requiring lessons that fit into strict time frames during the school day. Many national sexuality education programs use this approach because it integrates easily with existing programs to train teachers to deliver straightforward lessons with standardized content, and can be easily scaled through the education system. Good teacher training is key to the success of classroom based approaches. This means going beyond mastery of information and helping teachers become comfortable and confident teaching and answering questions about sensitive topics. Teachers may also need a chance to explore and challenge their own values around sexual and reproductive health.

Not all classroom-based learning is designed this way. Save the Children's Keep it Real and Growing Up GREAT/Bien Grandir! curricula, both developed to be used by teachers as well as community groups, include fun, interactive exercises. Rutgers has also developed several classroom-based CSE curricula for VYAs, including The World Starts with Me, which is used in 10 countries throughout Africa and Asia; My World My Life; and Setara, which is being evaluated by the GEAS in Indonesia.

KEEP IT REAL

Comprehensive sexuality education for in-school and out-of-school adolescents

Keep It Real aimed to equip VYA in Ethiopia and Uganda with age-appropriate knowledge, skills and services to make informed and healthy decisions about their sexuality by providing youth-centered, interactive and participatory activities. Teachers in 81 primary schools in Ethiopia and 203 primary schools in Uganda were trained to deliver classroom-based co-curricular lessons and complementary club activities. In communities, trained peer educators and older youth delivered activities to groups of out-of-school VYA in rural and urban areas. A unique approach in Uganda focused on reaching urban street children through informal networks such as groups of boys who wash cars or shine shoes. The gender and sexuality education curriculum included education on puberty for boys and for girls. Boys and girls were linked to health services through accompanied visits and regular talks from health workers in schools and communities.

Online Platforms and Mobile Technology

As access to cell phones and other technology has expanded, efforts to reach adolescents via these methods have become more common. Though many still target older adolescents (15-19 years) who are more likely to have cell phones and internet access, a growing number aim to engage adolescents of all ages, or VYAs specifically. AMAZE (see box below) is one of the best-known online platforms for VYAs to access fun, age-appropriate information on puberty, sex and sexuality, contraception, STIs and other topics. M4RH, FHI360's successful SMS-based SRH information service, has also been adapted for adolescents by Rwanda's Ministry of Health, in collaboration with UNFPA and the Imbuto Foundation. The Center for Catalyzing Change (C3) in India is also doing some innovative work to provide life skills and SRH information to VYAs via online

Photo : GCCU

platforms. Their YouthLIFE program offers a bilingual online comprehensive sexuality education curriculum for school-based adolescents, which is accompanied by broader efforts to increase girls' access to digital literacy through the "Bridging the Digital Divide" initiative. Additionally, some materials originally intended for other approaches – like hard copies of puberty books – have been adapted for mobile use via e-reader programs. If you plan to use this approach to reach VYAs, you should seek out information on mobile phone, computer and internet use, including gendered differences in access and availability, during the needs assessment.

AMAZE[7]

Comprehensive sexuality education via short animated videos

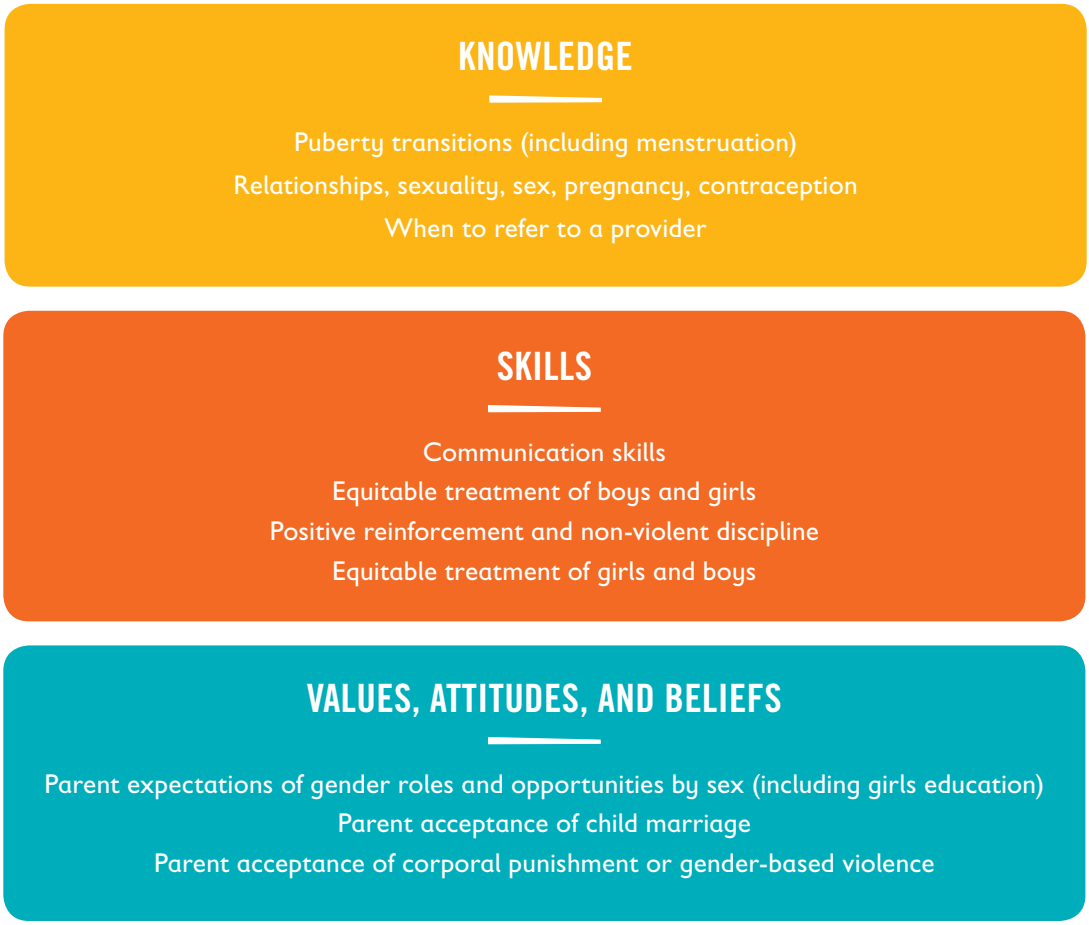
AMAZE is an online sexuality education platform hosted by Advocates for Youth, Answer and Youth Tech Health that leverages the power of YouTube to deliver engaging, age-appropriate, information directly to 10-to 14-year-olds through short animated films. AMAZE was developed through a discovery process that engaged VYAs to drive the design, content, voice/tone and technology for the videos. Topic areas include puberty, pregnancy and reproduction, STIs and HIV, healthy relationships, personal safety, sexual orientation, and gender identity. Videos promote gender equitable norms through characters and their actions. AMAZE has reached more than 5 million views in over ten countries and continues to grow in popularity as more adolescents seek its free and accessible information.

Engaging Parents & Caregivers

CONTENT

In most cases, program content for parents and caregivers should mirror VYA content closely. As a primary caregiver and one of the most important sources of information for adolescents, parents must be prepared to communicate positively and proactively with their sons and daughters. Aunt, uncles, grandparents and other caregivers may also be critical resource people for VYAs. However, parents and caregivers worldwide express feeling uncomfortable or lacking the knowledge to discuss puberty, sex, gender and other SRH topics. A first step toward equipping parents and families to support adolescents is to provide them with factual information about these topics so they can proactively initiate conversations with adolescents and feel confident responding to questions. Orientation to basic communication concepts, like active and empathetic listening, non-judgement and positive reinforcement, should also be offered. However, knowledge and skills alone are often not enough to ensure that parents and other family members provide the support VYAs need. Parents may need coaching on other positive parenting practices like non-violent discipline, equitable division of household labor, and keeping girls in school. Child marriage and other behaviors driven by social and gender norms are linked to these topics. Norms underpin and govern many attitudes, beliefs and behaviors that can affect adolescents' current and future health, so parents should also be challenged to reflect on those that influence the way they treat their VYA children and those that affect their children's knowledge, attitudes and behaviors.

Figure 4: Key Content Areas for Parent Content



DELIVERY

Group-based Learning

In most VYA programs to date, parental content is delivered via group-based learning. This mechanism provides an adaptable platform to host different content and fulfil various purposes. Group education sessions impart knowledge to parents, with the added benefit of creating a welcoming environment for sharing parenting challenges and solutions, offering resources and building support networks among participants. They also allow time for reflection on values and practice of new skills, especially if they are led by role models or experts (like health providers), who can use their position of respect to encourage parents and challenge them to question harmful practices or social norms. Group sessions can be less time intensive and costly than other options like individual counseling/skills-building. However, gathering together 20 busy parents for an hour-long lesson or discussion can be a logistical challenge. Busy work schedules and transportation may prevent full or regular attendance, especially in urban areas where parents may be working several jobs and facing serious traffic congestions. This reality can create unintentional gender imbalances in programming, as men are more often outside the home and less available for additional time obligations. Strategies to address this, such as changing timing of sessions, holding them in locations where men typically socialize, and asking women to invite their male partners, may be worth exploring.

For all these reasons, most parent programs that employ this learning approach hold very few sessions; some only host an introductory session to explain the content of VYA programming and obtain permission, without delving into content at all. It is important to consider these nuances and weigh them with your project goals when designing programs for parents.

FAMILIES MATTER!

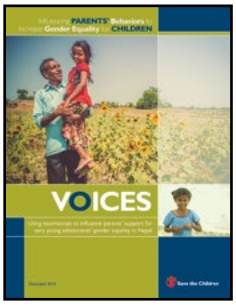
Positive parenting and sexual risk reduction education via group-based learning

Families Matter! is an evidence-based program that promotes positive parenting and effective parent-child communication about sexuality and sexual risk reduction, including child sexual abuse and GBV, for parents or caregivers of 9–14 year olds. There is also a second version for 15–19 year olds. Adapted from the US-based Parents Matter! program, the intervention recognizes that many parents and guardians need support to effectively convey values and expectations about sexual behavior and to communicate important HIV, STI and pregnancy prevention messages to their VYA children. The ultimate goal is to reduce sexual risk behavior among adolescents, including delayed onset of sexual debut, by using parents to deliver primary prevention messages to their VYA children and increasing awareness of harmful gender norms that may lead to violence. The program includes weekly three-hour sessions led by certified facilitators, one male and one female, for seven weeks total. Results from an outcome evaluation in 2006 found the program was effective, successfully increasing parenting skills and parent-child communication about sexuality and risk reduction. Families Matter! has been adapted for use in 14 countries: Botswana, Cote d'Ivoire, DRC, Haiti, Kenya, Mozambique, Malawi, Namibia, Nigeria, Rwanda, Tanzania, South Africa, Zambia and Zimbabwe.

Reflection and discussion sessions are another type of group-based learning aimed at exposing the effects of harmful gender and social norms and stimulating critical thinking about whether and how to address those norms. This content should *only* be presented in a group format because the open exchange of ideas and opinions prompted by each topic must happen *among groups of people* in order to catalyze social norm change. Facilitators of group-based education sessions should be highly knowledgeable and trained in effective facilitation and communication. Facilitators of discussion sessions, on the other hand, need not be SRH or gender experts, but they must know how to manage and guide conversation. They are not present to educate parents or provide "correct" answers but to guide discussion and ask thoughtful questions prompted by the natural flow of conversation. They should stress that the goal of the conversation is to exchange opinions and share different perspectives, so respectful debate is encouraged.

VOICES[8]

Gender norm change via reflective group-based discussion of curated videos



Voices challenges existing beliefs and attitudes held by parents on conventional and restrictive gender roles, while fostering intergenerational dialogue about gender equity in the household. To develop Voices, Save the Children recorded testimonies from parents who participated in the program about how the concepts their VYA children shared with them created incremental but meaningful improvements in gender equitable behaviors in the household. Other videos feature "positive deviants" – parents in the same communities who have already adopted those behaviors and can serve as role models for others. Testimonies are screened for other parents in small groups to prompt conversation and debate with the goal of encouraging parents to communicate with their VYAs about their goals and dreams, speak with them about changing expectations, allow and encourage more equitable gender roles in their homes, and give girls more time to study and delay marriage. Results from an independent evaluation of Voices, implemented as part of a multi-level intervention including VYA (Choices) and community (Promises) components, suggest that including a parent component to a VYA gender transformative intervention may increase VYA's reports of gender equity in education and household domains.

Mentoring

This approach for parents is very similar to mentoring for VYAs. It presents the opportunity for individual attention and skills-building tailored to parents' needs. Mentoring may be a good option for parents when there are already resources available for mentor-mentee pairs to study together, or when there is a larger support network for pairs to plug into. This will minimize the need for intensive mentor training and expand the range of potential mentors. When a supportive environment exists, anyone can be a mentor, from trained program staff to community leaders or friends. REAL Fathers allowed program participants to select their own mentors based on their existing relationship or role in the community. Mentors received a 5-day training before leading six individual sessions with their mentees (two with spouses) and six group sessions with other mentor-mentee pairs. Mentoring sessions need not be long, but they should be held regularly and frequently to create a sense that mentors are available and invested in creating a social support network. Formats may vary widely from a scripted set of guiding questions to open dialogues led by mentees' most pressing issues. Mentors should understand that they are not expected to provide

professional counselling, and they should always know how and where to refer their mentees for additional health or other services. Mentoring is most commonly done one-to-one, with single-sex pairs to ensure that mentees are completely comfortable sharing details of their lives with mentors. In some cases, however, it may be advisable or cost-effective to assign a single mentor or a mentoring couple to other couples. It can also be useful to bring multiple mentoring pairs together in a large group setting periodically for mutual encouragement and sharing. This can help to create a sense of solidarity and even start to shift norms.

REAL FATHERS MALAWI[9]

Encouraging parents to keep VYA girls in school via mentoring and print media

REAL Fathers is a community-based mentoring approach implemented by Save the Children in Uganda that works with fathers to improve communication and parenting skills. It was originally designed to increase confidence, nonviolent parenting and acceptance of non-traditional gender roles among young Ugandan fathers of 1–3 year olds. An evaluation of this pilot showed sustained decreases in physical punishment of children and increased father-child interaction over time. Building on these positive results, Save the Children has since adapted the approach for fathers of VYA girls and boys in Malawi. Participants are nominated by local chiefs and then invite a respected peer or elder of their choice to serve as their mentor. Over the course of seven months, mentors facilitate three individual meetings with their mentee, as well as four couple sessions including their wives and seven group sessions with three other mentor-mentee pairs. These activities are complemented by print media – a series of publicly displayed posters related to intervention themes – meant to catalyse discussion around keeping girls in school. This adaptation has not yet been evaluated, but the use of a successful approach to engage parents of older children is promising.

Mobile or Technology Platforms

Like adolescents and young people, parents have increasingly gone digital, so efforts to reach them with parenting information and support have also become more advanced. Technology solutions range from simple online resources to apps that help parents with skills around communication to interactive voice response support via mobile phone. AMAZE provides information and videos for parents of VYAs through their website and Facebook page, which equips parents with practical and factual knowledge about puberty, sex and other related topics addressed in the videos as well as coaching on communication and suggested conversation starters.

Photo : Sylvain Cherkaoui

Working with Communities

Community attitudes, behaviors and norms can heavily influence VYA behaviors and outcomes, particularly in relation to highly stigmatized issues of sexuality and firmly entrenched gender norms. Therefore, it is vital to engage a diversity of community actors as part of any VYA program. Communities may be defined geographically, like neighbors, schoolmates and extended family groups, or by another uniting characteristic, like a faith community that draws individuals from a large catchment area. All communities include elders or leaders of some sort, peers and other influencers. While most VYA programs to date have engaged the community to some degree, the level of engagement and desired outcomes of that engagement have varied. As part of the needs assessment, it is important to identify the key opinion leaders in the community (those who do not necessarily hold an official position) and also those who may be most resistant to adolescent programing so that they are engaged from the beginning. Community sensitization is important to inform community leaders of what the intervention is and what it is trying to achieve before activities take place. Ways to do this include identifying thought leaders and adolescent or youth champions. Community involvement must move beyond granting permission or approval of VYA choices and behaviors to a genuine engagement with the complicated web of issues facing children as they enter adolescence. Communities must be able to see and experience the health and social benefits of these programs in order to support continued change. They must also be given the tools to address related issues as they arise. The following section outlines content and delivery mechanisms to encourage dialogue, consensus-building and collective action at the community level.

CONTENT

Content for community engagement can include provision of information on adolescent development and health; promotion of reflection and dialogue on SRH and gender attitudes, behaviors and norms; and strengthening the capacity of the community for problem solving and collective action.

At the community level, individual values, attitudes and beliefs are collectively expressed as social norms. Given that SRH and gender issues for VYAs are always – to some degree – driven by norms, community efforts should seek to shift those harmful norms that inhibit positive outcomes for VYA. These include norms related to girls' education and mobility, division of labor and resources within the household, sexual behaviors, health service-seeking, and communication about puberty and sexuality, among others. (For an illustrative list, see *Figure 1* on p. 9) Many norms may be at play in any given context, and they are often interrelated. A norms exploration exercise prior to program design, or through an informal reflection process during introductory activities, can identify norms specific to your intervention community. It is critical to present the key aspects of social norms and to differentiate norms from individual attitudes and beliefs. Because of the nature of social norms – they are based on perception of what others think or expect – content should be introduced in an open and exploratory manner, and activities should encourage reflection and discussion about the advantages and disadvantages of different social norms for various groups, rather than directly presenting alternative behaviors as solutions to harmful social norms. These ideas can be introduced via different media, including stories or vignettes with characters representative of typical community members, activities or prompt cards that describe provocative situations, or a series of discussion questions. Role model characters and real life testimonials can also be employed to demonstration how change can happen or how equitable norms manifest. It is critical to seek adolescents' perspectives throughout this development process, not only to ensure it reflects their reality in that context, but also to begin building mutual relationships of trust and respect between VYAs and the community.

Building community skills and capacity for self-improvement should also be an integral part of community engagement strategies. Programs should seek to equip community members with a set of widely-applicable and practical competencies that can enhance their ability to support VYAs. These skills can be introduced and cultivated through interactive and contextually appropriate activities that promote self-reflection, problem solving, consensus-building (trust, connectedness, inter-dependence), conflict resolution and action planning. In turn, these activities can reinforce the community's sense of trust, connectedness and interdependence, and create a sense of responsibility towards adolescents, in particular VYAs. It is equally important to inform communities of existing resources and link them to information and services.

DELIVERY

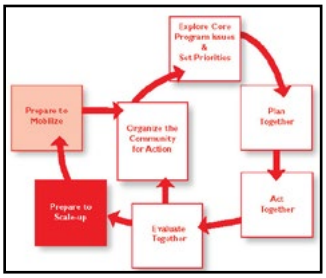
Group-based Reflection and Discussion

Reflection and discussion sessions (e.g., community dialogues) provide a platform for communities to discuss gender and social norms. Their central feature is the call to reflect collectively and critically upon the effects of unequal norms and the limitations they create for certain groups of people, especially girls. Community dialogues differ from one-time sensitization events that aim to reach large numbers of people with fixed messaging. Instead, they aim to create lasting change through repeated exposure to thought-provoking questions and new ideas. Including a call to action at the end of each session to encourage continued conversation and diffusion of new ideas can further expand the reach of this methodology.

Program designers should consider a number of questions when planning group-based sessions, including primary audience, frequency of meetings, facilitation and tools. It is important to define the desired audience for group sessions first because subsequent decisions about organization and timing can greatly affect attendance. The quality of facilitation is also important in ensuring community participation. Facilitators must be able to create an environment of collaboration, mutual respect and active listening so that all group members feel welcome to speak their mind and engage in respectful debate. This is especially true in mixed sex groups, where gender dynamics might influence who speaks or decides on community action points. Facilitators must also show that they personally hold community members in high esteem and support the group's opinions and decision-making process. This kind of facilitation requires a high level of training and practical experience. Programmers should make every effort to recruit skilled facilitators and plan to spend a considerable amount of time familiarizing them with tools as well as reinforcing facilitation skills.

COMMUNITY ACTION CYCLE[10]

Small group-based community action



The Community Action Cycle (CAC) is participatory, community-led process for collective planning, dialogue and action. During the process, community members explore development issues, organize and set priorities and take action for improvement. The community mobilization that is central to CAC not only empowers communities and enhances their capacity and self-reliance, but also improves sustainability of programming. This approach has been successfully integrated into Save the Children's adolescent health programming to help communities discuss challenging issues related to adolescent SRH and propose appropriate, culturally sensitive and lasting solutions.

Mass Media

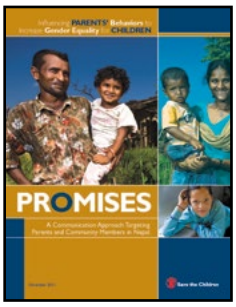
Radio, television and popular print media can reach large numbers of people. These forms of media can serve two different purposes – first, to impart information via Information, Education and Communication (IEC) approaches and second, to increase engagement or discussion on a particular topic via dialogic methods such as stories, narratives and other forms of edutainment. IEC strategies can be effective in catalyzing behavior change if lack of knowledge is the main driver of the behavior and if messages are well disseminated, but it has limited ability to inspire the kind of systematic and reflective discussion required to shift personal attitudes and beliefs and social norms. Dialogic methods, on the other hand, explicitly cultivate this kind of exchange by engaging the senses and introducing complex ideas via channels normally used for entertainment. Weaving contentious or difficult topics into storylines makes them both more realistic and more palatable for audiences. Placing norms and related concepts into the context of the everyday also helps consumers understand them and recognize their undesirable effects.

Various tools can be used to encourage exploration of themes in dialogic meeting. For example, discussion guides linked to individual episodes of radio or television programs allow consumers to savor the drama while also considering how a similar situation might play out in their own life. Live call-in sessions also provide an opportunity for listeners or viewers to share their reaction to the plot and ask questions about

details that may have surprised or dismayed them. Skilled facilitators can magnify the effectiveness of these approaches. Effective dialogic methods may also inspire spontaneous discussion and debate within communities that can lead to critical reflection and collective action. Such largescale and active engagement is essential for creating a supportive environment for VYAs and building community capacity for sustained self-improvement.

PROMISES

Gender transformation via posters and public discussion



Save the Children developed a final innovation, called Promises, to help shift community norms related to girls leaving school due to marriage and high rates of domestic violence. These norms were chosen because of their link with gender equity and the potential impact they have on the lives of very young adolescents. It was hoped that by working on these two norms at the community level, a context would be created in which individual changes inspired through the Choices curriculum and household changes inspired through Voices, would have a greater likelihood to be sustained. The Promises approach involves displaying a series of six large posters in the community designed with the six evidence-based influence principles. At each poster unveiling, a small group of identified community influencers engage in discussion about the poster and are asked to discuss the poster within their social network. Each poster is displayed for two weeks to catalyze dialogue and reflection at the community level.

Diffusion of Messages via Influential Thought Leaders

Influential individuals can accelerate social change. As respected community members, their opinions have the power to influence others. Even when they do not offer their own point of view, mentioning a subject can raise the profile of that issue and encourage others to think about it. They may also be able to offer a compelling religious or cultural justification for different or more equitable norms and behaviors. Many cultures and religions also have coming of age customs that coincide with puberty and can be leveraged as an opportunity to reinforce positive practices or address harmful ones.

Religious, cultural or community leaders should be selected based on their influence, which may be indicated by community member nominations or by other methods such as community or social network mapping. You should also consider their personal values and their ability to set a positive example for others; while they need not be perfect, they should exemplify just and equitable practices in their interactions with others. Selected leaders who agree to participate should be oriented on key issues. Training can be as simple as a morning's orientation or as intensive as a formal training, depending on the project goals. Tools provided to leaders can include prompt cards to start conversations, either individually or in groups, invitation cards to access information or services at a nearby health structure, sermon guides linking religious teaching to positive SRH practices, or other materials to support reflective dialogue. Leaders can use these materials at will, either integrating them into daily routines and interactions or finding new and opportune moments to share them with others.

Strengthening Systems

Programs aiming to improve VYA SRH or gender equity should include a clear focus on strengthening systems in order to enhance scalability and sustainability. Multiple different systems within a country are critical to achieve this goal, including the health and education systems, the justice system, child protection and welfare mechanisms, and other social protection systems. VYA programs must carefully assess which systems to work with and strengthen to best meet the needs of specific sub-populations and achieve their desired programmatic outcomes. Given the focus of this guide on SRH and gender, we focus here on recommendations for strengthening the health system and working with the education system to deliver comprehensive sexuality education.

IMPROVING THE HEALTH SYSTEM

While the period of early adolescence is often a physically healthy period of life, it is critical that adolescents have access to the high quality services they need, including counseling around puberty, menstrual health and hygiene, sexuality, reproductive health and sexual health, sex and gender based violence, and mental health services. To ensure young adolescents have access to these services, programs can undertake systems strengthening efforts to cultivate a VYA-responsive health system.[23] This requires support at all levels of the health system and across several of the building blocks of the health system.

ADOLESCENT-FRIENDLY HEALTH SERVICES[11]

The World Health Organization has established five characteristics for adolescent-friendly services:

Equitable: All adolescents, not just certain groups, are able to obtain the health services they need.

Accessible: Adolescents are able to obtain the services that are provided.

Acceptable: Health services are provided in ways that meet the expectations of adolescent clients.

Appropriate: The health services that adolescents need are provided.

Effective: The right health services are provided in the right way and make a positive contribution to the health of adolescents.

Service delivery: The World Health Organization (WHO) advises that adolescent-friendly health services should be equitable, accessible, acceptable, appropriate and effective (see box). They should also be responsive to the special needs of sub-groups of this population. Programs can support increased access by increasing the number of service delivery points and by ensuring availability of a full package of services in each of these sites. In some cases, this may require working outside of the public health system, through school health programs, private health facilities or pharmacies, which may be more convenient or preferred alternatives for confidential SRH information and services. Programs must also work to ensure that facilities are welcoming to adolescents of all ages. VYAs should be greeted like any other client and provided with appropriate and acceptable health services that meet their needs in a confidential and safe environment. In partnership with the Ministry of Health (MOH), particularly the provincial and district level staff, programs can help health facilities to identify small but impactful changes to ensure facilities are well-equipped to serve adolescents and refer them appropriately: guaranteeing privacy, hiring welcoming and non-judgmental staff, holding hours of service convenient for VYAs, and other environment factors to make VYAs feel at ease.

Photo : Louis Leeson

Health Workforce: The most essential element of VYA-friendly and responsive services are providers who offer comprehensive counseling and services without bias, judgment or disrespect. This requires training for health workers on the unique needs of VYA as well as values clarification exercises that allow them to explore their own attitudes and judgments, and the influence of those on high quality, respectful services. Pre-service education for health workers should include comprehensive ASRH training, with a special focus on the needs of VYA, and appropriate medical and psychosocial support resources for sexual and gender-based violence. These pieces are often missing from pre-service curricula so collaboration with pre-service institutions and governance bodies is critical. Notably, pre-service curricula can require years to modify, so it is important to complement efforts to revise the pre-service curricula with in-service training for health care workers. In-service training should focus on VYAs' distinct developmental stage, with an emphasis on the protective and risk factors for this younger cohort, as well as effective ways to communicate with them. This will ensure that VYAs have positive experiences when seeking healthcare, making them more likely to trust providers and return for services in future.

Training efforts outlined above will ultimately be ineffective if done in isolation. Programs should work closely with the MOH supervision framework to ensure that supervisors and/or mentors review and support quality service provision to adolescents as part of routine monitoring and supervision. If the existing supervision systems are weak or non-existent, as is often the case in humanitarian settings, programs may be able to introduce complementary mentorship efforts in collaboration with the MOH. These efforts can also be effective at improving the quality of care for adolescents through provider coaching towards more comprehensive, non-judgmental care.

Health Information Systems: Many national health management information systems (HMIS) do not collect or use age-disaggregated data, so the health systems are not able to assess use of health services by VYA. This is a serious challenge for programs seeking to understand and increase VYA use of SRH services. Programs can simultaneously work with governments to revise the national HMIS while developing complementary data collection strategies to fill the gap. Programs that deliver services directly can ensure that all monitoring and other regularly collected data are age- and sex-disaggregated to inform forecasting, demand and programmatic decision-making. For programs that collaborate with or support service delivery indirectly, complementary data collection strategies can include collecting and compiling data from clinic registers rather than through aggregated HMIS systems, introducing additional MOH-approved data collection tools in health facilities, or using digital systems to collect referral and referral completion information.

Financing: Many countries are developing national health insurance or other health financing approaches in the context of universal health care. Within this larger movement, VYA programs and champions should advocate for VYAs to ensure their SRH needs are covered under proposed health financing schemes and insurance programs.

Leadership & Governance: Health systems are governed by policies, protocols and guidelines that should explicitly affirm the right of VYA to access comprehensive SRH services without barriers. Your situational analysis should include an assessment of service delivery policies, protocols and guidelines in your country. If policies include any barriers to VYAs' access of services, such as parental or partner consent requirements or limitations of certain services based on age, parity or marital status, programs should build in systems

Photo : Victoria Zegler

strengthening work with the MOH and advocacy with key stakeholders to remove or reduce those barriers. Similarly, an assessment of SRH service delivery protocols, including any youth-friendly service protocols, is important to ascertain the degree to which the specific needs of VYA are addressed in counseling and service delivery protocols. This younger age group is still under-recognized and underserved by most health systems, so you will likely need to work with the MOH to adapt or develop protocols for the provision of age-appropriate counseling and SRH services for VYAs. Programs can also reinforce the leadership of the MOH at all levels by supporting national, provincial and district level work planning and budgeting processes, ensuring they incorporate plans to enhance the responsiveness of services to adolescents.

Linking VYAs and Communities: Programs should endeavor to link VYAs with the health system and to increase health workers exposure to VYAs to increase their comfort with this population. Parents, communities and VYAs themselves can construct these linkages during and after programs. For example, inviting health workers to join or lead program activities can provide a valuable opportunity for VYAs to meet providers, ask questions and, hopefully, feel more comfortable seeking them out in facilities. Programs can also arrange for VYAs to visit a local health facility, where a provider greets them, provides a tour of the physical space, explains the information and services that are available, and stresses their duty to provide respect, non-judgement, privacy and confidentiality for all patients.

STRENGTHENING HEALTH EFFORTS WITHIN THE EDUCATION SYSTEM

As school enrollment and retention increase around the world, VYAs are increasingly in school. Education systems can therefore serve as important platforms for reaching adolescents. Schools and other educational institutions in many countries have a mandate to provide age-appropriate CSE to students, but they often lack the financial and technical support to effectively implement CSE. VYA programs can work with the Ministry of Education (MOE) at all levels to strengthen delivery of CSE through support for national curricula development processes, cascade models of teacher training, and routine supervision and mentorship of teachers responsible for CSE. School-based health services are also mandated in many countries, but lack resources and suffer from poor quality. VYA programs could work with both the MOE and MOH to strengthen the quality and availability of these school-based health services, with a focus on SRH counseling for VYAs. It is important to strengthen linkages to other health services where there is not a school-based health service, and attention should be given to non-traditional health services, such as those for survivors of sexual violence.

Even programs operating within schools and communities but outside of the formal education system should work closely with the educators and MOE resource people to strengthen the education system's capacity to scale and sustain these extra-curricular activities. For example, MOE officials and school supervisors can serve as master trainers for SRH or gender programs, or conduct supervision of program activities. School teachers, likewise, can serve as program facilitators, simultaneously enhancing their teaching skills and engaging them with new and interesting content.


Photo : Victoria Zegler

STEP 5:
Establish Monitoring & Evaluation Systems

There is a notable gap in research, monitoring and evaluation data on VYA health in general and SRH in particular. Large demographic surveys often exclude this age group due to ethical concerns over sensitive questions or budget constraints that limit their scope. Often, when VYA are in included in studies, they are lumped together with all children under 15, or other age groups so that information is non-specific. However, the evidence base is slowly growing as advocacy and programming for VYA needs increases. It is important to design a strong monitoring and evaluation (M&E) framework for your VYA program to contribute to this expanding evidence base.

Monitoring

At this point, you should already have clearly defined your program goal and priority outcomes and the "inputs" – all the financial, human and other resources available for the program – and intervention activities that you believe will lead to those outcomes. In order to complete your monitoring and evaluation framework, you will need to articulate direct program outputs and select indicators that will help you measure progress towards your outcomes. Each indicator should be clearly defined in your framework and measured at baseline, if possible, to provide a point of comparison for future measures of that indicator. The source of data for each indicator should also be identified, along with the frequency of data collection. Outcome indicators will vary widely based on content, delivery platform and overall program objectives. Indicators should correspond to the content and delivery mechanism you select for each level of the socio-ecological model. *Annex A* provides sample indicators at each level of the socio-ecological model for the illustrative outcomes presented in Table 1.

ADAPTING RESEARCH OR SITUATIONAL ANALYSIS TOOLS

- Avoid technical language and use clear, simple words and phrases
- Break down complex concepts into bite-size pieces
- Integrate pictures, stories or characters to introduce concepts and facilitate conversations about abstract themes
- Use cognitive devices such as dolls or figurines to improve focus and participation
- Make discussion more interactive – use ranking, pile sorts, role plays, games, drawing and mapping to elicit responses
- Read questions aloud several times to avoid embarrassment due to low literacy or comprehension

Research

ETHICAL CONSIDERATIONS FOR VYAS

For research purposes, VYAs are categorized as a vulnerable population and your team will need to take additional precautions and ensure parent approval before conducting any research activities with them. The World Health Organization published new guidance in 2018 on ethical considerations for research with adolescents, including VYAs.[26] The document addresses autonomy and consent/assent for this age group, and contains a series of case studies to help researchers and implementers think through challenging ethical circumstances they might face. Good research practice requires that both consent– from parents or legal guardians – and assent – from VYAs – be received when working with this age group. Parents should understand the nature of programming and any risks VYAs will be exposed to before they provide informed consent. You should also adjust the language used for obtaining verbal assent from VYAs to be age-appropriate. It is imperative that they understand their rights as research participants, including their right to stop participating at any time, and the risks (such as embarrassment or feeling uncomfortable with certain topics) posed by participation before providing assent. If your research or monitoring activities require ethical approval, all of these steps will need to be clearly described and documented in a formal protocol submitted to an Institutional Review Board.

As you plan for data collection, make sure that tools and approaches are age-appropriate, empathetic and interactive. It may not be appropriate to ask VYAs explicit questions about sexual activity or sexual violence in some cases, and you should only ask such questions if they are important to your program or research and when appropriate referral and response mechanisms are in place. Conversely, you may find that other sensitive topics are acceptable as long as they are asked in subtle ways that make use of local terms. Data collectors should always be specially trained to respond to any issues that may arise when these topics are discussed.

It is also essential to have a well-defined protocol for response if neglect, abuse or other violence are disclosed by VYAs during your research or monitoring activities. This protocol should include three main components: how to provide immediate comfort if VYAs bring up child protection issues during the course of research; how to explain confidentiality and duty to report in age-appropriate language; and how to make a referral for SRH, child protection or other related services. Reporting violations of VYAs' rights may be necessary if there is an immediate threat to their safety, or if mandated by the laws of the country. However the protocol should also indicate options if there are concerns for do no harm (e.g., if the alleged abuse is being perpetrated by the parent). Program staff and researchers must be fully aware of and trained on this protocol so that they can react swiftly and appropriately, as needed.

PARTICIPATORY YOUTH RESEARCH

Collaborative research approaches are those that engage and empower adolescents to jointly evaluate and define the success of programs designed for them. Some participatory methodologies, like risk mapping and timeline analysis, are used frequently with older adolescents and adults, but can be adapted for VYAs.[27] Others are specially developed for the unique life stage and cognitive development level of VYAs. Photovoice,[28] a participatory process that allows marginalized or vulnerable individuals to represent their lived experience through photos and images, has been widely used with adolescents, including VYAs.[29,30,31,32] The Most Significant Change (MSC) technique[33] has also been adapted for use by VYAs. VYAs can also be engaged in providing observational or qualitative feedback during regular learning meetings, or via participation in a consultative Youth Council. All of these approaches demonstrate the respect of programmers and stakeholders for VYA as experts and key technical support people for programs for their age group. They also contribute to positive youth development by equipping VYAs with a valuable set of skills and creating supportive partnerships with adults invested in their well-being and success. Most monitoring or research partnerships with youth must reinforce young peoples' capacity to facilitate research activities and ensure high quality data; this skills and confidence-building process is even more critical with VYAs, who may not feel empowered to lead activities. This can be mitigated by pairing VYAs with older adolescents or youth in their 20's to encourage, train and mentor them.

SECTION 3:
Linkages with Other Sectors

While SRH and gender equality are critical for the well-being of VYAs, holistic development requires that VYAs have access to quality education, are protected from harm, and have the opportunity to develop critical life skills that can lead to financial well-being and employment opportunities. With this in mind, it may be appropriate to link SRH and gender focused programming to efforts in other sectors to achieve greater outcomes for VYAs.

Education

Many VYAs are still in school and these adolescents likely spend just as much time on campus as at home. Working to ensure that schools are safe and supportive environments for learning is an important way to bolster efforts to increase VYAs' knowledge and positive development in a range of topics. Further, there is strong evidence that keeping girls in school leads to improved SRH outcomes.[34] Joint efforts with this sector could include teacher training and capacity-building to increase engaging and gender-sensitive classroom instruction and to decrease corporal punishment or other forms of abuse, which often disproportionately affect girls. Improving teacher confidence and skills can support higher quality education across all subjects, including CSE, where it is taught, and better equip teachers to serve as role models and resources for VYAs. Building a culture of supportive supervision and mentoring for teachers can help to sustain these improvements, as can incentivizing highly capable teachers to remain in the system. Improvements to infrastructure – like separate bathrooms for girls and boys – and provision of emergency hygiene supplies for menstruating girls are also critical to ensure that both girls and boys can excel in school.

Child Protection

It is important to link program participants to other services or support they may need. Child protection has a role to play in all adolescent programming. Child protection programs address issues such as gender-based violence, child marriage and child labor, all of which can have a negative impact on gender equity and SRH outcomes for VYAs. Collaborating with actors in the child protection sector can ensure that VYAs who are in need of SRH services receive a timely and appropriate referral. Likewise, VYAs in your programs may be experiencing abuse, exploitation or violence. When linkages are made with child protection stakeholders in the Ministry of Social Welfare and civil society, SRH and gender programs can be included in the referral networks to ensure that program participants receive specialized support when needed.

Livelihoods and Workforce Readiness

Like the health sector, many livelihoods programs are seeking to intervene earlier with adolescents to begin laying the foundation for future employment. While VYAs are too young to enter the workforce, programs that provide them with a strong set of transferable life skills – like confidence, self-control, social and communication skills, and higher order thinking – can reinforce and multiply the benefits of programs focused on other topics. These skills are a natural match for sexuality education and gender-focused programs.

ANNEX A: Illustrative Indicators for SRH & G

LEVEL	OUTCOME
Individual	Increased SRH knowledge
	Increased gender-equitable attitudes among adolescents
	Increased demonstration of gender-equitable behaviors by adolescents
	Decreased experience of child marriage
	Increased positive attitudes towards SRH service use among adolescents
	Increased use of health services
Family	Increased gender-equitable attitudes among parents
	Increased gender-equitable treatment of VYA children by parents in the home
	Increased parent-child communication about sexuality and future plans
	Increased positive attitudes towards SRH service use among adolescents
Community	Increased community support for gender equity
	Increased community support for use of SRH services by adolescents
	Decreased acceptance of child marriage
School	Increased availability and quality of classroom instruction on gender equality and sexuality
	Increased knowledge and comfort of teachers to provide instruction on gender equality and sexuality
Health services	Increased quality and availability of age-appropriate SRH services for VYA

**An illustrative but not exhaustive list of age-specific gender stereotypes might include the following: boys are smarter than girls, it is more important to educate boys than girls, boys/men are better providers should make final decisions in the household, etc.*

ender Programs for VYAs

INDICATOR
% of VYAs who correctly answer questions about key SRH topics, including body changes during puberty, the menstrual cycle, fertility and conception, contraception and STIs
% of VYAs who express approval/disapproval of gender stereotypes*
% of VYAs who report helping their sisters with household chores (boys) or receiving help with household chores (girls) % of VYAs who report teasing or bullying of members of the opposite sex % of VYAs who report engaging in or being a victim of harassment, inappropriate touching, or other sexual or gender-based violence
% of VYA girls engaged or married
% of VYAs who express feeling comfortable/able to seek SRH services % of VYAs who express approval of using contraceptive methods % of VYAs who have a positive opinion of a facility where SRH services are available
% of VYAs who know where to access SRH services % of VYAs who report using SRH or other health services
% of parents, caregivers or other family members who approve/disapprove of gender stereotypes*
% of parents or caregivers who report dividing household chores equally between boys and girls % of parents or caregivers who report keeping girls in school until age 18
% of parents, caregivers or other family members who report discussing puberty or SRH with their VYA children % of VYAs who report having an adult to talk to about SRH issues
% of parents, caregivers or other family members who approve of their VYA children using SRH services
% of community members who approve/disapprove of gender stereotypes*
% of community members who approve of adolescents using SRH services
% of community members who approve of child marriage
% of teachers per school/district trained to deliver (comprehensive) sexuality or gender education
% of teachers who correctly answer questions about key SRH topics % of teachers who report feeling prepared to deliver sexuality or gender education % of schools offering sexuality education
% of facility-based health providers per health zone trained to provide adolescent friendly health services % of community health workers trained to provide adolescent friendly health services % of service delivery points per health zone that meet 75% of WHO-defined criteria for quality adolescent friendly health services % increase in VYA visits for SRH services at service delivery points

for their families, only boys/men should have jobs outside the home, household chores are girls'/women's work, the use of violence against girls/women is justifiable under certain circumstances, boys/men

ANNEX B:
Summary of Featured VYA Programs

SEXUAL EDUCATION PROGRAMS	OVERVIEW
AMAZE	AMAZE is an online sexuality education platform hosted by Advocates for Youth, Answer and Youth Tech Health that leverages the power of YouTube to deliver engaging, accurate, age-appropriate information directly to 10-to 14-year-olds through short animated films. The goal of AMAZE is to help VYAs develop healthy attitudes, knowledge and behaviors they need to navigate the critical transition between childhood and older adolescence. The platform was developed through a discovery process that engaged VYAs to drive the design, content, voice/tone and technology for videos. Topic areas include puberty, pregnancy and reproduction, STIs and HIV, healthy relationships, personal safety, sexual orientation and gender identity.
Choices, Voices, Promises	Choices, Voices, Promises is a multi-level intervention that aims to transform gender norms through targeted activities with VYAs, their parents and members of the wider community. Choices is an interactive curriculum with nine age-appropriate sessions featuring participatory activities designed to stimulate discussion and reflection between VYA boys and girls and help them discover alternatives to conventional gender roles. Voices is an interactive video-based approach to inspire the same reflection among parents; a series of recorded testimonies by role model parents in intervention communities prompt discussion about gender equitable behaviors in the household. Promises draws the community into this dialogue through facilitated discussions about a series of posters designed with evidence-based influence principles and displayed in public places. Results from an independent evaluation of CVP suggest that participation in Choices led to more equitable gender attitudes and behaviour among VYA and that including a parent component in a gender transformative intervention may increase VYA's reports of gender equity in education and household domains.
Families Matter!	Families Matter! is an evidence-based program that promotes positive parenting and effective parent-child communication about sexuality and sexual risk reduction for parents or caregivers of 9–14 year olds. There is a second version for 15–19 year olds. Adapted from the US-based Parents Matter! program, the intervention recognizes that many parents and guardians need support to effectively convey values and expectations about sexual behavior and to communicate important HIV, STI and pregnancy prevention messages to their children. The program includes weekly three-hour sessions led by certified facilitators for seven weeks. Results from an outcome evaluation in 2006 found the program was effective, successfully increasing parenting skills and parent-child communication about sexuality and risk reduction. Families Matter! has been adapted for use in 14 countries: Botswana, Cote d'Ivoire, DRC, Haiti, Kenya, Mozambique, Malawi, Namibia, Nigeria, Rwanda, Tanzania, South Africa, Zambia and Zimbabwe.

SEXUAL EDUCATION PROGRAMS	OVERVIEW
Gender Roles, Equality and Transformations (GREAT) Project	The Gender Roles, Equality, and Transformations (GREAT) Project was launched in 2010 to develop and test a package of evidence-based, scalable, life-stage tailored interventions to transform gender norms, reduce GBV, and improve gender-equitable attitudes and SRH among adolescents ages 10-19 in post-conflict communities in northern Uganda. The project was based on an ecological framework that included family and community engagement to provide an enabling environment for individual change. The intervention included four components including community mobilization, diffusion of information through radio drama, health service linkages, and an interactive toolkit of materials. Results of a mixed methods program evaluation found that GREAT led to significant improvements in attitudes and behaviors among exposed individuals, as compared to a matched control group.
Global Early Adolescent Study	The Global Early Adolescent Study (GEAS) is a multi-country study led by John Hopkins Bloomberg School of Public Health that aims to uncover factors in early adolescence that predispose young people to sexual health risks and, conversely, promote healthy sexuality. It explores numerous topics including body pride, comfort with emerging sexuality, self-efficacy, gender attitudes and sexual behaviors. Phase I took place over 2 years, and used a mixed-method approach to develop and test four instruments to assess gender norms and sexuality for use among early adolescents and to explore the ways gender norms are related to different domains of sexuality in this age group. Phase II uses the validated instruments to investigate gender socialization and the role of parents and other environmental factors in this process through a 3-year longitudinal study of 10 to 14 year-olds.
Grow and Know Puberty Books	Grow and Know puberty books aim to improve knowledge, self-esteem and self-efficacy among girls and boys by providing them with critical information on their changing bodies. The books include stories and advice from older adolescents and practical activities – like menstrual tracking – to support healthy puberty transitions. They also promote positive gender norm formation and build empathy for changes experienced by the opposite sex. Grow and Know puberty books have been adapted by numerous organizations for use individually or as part of a wider set of materials in countries across Africa, Asia and South America.
Growing Up Great! / Bien Grandir!	Growing Up GREAT! uses a socio-ecological approach with an age-appropriate, gender transformative intervention package to provide in-school and out-of-school VYA girls and boys with accurate information about SRH and foster discussion about related social norms. For VYAs, a suite of materials provides information and prompts discussion about puberty, gender equality, healthy relationships, violence, and other related themes during weekly club sessions. For parents, group sessions featuring six testimonial videos foster discussion around non-violent parenting, equal sharing of household tasks, and girls' education. Other materials for teachers, health workers and community members complement the core toolkit materials. Growing Up GREAT was adapted from the GREAT Project toolkit and incorporates elements of Choices, Voices, Promises and GrowUp Smart, a sexuality education curriculum for VYAs. It was piloted in DRC in 2017-2018 under the Passages Project and is now being scaled up in Kinshasa.

SEXUAL EDUCATION PROGRAMS	OVERVIEW
Ishraq	Ishraq is a multi-level program that seeks to transform girls' lives by working directly with them, as well as with their communities and governments. Using a combination of tested intervention elements and new approaches, the program provides a structured learning experience for 12-15 year old out-of-school girls. Literacy and life skills curricula, along with creation of girl-friendly safe spaces, aims to foster self-awareness and build self-confidence; improve functional literacy, cognitive skills, reproductive health knowledge and attitudes, and awareness of their rights; and encourage continued schooling. Work at the community level seeks to shift gender norms, while advocacy with the government encourages girl-friendly measures and policies and builds a multi-layered platform for institutionalization. The project has scaled up since it was first introduced in Egypt in 2001 and now includes curriculum for out-of-school boys.
Keep It Real	Keep It Real is a sexuality education program with health services linkages that aims to equip in-school and out-of-school VYAs with age-appropriate knowledge and skills to make informed and healthy decisions about their sexuality. It was implemented in Ethiopia and Uganda from 2013-2015. The program includes several complementary elements at different levels. In primary schools, teachers are trained to deliver classroom-based co-curricular lessons and after-school club activities. Community groups led by trained peer educators and older youth simultaneously deliver activities to groups of out-of-school VYA in rural and urban areas. In Uganda, the program included a special focus on reaching urban street children through informal networks such as groups of boys who wash cars or shine shoes. Program participants were also linked to health services through accompanied visits to health centers and guided lessons given by health workers in schools and communities.
M4RH	The Mobile for Reproductive Health (m4RH) service is an interactive and on-demand text message platform that provides simple and accurate information on reproductive health to end users with mobile phones. The service was originally developed in 2009 and piloted in Kenya and Tanzania, but it has since been adopted and adapted by organizations around the world. In Rwanda, the Ministry of Health adapted the platform in 2013 through a collaborative process with local partners and adolescents, and with special considerations for reaching youth. Messages were expanded to include age-appropriate information on puberty, sex and pregnancy, HIV and sexually transmitted infections, and all content was translated into the local language of Kinyarwanda. The outcome of this partnership was a tailored version of the platform for young peoples' needs and a set of programmatic recommendations for reaching this age group, which includes VYAs.

SEXUAL EDUCATION PROGRAMS	OVERVIEW
REAL Fathers	REAL Fathers is a community-based mentoring approach that works with fathers to improve communication and parenting skills. It was originally designed to increase confidence, non-violent parenting and acceptance of non-traditional gender roles among young Ugandan fathers of 1-3 year olds. After an evaluation of the pilot revealed a sustained decrease in physical punishment and increased father-child interaction, the approach was adapted the approach for fathers of adolescent girls in Malawi. Local chiefs nominate men in the community to participate, and each participant then invites a respected peer or elder to act as their mentor. Over the course of six months, mentors facilitate four individual meetings with their mentee, as well as two couple sessions with mentees' wives and six group sessions with three other mentor-mentee pairs. These activities are complemented by print media – a series of publicly displayed posters related to intervention themes – meant to catalyse discussion.
The World Starts with Me **My World My Life**	The World Starts with Me is an evidence-based comprehensive sexuality education curriculum for both in-school and out-of-school adolescents 12-19 years old. In addition to providing accurate, age-appropriate information, the curriculum aim to help young people address sensitive issues around love, sexuality and relations, including body development, pregnancy, contraceptives, HIV and sexual abuse. The program has been implemented in 10 countries across Africa and Asia, with adaptations, including additional lessons on specific topics, to ensure it is adapted to the needs of adolescents in each culture and setting. My World My Life is an interactive, human rights-based comprehensive sexuality education developed from The World Starts From Me to meet the developmental needs of 9-14 year olds in primary schools. Through a series of learning sessions and activities, the program aims to support healthy sexual development and help VYAs make informed choices. The program has been implemented in 5 countries in sub-Saharan Africa. Research from Uganda indicates that the curriculum may improve sexual and reproductive health knowledge and self-efficacy among boys to delay first sexual intercourse.
YouthLIFE: Bridging the Digital Divide	YouthLIFE is a rights-based sexuality and life skills curriculum for VYAs implemented by the Centre for Catalyzing Change (C3) in India. The program aims to improve adolescents' knowledge and decision making around critical life choices that advance their reproductive health and rights via education, information sharing and new technologies. The project incorporates both classroom and computer learning, combining a self-paced, bilingual online learning package with simulative games and exercises meant to promote effective learning and preparedness with a resource website for teachers. Initial findings from the pilot suggest that the program increases VYAs' self-confidence and self-esteem and improve effective parent-child interaction.

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VERY YOUNG ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH AND GENDER PROGRAM DESIGN GUIDE

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