

*Research Commissioned by Christian Children's Fund for
The Joint Learning Initiative on Children and HIV/AIDS*

Child and Youth Participation in Programming for Children Affected by HIV/AIDS: A Review of the Evidence

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Glossary of Terms/Acronyms

ASRH	Adolescent Sexual and Reproductive Health
AYA	African Youth Alliance
BCN	Better Care Network
CCF	Christian Children's Fund
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSW	Commercial Sex Work/er
ES	Economic Strengthening
ESD	Extending Service Delivery (a project funded by USAID)
FGD	Focus Group Discussion
FHI	Family Health International
HBC	Home-based Care
IAWG	Interagency Working Group
ICRW	International Center for Research on Women
IDS	Institute of Development Studies
IPPF	International Planned Parenthood Federation
ISL	Internal Savings and Loan
IYWG	Interagency Youth Working Group
JAIP	Journal of the American Institute of Planners
JLICA	Joint Learning Initiative on Children and HIV/AIDS
MTSP	Medium Term Strategic Plan (UNICEF)
NAP	Nepal Adolescent Project
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PAC	Participatory Action Committee

PAHO	Pan American Health Organization
PLHA	People Living with HIV/AIDS
SARA	Support for Analysis and Research in Africa
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNF	United Nations Foundation
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YPE	Youth Peer Education
YRH	Youth Reproductive Health

I. Introduction

A. Review Rationale and Objectives

This review examines the recent literature for evaluations conducted on child and youth participation, particularly in programming for children affected by HIV/AIDS, and is the first of a three-phase study being commissioned by Christian Children's Fund (CCF) for the Joint Learning Initiative on Children and HIV/AIDS' (JLICA) Learning Group 2, which supports community and civil society responses. Through this research, JLICA aims to build evidence-based knowledge of how to effectively involve children and youth in community responses for children affected by HIV/AIDS from which to better inform the policies and practice of external organizations working in this arena.

The objective of this literature review is to identify existing frameworks for defining and evaluating child and youth involvement that may be applied in CCF research, as well as identify gaps in the evidence base.

Specific research questions the literature review will help to answer:

- What domains of impact have been defined in the scientific literature? Psychosocial, economic, social, etc.?
- What are the key gaps in evidence concerning child and youth participation in program design and implementation, including monitoring and evaluation, support of equitable gender involvement, and policy development/influence?
- What methodologies exist that can be used to monitor and measure the effect of participation over time?

By addressing these questions, this review was designed to orient subsequent phases of this study with CCF's/Kenya program within the context of existing evidence.

B. Background

1. Child and Youth Participation in AIDS Programming

Although child and youth participation projects have existed since at least the 1970's¹, the ratification of the Convention on the Rights of the Child (CRC) in 1989 undoubtedly added new momentum to the child participation movement. The treaty not only recognized the human rights of a child, but *the right to participate*, by which "children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life."² In order to align their work with this law, international organizations working on children's

¹ Ennew, J. "Preface." In *Stepping Forward: Children and young people's participation in the development process*. London: Intermediate Technology Publications, Ltd., 1998.

² UNICEF, Convention on the Rights of the Child, 1989.

issues became keen to understand how to involve children in their programs effectively. As a result, several international workshops and technical consultations with multiple collaborators were held on child and youth participation, i.e., by the Institute of Development Studies (IDS) in 1995 and in 1997, by WHO in 2002 and 2003, as well as by several other child and youth-focused international organizations such as UNICEF, Save the Children, Plan International, and Christian Children's Fund.

Add to this backdrop the release of a major report during the International AIDS Conference in Barcelona, Spain in 2002 that found an already grim global orphan crisis getting much worse as more and more adults with children die from AIDS, especially in sub-Saharan Africa. The report, *Children on the Brink 2002*, for the first time jointly published by USAID, UNAIDS, UNICEF, called for action at all levels to assist children, families and communities who are affected by the unprecedented emergency. "HIV/AIDS has created an orphans crisis," said Peter Piot, Executive Director of UNAIDS. "This unprecedented crisis will require radically scaled-up national, regional and community responses in the decades to come."³ At the conference, Peter Piot also stated, "We are working *with* young people, rather than *for* young people"⁴ reflecting the paradigm-shift from seeing youth as problems to seeing them as potentially contributing to the solutions.

2. Building on Past Research

In order to advance the child and youth participation agenda, this literature review will build on findings and recommendations from the USAID YouthNet-WHO Interagency consultations in 2002 and 2003. Important conclusions from these meetings are summarized and provided in this sub-section⁵.

The literature reviews conducted for these meetings included searches of various program areas that involve youth, i.e., community development, youth leadership and development, and youth sexual and reproductive health. They conclude that, although there are many programs that involve youth, very little systematic research or evaluation exists to indicate that youth participation results in measurable changes in reproductive health knowledge, attitudes or behaviors. Furthermore, they found that more of an evidence-base is needed for best practices^{6 7}.

³ USAID, Press Release: Joint Report Details Escalating Global Orphans Crisis Due to AIDS Number of Children Orphaned By AIDS Will Rise Dramatically, July 10, 2002.

⁴ Youth Participation Guide, YouthNet Project, Family Health International, USAID, 2005.

⁵ WHO/USAID/YouthNet, "Technical Note on the Second Workshop (International Consultation) on Measuring the Process and the Effects of Adolescent Participation in Programmes", Family Health International, Arlington, VA, November 19-21, 2003.

⁶ Sonti, S., Thapa, S. "Youth Participation in Reproductive Health and HIV/AIDS Programs. " Background paper presented at a WHO-sponsored meeting, HIV Prevention and Care Among Young People, Montreux, Switzerland, March 17-21, 2003.

⁷ Senderowitz, J., Youth Participation: Aspects and Effects. Summary of Major Findings. Background Paper submitted to Department of Child and Adolescent Health and Development, WHO, November 6, 2003.

During the last WHO International Interagency Consultation—co-sponsored by WHO/USAID/YouthNet—held November 19-21, 2003 at FHI's Arlington, Virginia offices, 42 representatives from 23 collaborating organizations –WHO, Hakielimu, Istanbul Bilgi University, Pathfinder International, Social Junction Consulting, International Institute of Child Rights and Development, Save the Children UK and US, Government of Jordan/Ministry of Education, CARE-USA and FHI/YouthNet, USAID, UNICEF HQ, CEE/CIS, & Mongolia, UNFPA/Eastern Europe & Africa Divisions, Advocates for Youth, IPPF, PATH, CARE-USA, Harvard Medical School, and PAHO⁸—and several independent experts, met for two and a half days to review the evidence on measuring the process and effects of youth participation to identify and build consensus on future evaluation and research questions around adolescent participation.

The groundwork for the consultation was laid by introducing key concepts for measuring youth participation, exploring how to measure the effects on achieving program objectives, the effects of this participation on individual adolescents, and sharing a rights-based contextual framework for planning, implementing, and assessing children's meaningful participation. This was followed by a presentation of the result of field tests of measures developed at a consultation in September 2002. The field tests were conducted in Bangladesh and Mongolia on two UNF-supported UNICEF-led projects. In addition, five other organizations—IPPF, Harvard Medical School, YouthNet, UNICEF, and Advocates for Youth—were invited to share their experience in measuring youth participation. Following these presentations, consultation participants were asked to identify the multiple levels of evidence and data that might be needed to measure the effects of youth participation, and how this might be done.⁹ The result was a set of recommendations on the measurement of the effects of youth participation, and a research agenda to advance work in this field.

The first main conclusion of the WHO/USAID/YouthNet consultation was that organizations need to assess organizational capacity and commitment to promoting youth participation in governance and decision-making, and develop policies, strategies, and guidelines to provide the necessary framework.

A second major conclusion of the meeting was that the process of youth participation needs to be monitored in all stages and activities of a program. Within each program stage, intervention-specific indicators need to be defined to capture the extent and quality of youth participation.

The extent or coverage would need to be measured in terms of:

- Number of youth involved in each activity
- Proportion of the youth participants of the total target population
- Characteristics of the youth participating (age, sex, etc.)

⁸ WHO/USAID/YouthNet, *Participant List* from the International Consultation on Measuring the Process and the Effects of Adolescent Participation in Programmes. Family Health International, Arlington, VA, November 19-21, 2003.

⁹ WHO/USAID/YouthNet, *Agenda* from the International Consultation on Measuring the Process and the Effects of Adolescent Participation in Programmes. Family Health International, Arlington, VA, November 19-21, 2003.

Quality of youth participation would include examining:

- Representativeness of the youth to the target population, identifying who is not participating
- Capacity assessment and necessary skill-building for youth to participate effectively
- Documentation of types of participation
 - Describe main activities, principal roles taken by young people
 - Continuity of process (ad-hoc or institutionalized practice)
 - Time span (one time event or ongoing process)
 - Types of responsibilities taken on by young people compared to adults

The following table describes the main types of activities that would involve youth during each stage of a program.

Stage of Programming Cycle	Activities Likely to Involve Young People
Design and Planning	Needs identification and assessment
	Collection and use of baseline data for program design
	Participatory research to inform program design
	Field testing of program materials
	Development of strategies, activities, projects
Management	Staff positions (volunteer or paid)
	Internships and apprenticeships
	Linkage activities with related youth services
	Network development among youth organizations
Implementation	Training of program implementers (e.g., service providers, peer educators)
	Peer education/counseling/promotion/distribution
	Media and education activities: - message development

Stage of Programming Cycle	Activities Likely to Involve Young People
	- materials and curricular development
	- spokespersons within established media
	- youth-initiated newsletters, magazines, radio shows
	Organization of events, fairs, celebrations
	Provision of counseling and other services in health facilities
Oversight/ Governance	Members of advisory board
	Members of board of directors
	Members of youth councils
Advocacy	Representation at meetings (from local all the way to international)
	Organization of local (to international) meetings on youth-relevant issues
	Giving testimonies before decision-making bodies
	Developing policy positions and statements
	Members of youth parliaments
Monitoring and Evaluation	Tracking the implementation of activities
	Monitoring the use of program (monitoring coverage)
	Design of questionnaires and other data-gathering instruments
	Input into the research design
	Collecting information/data
	Conducting analysis of data, reporting

A third major conclusion of the WHO/USAID/YouthNet consultation was that although the effects of youth participation have not been thoroughly studied, some evidence, primarily qualitative, has been documented on the major domains and measures of the effects of youth participation as shown in the following ch

Domains and Measures of the Effects of Youth Participation

<p>1. On Organizational Structure and Process</p> <p>1.1. Committed seats for youth on governing bodies</p> <p>1.2. Qualitative changes in organizational principles/perspectives/priorities in defining the youth programme agenda</p> <p>1.3. Increasing recognition of youth needs by implementing organizations</p> <p>1.4. Increased recognition of youth credibility and competence in playing a role in programming</p> <p>1.5. Increased capability of reaching youth through youth staff and volunteers</p> <p>1.6. Influence on funding decisions in support of youth programmes, both private and public sector</p> <p>1.7. Demonstrated youth-led models adopted by other groups, entities</p>	<p>2. On the Community/Environment</p> <p>2.1 Improved adult-youth interactions (parents, teachers, other important adults)</p> <p>2.2 Engagement of established community institutions (e.g., churches, local government, etc) as partners in youth programming</p> <p>2.3. Change in attitudes of community leaders toward youth credibility and competence</p> <p>2.4 Change in attitudes in community norms (general adult perceptions) of youth credibility and competence</p> <p>2.5 Shift in gender norms through observed competencies of young women participating</p> <p>2.6 Passage of national youth policies and laws</p>	<p>3. On Individual Adolescents</p> <p>3.1 Increased self-esteem, self-efficacy, stronger ego-identity status, emotional learning, perception of responsibility towards others, altruism</p> <p>3.2 Increased healthy behaviours - exercise, nutrition</p> <p>3.3 Increased connection to peers, parents, teachers/school, other adults in community; development of prosocial norms, increased teamwork skills</p> <p>3.4 Increased academic achievement, educational expectancy</p> <p>3.5 Decreased alcohol and marijuana use</p> <p>3.6 Decreased depressive symptoms, emotional distress, suicidal behaviour, engaging in violent behaviour</p> <p>3.7 Decreased unplanned pregnancies</p> <p>3.8 Lower rates of criminal arrest, vandalism</p> <p>3.9 Increased participation in other civic activities/community involvement, increased political participation</p>	<p>4. On Programme Effectiveness i.e., achievement of stated objectives</p> <p>Improved programme outcomes as a result of youth-designed, youth-managed, or youth-implemented activities.</p> <p>There was almost no evidence found of these effects, but <i>the hypotheses</i> are:</p> <p>a) Youth participation will improve programme outcomes</p> <p>b) More youth participation (and more representative youth participation) will have stronger effects on programme outcomes</p>
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Additional Considerations for Measuring Effects

On individual adolescents

The strength of the associations varies and often, they are quite weak though statistically significant. The literature also makes a clear distinction (and the results support it) between participating in structured and in un-structured activities. Structured activities were either connected to school (e.g., sports, other after-school activities), were community-based youth groups (e.g., scouts), or were community-based civic service, volunteering, or similar. Structured activities are characterised by having an adult leader and a regular schedule and meetings. The positive effects enumerated above are associated with structured activities. Studies that compared structured and un-structured activities found that unstructured activities can actually contribute to negative effects. Un-structured activities were those that were not regularly scheduled or supervised, such as taking part in leisure activities in a community youth centre.

A number of studies also noted that participating in community or civil-service oriented activities was associated with better outcomes than participating in school-based extracurricular activities only. Within school-based activities, the highest levels of extracurricular participation were associated with a decline in academic performance. It is also noted that participation interpreted merely as "service provision" is not effective (i.e., young people who are employed or volunteer to do a particular task). Instead, participation should be combined with gaining knowledge and personal and social skill development for the young people involved.

On program effectiveness

Anecdotal evidence does suggest that youth-designed, youth-managed or youth implemented activities have an increased success in recruiting young participants, and in reaching target audiences, and that they may have increased success in improving knowledge, attitudes, intent and practices of youth target audiences.

In the area of peer education a few comparisons have been conducted between interventions employing adult and youth educators/counsellors. The results of these comparisons are not consistent, but some of them have found that youth-led activities achieved better results compared to the adults.

The review of these effects concludes that new indicators/measures in fact do not need to be developed to gather this evidence. Instead, what is needed is a methodology to attribute the role of youth participation in any given programme to the changes in the programme's desired objectives.

The fourth and final conclusion was a set of recommendations on research to build the evidence-base on youth participation.

1. Design of studies to gather missing evidence of (measuring) effects on young people and adults, building upon the available evidence (described in the domains and effects chart above).
2. Design studies to assess the effect of participation on achievement of programme objectives
3. Proposed means of obtaining the missing evidence:
 - 3.1. Literature review of available evidence focusing on developing countries
 - 3.2. Case studies of tracking the process of participation in a programme (through entire programming cycle - from assessment and design, to evaluation and re-design)
 - 3.3. Compare the effects of adolescent-led and adult-led (or designed) initiatives on selected outcomes
 - 3.4. Design/look for longitudinal studies to assess the long-term effect of participation (both positive and negative)
 - 3.5. Design/look for controlled comparisons (possibility of emphasising youth participation in one project area/programme, and not another)
 - 3.6. Use of available secondary data (e.g., DHS, school records, etc) to correlate with participation

As discussed earlier, these conclusions from the 2003 WHO Interagency Consultation will be used as the launching point for this review.

The next section lays out the methodology used in the conducting this literature search after which key terms are defined to build a common understanding for this review.

C. Review Methodology

An extensive literature search was undertaken for this review for documents, which included searches on the internet and databases (Google, Google Scholar, Interagency Youth Working Group) of organizations which have worked in child and youth participation, and programming for children affected by HIV/AIDS. The search concentrated on identifying documents written since the final WHO consultation held in November 2003 until July 2007.

Networks of professionals working in related fields were also asked to contribute published and unpublished documents, including JLICA, the Core Group, the Interagency Working Group on Community Involvement in Reproductive Health (RH) and HIV/AIDS (IAWG), which includes representatives from Advocates for Youth, CARE, ESD Project, ICRW, Pathfinder, Save the Children, UNFPA, past YouthNet Project staff, and WHO; and known experts in child and youth participation, OVC, and girls' programming at CARE, Better Care Network (BCN), CCF, EQUIP3 Project, Save the Children, UNICEF, USAID, and WHO.

Key terms used for the internet search included:

- *Child involvement/participation*
- *Youth involvement/participation*
- *Child involvement/participation in AIDS programming*
- *Child involvement/participation in OVC programming*
- *Youth involvement/participation in AIDS programming*
- *Youth involvement/participation in OVC programming*
- *Evaluation child and youth participation programs*
- *Evaluation child participation programs*
- *Evaluation youth participation programs*
- *Evaluation child participation in AIDS programming*
- *Evaluation child participation in OVC programming*
- *Evaluation youth participation in AIDS programming*
- *Evaluation youth participation in OVC programming*

Key terms used in database/article searches:

- *Child OR Youth AND involvement OR participation*
- *Evaluation OR Indicators OR Measures*

The search resulted in 125 documents. Significantly, two third were located through outreach and follow up with colleagues and referrals clearly reflecting the limited published literature available on the impact of child and youth participation.

A great proportion of documents were found to be organization-specific in nature, i.e., progress reports, guidelines, and frameworks, for including children and youth in their work practically. For example, there are guidelines on how to engage youth in income generation, educational programming, program evaluation, participatory assessments in reproductive health and HIV/AIDS programming, to name a few. A significant number of papers were conceptual thought pieces produced by organizations that are still working through how to incorporate child participation in their missions and strategies. The rest of the literature contained descriptions of programs, case studies, and “lessons learned”, “promising practices”, and “best

practices” from different organizational perspectives.

This review focuses on identifying interventions that are based in developing countries that are child or youth-focused, have a child or youth involvement component, and have been evaluated and reported on since 2003. Six interventions were found that meet these criteria and are presented in Section III. It is important to note that more studies might exist that may have been included if there were more time for this review.

Before examining the evidence, terms and concepts central to this review are discussed in the next section.

II. Key Terms and Concepts in Child and Youth Participation

A. Terminology

The terminology related to child and youth participation varies widely due to the different ways in which different cultures define the maturation process of an individual. Here are some of the definitions used by different international organizations:

Child	<u>The Convention for the Rights of the Child</u> : Defines a “child” as below 18 years of age, unless the laws of a particular country set the legal age for adulthood younger. ¹⁰
Adolescent	<u>World Health Organization</u> : Defines an “adolescent” as between the ages of 10 to 19.
OVC	<u>The President’s Emergency Plan for AIDS Relief</u> : Defines such a child as 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS. ¹¹
Young Person	<u>YouthNet/USAID</u> : Defines a “young person” as people between the ages of 10 and 24 years. ¹²
Youth	<u>World Health Organization</u> : Defines “youth” as people between 15 and 24 years of age, depending on the country context.

For researchers, clarity and consistency in the use of age categories is important to allow tracking and comparison of experience of age cohorts over time and between different locations, i.e., villages, towns, districts, provinces, or countries. Specifying age ranges is also important for addressing other issues that require age-specific approaches, i.e., health, livelihood, psychosocial, educational, and community support.

Given this variation in age-related terminology, this review will use the term child to refer to people ages 1 to 9, and the terms young people, youth, and adolescents interchangeably to refer to people 10 to 24 years of age, unless specified otherwise.

¹⁰ UNICEF, Article 1: CRC, 1989.

¹¹ The President’s Emergency Plan for AIDS Relief, Office of the U.S. Global AIDS Coordinator, Orphans and Other Vulnerable Children, Programming Guidance for United States Government In-Country Staff and Implementing Partners, July 2006.

¹² YouthNet Project, Youth Participation Guide, Family Health International, USAID, 2005.

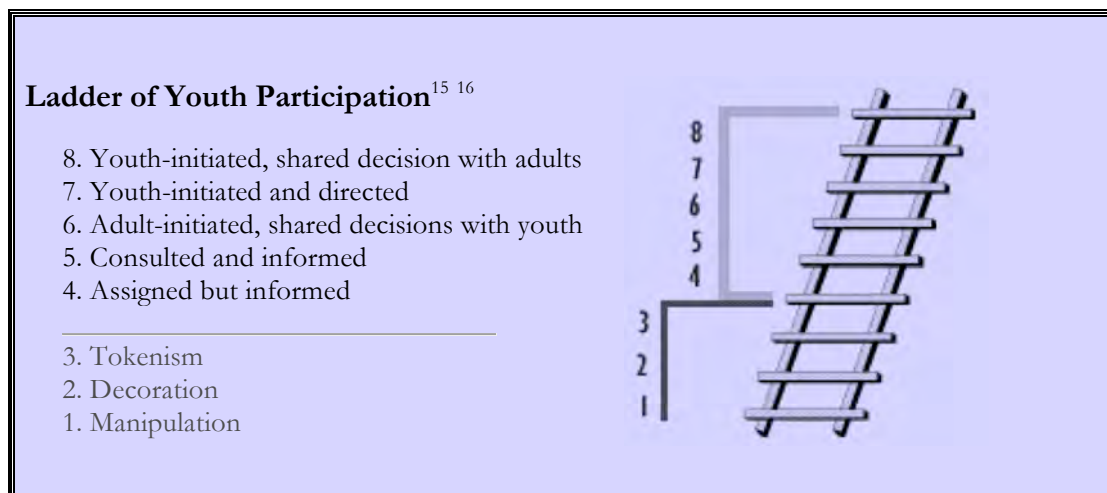
B. What is child or youth “participation”?

This section is focused on developing a common understanding of child or youth “participation”, key terms to be used in this review. In this paper, the terms “involvement” and “participation” will be used interchangeably. There are many different concepts considered in the literature that relate to an individual child or young person’s capacity to participate, i.e., child development, protection, etc. To be clear, these are beyond the scope of this discussion.

One oft-quoted typology of children’s participation is Roger Hart’s adaptation of Sherry Arnstein’s ladder of citizen participation¹³ in the figure below. Arnstein’s ladder is said to have been viewed as a deliberately provocative typology of citizen involvement when it was introduced in 1969. The ladder has been subsequently adapted by Roger Hart and Andrea Cornwall to develop frameworks of empowerment¹⁴, not an unrelated concept.

At bottom of the ladder are three types of involvement, which are non-participatory, and therefore undesirable, i.e., manipulation, decoration, and tokenism.

Starting with the fourth rung of Hart’s ladder, youth involvement is minimally participatory. Each of the levels of participation that follow are consultative, and then shared. The final two levels of participation are where youth initiate and direct more of their involvement in partnership with adults with whom they work.



¹³ Arnstein, S. A Ladder of Citizen Participation, JAIP, Vol. 35, No. 4, July 1969, pp. 216-224.

¹⁴ Pridmore, P. "Appendix 2." In *Stepping Forward: Children and young people's participation in the development process*. London: Intermediate Technology Publications, Ltd., 1998.

¹⁵ Adapted from http://www.mcs.bc.ca/ya_ladd.htm

¹⁶ Adapted from “Background Handouts” in Youth Participation Guide, YouthNet Project, Family Health International, USAID, 2005.

The top two levels of participation have been some of the most challenging to interpret, and to put into practice, and there has been much debate about how to achieve this in practice.

One model that aims to work at the top levels of participation and is based on youth-adult partnership principles was developed in the US in the mid-1980s for the youth development field is *Youth as Resources*, and was implemented in over 70 communities across the country by 2001¹⁷. The struggle for balance in youth-adult partnership was quite real and regularly addressed by program participants through its training and governance components, which include youth-adult team building. Working with youth at the top levels required a commitment from the top leadership to create and maintain an organizational culture that fosters that level of youth participation.

Organizations such as UNICEF clearly view youth participation as a right in itself, thus regard it as an “end”; others are interested in achieving a better result than traditionally adult-designed programs, therefore regarding participation as a “means” of achieving better program results; and some are doing so for both reasons. Regardless of the rationale, organizations continue to struggle with putting child and youth participation into practice.

This review of the literature found a significant number of NGOs are challenged to create programs using rights-based approaches, are not sure they agree with this as the principle reason to involve children and young people in their programs, and believe that some of the cultures in which they are trying to work may not be amenable to use of this approach.

Others are more focused on the individual developmental needs of young children over the social contexts in which they live; a mistake according to Roger Hart, who almost a decade ago reluctantly identified this issue, believed some are inappropriately exporting North American and European developmental psychology theories to vastly different social contexts.¹⁸ Young people in the West, for example, more commonly have faced alienation from their families and communities, which does not seem to be the case in other countries.

The number of meetings held in the last couple decades on child and youth participation is an indication of the challenges encountered in defining and operationalizing this concept. However, practitioners in this field should take heart and note that even the standards in the Convention on the Rights of the Child took over 10 years to be negotiated by governments, non-governmental organizations, human rights advocates, lawyers, health specialists, social workers, educators, child development experts and religious leaders from all over the world.¹⁹

¹⁷ Vatsia, U., “Lessons Learned of a Practitioner of Youth Participation.” Background paper presented at a *Meeting on the Future of Youth Involvement*, YouthNet/FHI and USAID, December 3, 2002.

¹⁸ Hart, R. “The developing capacities of children to participate.” In *Stepping Forward: Children and young people's participation in the development process*. London: Intermediate Technology Publications, Ltd., 1998.

¹⁹ UNICEF, Convention of the Rights of the Child, UNICEF Web site.

III. The Evidence-base on Child and Youth Involvement

Based on this review, there are many more organizations involving youth in their programs than ever before. The good news is that there are a handful of programs that have been evaluated since the 2003 WHO/USAID/YouthNet International Consultation in the following program areas:

- Two were for OVC programs, one in home-based care, and the other in economic strengthening.
- Three were in adolescent reproductive health and/or HIV programs.
- One examined youth participation in multiple program areas in a region.

A. Summary of Evaluation Research

Program Area	Country, Year	Study design	Principal Investigator	Key Words (Areas of Youth Involvement)	Effect domains studied ²⁰	Evaluation Results
OVC/HBC	Zambia, 2000-2003	Operations research Quasi-experimental intervention <i>Young people ages 13-25</i>	Horizons Project	<ul style="list-style-type: none"> • Youth educators • Youth club management • Youth caregivers 	<ul style="list-style-type: none"> • Program effectiveness • Community/environment • Youth 	<ul style="list-style-type: none"> • Strong positive impacts, additional work planned

²⁰ See Section I of this report to refer to the “Domains and Measures of the Effects of Youth Participation” identified at the 2003 WHO/USAID/YouthNet International Consultation.

Program Area	Country, Year	Study design	Principal Investigator	Key Words (Areas of Youth Involvement)	Effect domains studied ²⁰	Evaluation Results
OVC/ES	Zimbabwe, 2003-2005	Evaluation study – Qualitative & Quantitative <i>Ages of participating children & youth unspecified</i>	CRS	<ul style="list-style-type: none"> Youth Internal Savings & Loan group members Assist parents as members – recordkeeping, deciding on loan amounts & usage, stand in when parent is absent 	<ul style="list-style-type: none"> Program effectiveness 	<ul style="list-style-type: none"> Positive impacts, additional work will to be explored
ASRH	Nepal, 1998-2003	Quasi-experimental intervention <i>Youth aged 14 to 21, and 18-25</i>	ICRW	<ul style="list-style-type: none"> Youth participation in decision-making with community adults in Participatory Action Committees (PAC) Youth peer educators Youth coordinated, organized, and led social and development activities 	<ul style="list-style-type: none"> Program effectiveness 	<ul style="list-style-type: none"> Generally more positive in control sites, substantially in contextual factor impacting YRH, capacity building, empowerment, and sustainability.

Program Area	Country, Year	Study design	Principal Investigator	Key Words (Areas of Youth Involvement)	Effect domains studied ²⁰	Evaluation Results
YRH/HIV – Peer Education	Zambia & DR, 2003-2005	Two-phase process and impact study <i>Youth aged 14 to 24</i>	YouthNet/FHI	<ul style="list-style-type: none"> • Youth peer educators 	<ul style="list-style-type: none"> • Program effectiveness • Community/environment 	<ul style="list-style-type: none"> • Positive when programs are well managed, especially with higher risk youth seeking services.
YRH/HIV	Botswana, Ghana, Tanzania, Uganda, 2005-2006	Impact evaluation study <i>Youth aged 17 to 22</i>	JSI	<ul style="list-style-type: none"> • Youth as advisors • Youth as implementing partner leaders • Youth as spokespeople • Youth as implementer • Youth as evaluators 	<ul style="list-style-type: none"> • Program effectiveness 	<ul style="list-style-type: none"> • Strong positive effects, more so on females than males, especially in partner reduction, and condom and contraceptive use. • More impact on behavior than antecedents. • Less impact on sexual debut and abstinence.

Program Area	Country, Year	Study design	Principal Investigator	Key Words (Areas of Youth Involvement)	Effect domains studied ²⁰	Evaluation Results
Across Programs	Albania, Belarus, Georgia, Moldova TFYR of Macedonia, 2004-2005	Formative evaluation <i>Children & youth ages 9-24</i>	UNICEF	<ul style="list-style-type: none"> • Youth participation in field research • Youth as research informants 	<ul style="list-style-type: none"> • Organizational process • Program effectiveness • Adolescents 	<ul style="list-style-type: none"> • Positive impacts on the youth efficacy and self-esteem, and overall policy making although not at highest levels. • Identified specific areas for improvement, including evaluation, building adult understanding of participatory processes for more effective youth participation. • Many more process results reported.

Reference the Appendix for a detailed list of the measures used in each of the six research studies in this review.

B. Evaluated Child and Youth Participation Projects in Literature Reviewed, 2003 – 2007

Involving Young People in Care and Support Programs for PLHAs & OVC

Zambia Horizons Program Operations Research Study

The Horizons Program in Zambia studied the involvement of young people in the care and support of people living with HIV/AIDS for Population Council in collaboration with CARE/Zambia and Family Health Trust²¹ from 2000-2003. This quasi-experimental intervention study was undertaken to examine the potential of trained members of anti-AIDS clubs to contribute to care, support, and stigma-reduction activities, and to determine the impact of their involvement in these activities on their HIV-related beliefs and behaviors – the first and only study to look at this correlation at the time of this literature review. Participating youth belonged to school and community anti-AIDS clubs. All schools in Zambia, primary through secondary levels, are required to form anti-AIDS clubs to give students the opportunity to be involved in HIV prevention related activities. Community anti-AIDS clubs represent a more diverse youth and address a broader range of social needs, including income generation. Club members serve as role models and peer educators in both school and community settings, and include youth who are orphaned or living in households possibly affected by HIV/AIDS. Clubs are led by adult patrons or matrons, who may be teachers, community leaders, or clinic officers. Both school and community-based clubs conduct recreational and HIV/AIDS activities, including football and netball games, drama, “red ribbon” HIV awareness campaigns, and distribution of information and condoms. The study was conducted in semi-urban and rural communities in two provinces of northern Zambia located 1,000 km from Lusaka, which tested the feasibility and effectiveness of extending the role of club members from being HIV/AIDS prevention educators to caregivers. Thirty clubs in two districts served as intervention sites, and an equal number of clubs in two districts of another province served as comparison sites. Members, patrons and matrons for intervention and comparison sites received training in HIV/AIDS prevention and club management. Intervention clubs received additional training and materials for support for caring for PLHA and OVC, with an added emphasis on how to network with existing resources and services, i.e., NGOs, OVC programs clinics, and home-based care teams.

The study found trained youth are able to meet a range of client and OVC needs to the satisfaction of their clients, and that their efforts may be laying the foundation for decreasing isolation and stigmatization of AIDS-affected families. Findings suggest this to be one way youth can be empowered to confront the realities of HIV in their own lives and their communities, and to address the barriers created by stigma, while also serving as a resource to PLHAs in their communities. Follow-up included an 18-month program to mobilize local resources and promote local management with the goal of complete community ownership to sustain youth involvement in care and support activities.

²¹ Esu-Williams, E., Schenk, K., Motsepe, J., Geibel, S., Zulu, A., Involving Young People in the Care and Support of People Living with HIV and AIDS in Zambia, Horizons/Population Council in collaboration with Care/Zambia Family Health Trust, May 2004.

STRIVE Project - Internal Savings & Loans Program for OVC, CRS/Zimbabwe, USAID SARA Project, Academy for Educational Development²²

STRIVE is a project that seeks to establish proven models to assist orphans and vulnerable children by providing “support to replicable, innovative village/community-level efforts”. This economic strengthening program was piloted from CARE model and with its technical support from 2003-2005. The model involves the mobilization of community members into groups for the purpose of developing a self-managed savings and loan fund. Members agree to save a specific amount on a monthly basis, then loan the funds back to group members, who repay with interest. Groups are monitored more at first, and less as their capacity is built to manage it themselves. Some out of school youth are found to assist their parents by recording transactions, deciding on loan amount and usage, and standing in for parents/guardians who cannot attend an ISL group meeting. A small number of child-only groups were piloted as a part of this program, although members were trained by adults from other groups and not directly by program trainers. The research was conducted using quantitative and qualitative techniques to collect information from various stakeholders – partner institutions, IS&L members (including, in some cases, orphans and vulnerable children), non-members, key informants at the community level, CARE Zimbabwe and CRS/ZW. Key project documents and partner reports were reviewed as part of a desk research process. A stratified random sample of 155 individual IS&L members were interviewed in addition to interviews with 20 orphans or other vulnerable children. The evaluators also interviewed 42 individuals not involved in IS&L activities. In addition, baseline information could not be retrieved fully due to difficulties in accessing historical files containing such data. This limitation was overcome to some extent by including questions that gathered ‘baseline’ data in the quantitative instrument.

This evaluation indicates positive social and economic impact on OVC as well as the household and community, although it recommended closer monitoring for longer period of time to reduce members from attrition. The project was found to have increased capacity of parents and guardians to provide food, adequate household assets, meet medical expense for the sick, school-related expenses for children, including OVC. Their reliance on donations is reduced, and community leaders report less social ill, i.e., gossip, witchcraft, idleness, CSW. It also reveals positive impacts of the child-only ISL group pilot, and recommends expanding the program to include more children with direct training for them. The model was recommended for scale up.

²² Sibanda, T. Evaluation Study Report Of the Internal Savings & Loans Program for OVC, CRS/Zimbabwe, September 2005.

Involving Young People in Adolescent Reproductive Health

Nepal Adolescent Project (NAP) Research Study, ICRW, EngenderHealth^{23 24}

From 1998-2003, a landmark intervention study was conducted on the role of participation in youth reproductive health. ICRW and NAP first developed a model of participatory public health intervention and evaluation intended to define and address youth reproductive health (YRH) concerns, and then rigorously tested this approach through a quasi-experimental study at four sites. Two study sites, one rural and one urban, used a participatory approach for research, intervention, monitoring, and evaluation, while two control sites used more traditional reproductive health research and interventions. NAP's goals were to (a) improve youth reproductive health outcomes on indicators such as knowledge of pregnancy, STDs, HIV prevention, and other adolescent changes and problems and access to contraceptive, HIV, maternal care, and basic reproductive health services; and (b) empower youth and adults to change social norms and values on early marriage and childbearing, lack of mobility and voice for girls, and lack of opportunity and options for young women and men. Study and control sites differed in both how the program was implemented and what elements it included. The study site's intervention design and implementation were more comprehensive, inclusive, and interactive, with an emphasis on building community ownership and involvement. This was achieved through several mechanisms and structures, such as advisory groups, coordination teams, and consultative committees that engaged youth and adult community members. ICRW and partners used an action-planning process to design interventions, with communities receiving and analyzing needs assessment data and developing task forces to prioritize and design feasible interventions. Implementation structures were inclusive, facilitating adult and youth authority and decision-making. Control sites lacked these mechanisms.

The evaluation revealed that participatory approaches did indeed yield positive results, although only marginally so for basic YRH indicators, it had substantially more positive results in influencing the contextual factors (i.e. social norms and attitudes toward marriage and childbearing, education and safe spaces for girls) that influence YRH, as well as on capacity building, empowerment, and sustainability.

²³ Mathur, S., Mehta, M., Malhotra, A., Youth Reproductive Health in Nepal: Is Participation the Answer? EngenderHealth and ICRW, January 2004.

²⁴ <http://www.gse.harvard.edu/hfrp/eval/issue31/pp5.html>

Involving Youth in Youth Reproductive Health (YRH) and HIV/AIDS Programs

Peer Education Research Study, YouthNet/FHI, USAID, Central Board of Health Zambia, national organizations^{25 26}

This groundbreaking study of peer education programs in Zambia and the Dominican Republic (DR) was conducted 2003-2005. There were two major objectives of this study. The first objective was to identify core elements of programs through an examination of both quantitative data, i.e., program activities, costs, and outputs, and qualitative data gathered through 70 interviews and 21 focus group discussions (FGD). These programs focused on issues such as HIV/AIDS, sexually transmitted infections (STIs), sexual and reproductive health and rights - and the promotion of youth-friendly services and strategies to address these issues. The second objective of this study was to develop frameworks and tools (e.g., checklists) to assess YPE effectiveness and sustainability based on the core elements identified. The study was conducted in two phases. *Phase 1* was a descriptive, process evaluation conducted in Zambia and DR, where data was collected over 18 months. *Phase 2* examined program inputs and program outputs for five youth peer education (YPE) programs in Zambia. YPE program components included peer educator selection, targeted vulnerable (high HIV incidence catchment areas) youth in out of school settings (ages 14 to 24), and included peer educator training and supervision, program management, data collection, and community involvement.

Conclusions based on this extensive study are that YPE: 1) has high exposure among youth; 2) exposure was associated with some specific risk reduction behaviors (e.g., condom use), 3) exposure is associated with highly vulnerable youth seeking health services; 4) exposure and effectiveness vary greatly depending on program quality; and 5) is an effective method if programs utilize quality standards, i.e., technical frameworks developed as a result of the first phase of this study, and promote cooperation at both program and community levels.²⁷

African Youth Alliance – UNFPA, PATH, Pathfinder International^{28 29}, Botswana, Ghana, Tanzania, Uganda, 2000-2005.

The goal of the African Youth Alliance (AYA), a five-year project (2000-2005) was to improve adolescent sexual and reproductive health, including HIV/AIDS among young people aged 10-24.

²⁵ Svenson, G., Burke, H., Formative Research on Youth Peer Education Program Productivity and Sustainability, Youth Research Working Paper No. 3, YouthNet Project/FHI, USAID, 2005.

²⁶ Republic of Zambia, Zambia Sexual Behavior Survey 2005, Central Statistical Office, Ministry of Health, Measure Evaluation, Family Health International/USAID, March 2006.

²⁷ Svenson, G., The Effectiveness of Youth Peer Education Programs, YouthNet End of Project Meeting Presentation, Washington, DC, September 19, 2006.

²⁸ Williams, T., Results of an Impact Evaluation of the African Youth Alliance (AYA) in Ghana, Tanzania and Uganda, IYWG Meeting Presentation, Washington, DC, May 7, 2007.

²⁹ African Youth Alliance Web site.

It was implemented in four program countries—Botswana, Ghana, Tanzania, and Uganda—in partnership with governments and in collaboration with NGOs, CBOs, key stakeholders and influential sectors such as parents, religious leaders, youth, the media, and policy makers. Major strategies included policy and advocacy, behavior change communication, youth-friendly services, livelihood development programs, coordination and dissemination, and institutional capacity building. Crosscutting objectives integrated across project interventions were partnership, youth participation, gender and sexuality, sustainability, and scaling up. Since youth participation is one of AYA's crosscutting themes, a concerted effort was made to involve youth in all aspects of the program. An impact evaluation of this project was conducted by JSI from 2005 to 2006, which was a post-test only design that combined intervention-control, and self-reported exposure approaches. The evaluation objective was to determine whether exposure to AYA-supported integrated programs resulted in improved ASRH behavioral outcomes among young people aged 17-22 in areas where AYA concentrated their efforts. The methodology used triangulation—results were confirmed by multiple analysis approaches for most variables, conservative by design to reduce the chance of “false-positive” results, and discussed case-by-case (e.g., interpretation of high initial frequencies, size of impact, etc.) to enable accurate interpretation.

Results of the evaluation study from all countries showed strong evidence of significant positive treatment effects of AYA on several variables. Conclusions about antecedents were a positive impact on “spontaneous” HIV/AIDS knowledge in all countries, a positive impact on attitudes toward condom users in Tanzania, and a positive impact on some self-efficacy variables in all countries. Conclusions regarding behavioral outcomes were: 1) surprisingly, more impact on behaviors than on antecedents; 2) strong positive impact on females for partner reduction, condom use, and contraceptive use; 3) positive impact on males in Tanzania (condom/contraceptive use at first sex; consistent condom use), elsewhere no positive impact on males; 4) less impact on delay of sexual debut and abstinence - issues: age range of respondents, short time of interventions, high starting values, and life cycle issues. Finally, there is a need to consider variables case by case (e.g., interpretation of high initial frequencies, size of impact, etc.) to enable accurate interpretation.

Youth Involvement in Multi-sectoral Programs in One Region

*UNICEF Evaluation of Young People's Participation in the CEE/CIS and the Baltics Region*³⁰

A formative evaluation was commissioned by UNICEF CEE/CIS and the Baltics (2004-2005) to provide evidence of the extent to which its current work promotes young people's participation systematically in all aspects of its programming. The 10 strategic approaches where this research examined youth participation were: 1) building skills of young people to claim their rights; 2) youth parliaments, youth forums; 3) youth information/resource centers; 4) multi-sector forums encouraging interaction between young people, civil society and government; 5) facilitating public debate on young people's rights; 6) strengthening the national legal framework; 7) promoting young people's participation in national planning and government structures; 8) National Plan of Action for children; 9) peer education and outreach; and 10) participatory action research. The evaluation included a comprehensive questionnaire for Country Offices, piloted in the Republic of Moldova and Azerbaijan, and participatory field research with young people in five countries: Albania, Belarus, Georgia, Moldova, and TFYR of Macedonia. At the beginning of the process, the methodology was outlined in an evaluation protocol prepared by the Regional Office. The field research was conducted by young people (including 58 young researchers overall and 1,970 young informants) under the guidance of a Principal Researcher in each country. Different methods, including questionnaires, interviews, focus groups, impact drawings, testimonials, card visualization, smiley-face scales, force field analysis and social mapping were used to collect quantitative and qualitative data in a youth-friendly manner. These methods are described in a tool kit, *Useful Tools for Engaging Young People in Participatory Evaluation*, which was developed especially for this evaluation.

There were several key findings of this evaluation. One was that The *Young Voices* Opinion Poll, commissioned by UNICEF in late 2000 and early 2001 was considered to be a useful way to make young people's voices heard. The poll became a reference source for designing Country Programs and youth-managed projects and activities, and was used by young people themselves to justify project proposals, to prepare advocacy campaigns, to develop peer education, and in training sessions on healthy lifestyles and life skills.

The second major finding of this evaluation is that young people's participation is making gains in the CEE/CIS and the Baltics Region. Strengthening young people's voices and promoting their influence in the policy and legislative arena is a new undertaking in the region. Even so, the evaluation demonstrated that, with the right support and opportunities, in some countries young people are directly influencing national and local policies and approaches, especially those related to HIV/AIDS, the right to quality education, and access to quality health services. One of the most important findings of the evaluation was the striking gender bias in the sample of young informants. This has profound implications for programming, especially when addressing HIV/AIDS, for which

³⁰ UNICEF, *Young People's Participation in the CEE/CIS and the Baltics Region: A formative evaluation*, UNICEF, Geneva, 2005.

the primary determinant of infection in the region is injecting drug use behavior, and where the prevalence among young men is higher than young women.

The evaluation found a wide variety of entry points in use for engaging young people. Among them, the most effective were judged to be: “multi-sector” forums (i.e., bringing youth groups together with government and NGOs); media channels; and peer-to-peer approaches – all of which provide good prospects for strengthening young people’s voices in decision-making. The influence of young people’s participation on the legal and policy environment remains modest in most countries. A key finding is that marginalized young people in some countries and settings are being heard. A critical lesson is that for young people’s voices to be taken seriously, it is essential that adult decision makers are able to appreciate, understand and engage in participatory approaches with them.

The third major finding of this evaluation is that with young people’s participation in UNICEF processes, programs were more innovative and more successfully implemented. Most of the Country Offices participating in the study engaged young people, to varying degrees, in situation analyses, Country Program design and implementation. COs consider this to be very important to the relevance and effectiveness of their programs. Reporting and evaluation, however remains an underdeveloped participation entry point. The evaluation found that a number of factors must be in place to effectively promote the participation of young people: commitment to genuine, as opposed to adult-directed participation; a supportive environment, including political commitment; resources to build young people’s capacity; and the support of the media. To realize these factors, effective strategies are required to address adult stereotypes regarding young people, cultures and traditions that make promoting real participation a challenge and, in some countries, a constrained national context or tokenistic approaches to participation, are all elements that should be taken into account in the design and implementation of programs to foster young people’s participation. The evaluation highlights the strong desire and potential among young people to participate, which constitute a powerful opportunity for further developing youth participation.

C. Trends in Evaluation

The following are trends seen in the six evaluation studies included in this review:

- All of the studies involved youth, three focused on ages 14-24 and two included younger youth; none of the studies appear to have examined the participation of young children less than 9 years of age.
- All six evaluations examined the effects of youth participation by studying “program effectiveness”³¹, two studied the effects on “community/environment”, two studied the effects on “individual youth/adolescents”, and one studied the effects on “organizational process”.
- Three of the six studies were conducted over a period of two years; two of the six studies were conducted over three years; and one of the studies was conducted over a period of five years.
- Two of the six studies were quasi-experimental in design.
- Two of the six studies used comparison and control sites (Zambia and Nepal) where basic levels of service were provided; intervention sites provided expanded services.
- Only one of these six studies rigorously studied the impacts of youth participation in the care of children and PLHAs, i.e., the Horizons Zambia Operations Research.
- Most of the studies were conducted by teams of researchers from well-reputed institutions leading the process in each country; these evaluations were resource-intensive.
- Youth were capable of contributing to projects in a variety of roles, including evaluation, with appropriate capacity building, guidance, support from adults, and space “at the table”.
- Most of the evaluations examined for this review were long-term studies that required significant dedicated research teams that managed complex partnerships in each country in addition to designing, implementing, and documenting the results.
- It is clear that serious, useful evaluations for this field require dedicated resources, particularly since such few studies have been conducted for programming for children affected by HIV/AIDS.

³¹ See Section I of this report to refer to the “Domains and Measures of the Effects of Youth Participation” identified at the 2003 WHO/USAID/YouthNet International Consultation.

IV. Conclusions: Recommended Areas for Future Research

Based on this literature review and analysis of the evaluation studies identified, the following are recommendations for future research to fill key gaps in the evidence-base on child and youth participation, particularly in programs for children affected by HIV/AIDS:

1. Studies dedicated to examining programs for the very young to participate in programming, particularly in HIV/AIDS, should be commissioned.

Research on children's participation, i.e., below 9 years of age, appears to be non-existent. This area is admittedly fraught with challenges given the ethical dilemmas in conducting research with young people and children in this age-range; and if they might be orphaned is an added complicating factor to be addressed with research experts. However additional study is required to build evidence for programming for this age-range.

2. Additional research on youth participation in programs for children affected by HIV/AIDS should be commissioned.³²
3. Study the effects on "community/environment"³³, one of the domains defined by the 2003 WHO consultation, to measure the effects of child or youth participation in programming for children affected by HIV/AIDS.
4. Studies of interventions in the various areas of programming and support (psychosocial support, economic strengthening, education, health, etc.) are clearly needed, starting with literature reviews for each of them if they have not been conducted.
5. "Girls' participation" programs should be added as another area for potential research under youth participation.
6. "Male engagement" in programs should also be added as another sub-category of youth participation in future research.
7. Case study documentation that could feed into larger studies should be designed to maximize use of resources, and expedite the evidence-building for this field.
8. Costing information of evaluation studies should be collected and shared amongst organizations that plan to commission research to facilitate planning of future design adaptations.

³² Save the Children US and CRS informed the author of this review that they have ongoing and planned studies that could contribute to the evidence.

³³ See Section I of this report to refer to the "Domains and Measures of the Effects of Youth Participation" identified at the 2003 WHO Interagency Meeting.

- In order to better estimate the costs of conducting quality research, it would be useful to obtain the costing and more precise timelines that were required to plan and implement these studies, information not contained or clear in the documents reviewed.
9. Research should continue to be focused on studying programs in developing countries to be most relevant and transferable to such settings.
 10. The domains and measures outlined by the 2003 WHO/USAID/YouthNet International Consultation continue to be instructive and useful ways to collect and share information and should continue to be used.
 11. Projects should be encouraged to document the ages of the children and youth participating in each activity, in addition to the extent and quality of their participation in each of the interventions to facilitate evaluative studies.
 12. More studies should be designed with control comparisons, such as with and without child/youth participation.

The six evaluations identified through this review are a positive contribution to the field of youth participation. The literature contains more documentation of case studies of youth participation, many of which sound promising. However, much more systematic research of these interventions needs to be conducted using the domains identified in the WHO/USAID/YouthNet 2003 International Consultation to build an evidence-base from which “best practices” for child and youth participation in programming for children affected by HIV/AIDS may be developed.

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Appendix

Appendix: Measures Used in Evaluated Projects in Literature Reviewed, 2003 – 2007

Project, Organizations	Measures Used
Involving Young People in the Care and Support of People Living with HIV/AIDS, Horizons Program/ Population Council, CARE/Zambia, and Family Health Trust ³⁴	<p><u>Involvement in HIV Prevention Activities</u></p> <ul style="list-style-type: none"> • Reported involvement in prevention activities in last 3 months; • VCT attendance and referrals • Outreach activities – youth reporting they discussed HIV-related topics with non-members <p><u>Involvement in HIV Caregiving Activities</u></p> <ul style="list-style-type: none"> • Provided care during last 6 months • Mean number of clients and OVC cared for in last 3 months at round 2 • Reported comfort level with PLWHAs <p><u>Client needs</u></p> <ul style="list-style-type: none"> • Care and support services provided by Luapula youth at round 2 <p><u>Program responses</u></p> <ul style="list-style-type: none"> • Changes observed among clients (of those who observed change), i.e., more HIV status disclosure, more friendly, greater trust, request for more visits, introduced to other clients <p><u>Meeting OVC Needs</u></p> <ul style="list-style-type: none"> • Care and support services provided to OVC by trained youth caregivers at round 2 (of youth who said they provided services to OVC) <p><u>Perceptions of risk, vulnerability, and responsibility</u></p> <ul style="list-style-type: none"> • Percentage youth believing females more vulnerable to HIV • Perceived responsibility for spreading HIV, Luapula Province at follow-up • Perceived responsibility for providing a condom, among females in intervention area <p><u>Individual risk self-perception</u></p> <ul style="list-style-type: none"> • Perception of individual HIV risk among males in intervention area • Youth who believed they are not at risk of HIV infection <p><u>Risky Behaviors</u></p> <ul style="list-style-type: none"> • Peer pressure and exchange of gifts for sex <p><u>Reported sexual activity</u></p> <ul style="list-style-type: none"> • Reported sexual activity • Logistic regression odds ratios (OR) indicating probability of change in sexual activity between rounds, controlling for age <p><u>Number of partners</u></p> <ul style="list-style-type: none"> • Reported number of sexual partners during last 3 months, of youth who had sex during that time <p><u>Condom use</u></p> <ul style="list-style-type: none"> • Ever-use of condoms among youth who reported ever having had sex • Logistic regression OR indicating probability of change in condom use between rounds, controlling for age <p><u>Reported behavior change</u></p> <ul style="list-style-type: none"> • Reported behavior change, i.e., no change, didn't start sex, stopped all sex, started using condoms, restricted to one partner, reduced number of partners, asked partner to be faithful, other • Youth who reported that they asked partner to be faithful

³⁴ Esu-Williams, E., Schenk, K., Motsepe, J., Geibel, S., Zulu, A., Involving Young People in the Care and Support of People Living with HIV and AIDS in Zambia, Horizons/Population Council in collaboration with Care/Zambia Family Health Trust, May 2004.

Project, Organizations	Measures Used
STRIVE Project - Internal Savings & Loans Program for OVC, CRS/Zimbabwe, USAID SARA Project, Academy for Educational Development ³⁵	<p><i>Socio-economic effects of IS&L activities</i></p> <p>The impact of IS&L on the community – socially, economically and in mitigating the negative effects of HIV/AIDS – is evident, as measured using the following indicators:</p> <ul style="list-style-type: none"> • Change in number and types of assets owned, i.e., bought pots, plates, cups; livestock, i.e., goats, chicken and cattle. • Change in number and sources of income • Change in frequency of assistance³⁶ • Uses of income • Number and composition of meals • Attendance of children in schools • Benefits of participation in IS&L • HIV/AIDS mitigation
Nepal Adolescent Project (NAP) Research Study, ICRW, EngenderHealth ^{37 38}	<p>Although the largest proportion of interventions involved youth, they did also involve adults. Project recognizes that the lives of youth everywhere are integrally connected to and affected by adults, especially in cultures with strong age-based hierarchies such as Nepal.</p> <p><u>Tracking Intervention Activities:</u> Number and type of intervention activities: study and control sites</p> <p><u>Level of Participation:</u> Youth participant characteristics: study and control sites</p> <p><u>Quality of Participation:</u></p> <ol style="list-style-type: none"> 1. Valuable input and feedback – timing of interventions, etc. 2. Demand for accountability among youth and adults – ownership for project in study sites. 3. Demand for authority and resources. 4. Youth capacity and initiative – many came from disengaged, disenfranchised groups. 5. Parental support and recognition of youth capabilities. 6. Youth appreciation of adult involvement.

³⁵ Sibanda, T. Evaluation Study Report Of the Internal Savings & Loans Program for OVC, CRS/Zimbabwe, September 2005.

³⁶ Subsidies/handouts to individuals who cannot meet their needs from their own resources.

³⁷ Mathur, S., Mehta, M., Malhotra, A., Youth Reproductive Health in Nepal: Is Participation the Answer? EngenderHealth and ICRW, January 2004.

³⁸ <http://www.gse.harvard.edu/hfrp/eval/issue31/pp5.html>

Project, Organizations	Measures Used
<p>Peer Education Research Study, YouthNet/FHI, USAID, Central Board of Health Zambia, national organizations ^{39 40}</p>	<p><u>HIV/AIDS Prevention, reproductive health, and youth peer education</u> <i>Zambia survey questions:</i></p> <ul style="list-style-type: none"> • Percentage of respondents with experiences with peer education • Percent of respondents exposed to PE • Percentage of number of times respondents exposed to a peer education in the 6 months prior to the survey • Types of exposure to YPE in the last 6 months prior to survey – received materials, condoms, referral to a clinic or hospital, at a youth-friendly corner, performance, discussion groups, lecture/workshop, counseling, home visits, one to one discussions, heard on radio/TV, other, none • Topics heard from PEs, among those who talked to or heard a health message from a PE – HIV/AIDS, STIs, pregnancy prevention, condoms, other contraceptive methods, abstinence, communicating with partners, gender issues, sexuality, relationships, being an adolescent/young person, self-esteem and life skills, family communication, stigma and discrimination, drugs/alcohol, gender violence, child abuse, other, none. • Perceived level of knowledge among PEs with regard to the information they provide, among those who talked to or heard a health message from a PE • Appropriateness for young people in community to learn about HIV/AIDS from PEs • Appropriateness for young people in community to learn about abstinence from PEs • Appropriateness for young people in community to learn about being faithful to a partner from PEs. • Appropriateness for young people in community to learn about issues related to sex from PEs • Appropriateness for young people in community to receive condoms from PEs • Appropriateness for young people in community to receive referrals to HIV or STI testing from PEs • Importance of PEs to improving health of young people in community • Attitudes toward government spending on community peer education programs • Likelihood of young people in the community changing their behavior as a result of talking with peer educators • HIV/AIDS information sources and percentage of respondents agreeing they are very likely to use them, among those who ever heard of HIV/AIDS – radio, TV, partner, boy/girlfriend, friend, parents, other family member, PE, youth-friendly corner, health care worker, co-worker/school-mate, newspaper/magazine, traditional healer, teacher • HIV/AIDS information sources and percentage of respondents agreeing they are very trustworthy – radio, TV, partner, boy/girlfriend, friend, parents, other family member, PE, youth-friendly corner, health care worker, co-worker/school-mate, newspaper/magazine, traditional healer, teacher • Reproductive health information sources and percentage of respondents agreeing they are very trustworthy – radio, TV, partner, boy/girlfriend, friend, parents, other family member, PE, youth-friendly corner, health care worker, co-worker/school-mate, newspaper/magazine, traditional healer, teacher

³⁹ Svenson, G., Burke, H., Formative Research on Youth Peer Education Program Productivity and Sustainability, Youth Research Working Paper No. 3, YouthNet Project/FHI, USAID, 2005.

⁴⁰ Republic of Zambia, Zambia Sexual Behavior Survey 2005, Central Statistical Office, Ministry of Health, Measure Evaluation, Family Health International/USAID, March 2006.

Project, Organizations	Measures Used
African Youth Alliance – UNFPA, PATH, Pathfinder International ^{41 42}	<p><u>Exposure to AYA-Supported Programs</u> % of Youth Who Were “Highly Exposed” to AYA (exposed to three or more AYA programs in intervention areas, by sex and by country)</p> <p><u>Summary of AYA Impact on ASRH Antecedent Variables</u>, by gender and country:</p> <ul style="list-style-type: none"> • High HIV/AIDS knowledge score (spontaneous response) • High HIV/AIDS knowledge score (prompted response) • Believes that condom is protective against HIV • Positive attitude toward condom users • Very confident in obtaining condom when needed • Could put on condom correctly • Can insist partner to use condom <p><u>Summary of AYA Impact on ASRH Behavioral Outcome Variables</u>, by gender and country:</p> <ul style="list-style-type: none"> • Delay of sexual onset • Abstains from sex (last 12 months) • <2 sex partners during past 12 months • Condom use at first sex • Condom use at last sex • Ever used condom with current partner • Always use condom with current partner • Modern contraceptive used at first sex • Modern contraceptive used at last sex
UNICEF Evaluation of Young People's Participation in the CEE/CIS and the Baltics Region ⁴³	<p><u>Seven Major Research Questions:</u></p> <ol style="list-style-type: none"> 1. What have been the effects in your country of the Young Voices survey? 2. How has participation changed the young people involved in the program? 3. How have the capacities of participating organizations / institutions been strengthened? 4. What has been the effect of young people's participation on the program's ability to: <ul style="list-style-type: none"> - achieve its objectives? - contribute to the goals of the MTSP? - contribute to the regional strategy on young people and HIV/AIDS? 5. How has the program helped to provide an enabling legal and policy environment that encourages young people's participation? 6. What processes / methods have been most effective in promoting young people's participation? 7. What could be done to strengthen young people's participation in UNICEF's Program in your country? <p>Questions 1, 4, 5, 6 and 7 were also addressed in the regional questionnaire survey</p>

⁴¹ Williams, T., Results of an Impact Evaluation of the African Youth Alliance (AYA) in Ghana, Tanzania and Uganda, IYWG PPT, May 2007.

⁴² African Youth Alliance Web site.

⁴³ UNICEF, Young People's Participation in the CEE/CIS and the Baltics Region: A formative evaluation, UNICEF, Geneva, 2005.