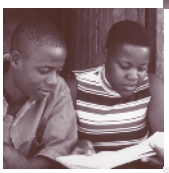
InteragencyYouthWorkingGroup

number 22 in a series

YouthLens

on Reproductive Health and HIV/AIDS

Scaling Up Youth Reproductive Health and HIV Prevention Programs



Youth activities are now successfully scaling up, but pragmatic issues remain challenging.

In recent years, several major youth reproductive health (RH) and HIV prevention projects have included in their design the goal of expanding from a pilot site to significantly larger delivery areas. Other projects have sought to change policies and engage national ministries in an effort to ensure that large-scale implementation can occur. And, many include evaluations showing successful outcomes.

These efforts represent an important trend in youth RH and HIV projects from small, innovative, sometimes well-funded projects that have impact on only small numbers of youth to much larger, "scaled-up" activities in large, ongoing programs. Despite this new trend, scaling up youth RH and HIV projects faces many challenges. Community stakeholders and government agencies in some countries still resist sex education and services for youth. Even where services are welcome, achieving and sustaining scaled-up services are difficult with limitations in funds, networks, infrastructure, and human resources. Another challenge is coordination among agencies with different mandates. And, scaled-up activities face the possibility of sacrificing the quality that can be achieved in smaller, carefully monitored projects.

Conceptual thinking matures

Put simply, "scaling up" refers to extending education and services to more people in more places, usually to wider geographic areas, as well as addressing necessary advocacy and policies. This process often results in institutionalizing small, effective projects into larger programs. A FOCUS on Young Adults overview in 2000 identified several approaches to scaling up youth RH projects: expanding the number of sites and people served after testing a pilot, incorporating a new component into an existing program, working with other groups on related concerns, or expanding quickly on a large scale usually due to a change in high-level policy.[1] The report also synthesized from the literature key project attributes that lead to scaling up, including the ability to institutionalize the new component, the commitment of leaders, building on existing infrastructure and activities, concerns for policy, the participatory and flexible nature of the process, and the importance of monitoring and evaluation.

Program analysts have begun giving more attention to concepts and mechanisms of scaling up projects based on experience in the RH and HIV field. A new network called ExpandNet (*www.expandnet.net*) functions as a focal point for this work. A 2006 publication through ExpandNet identified a four-part framework for scaling up health programming (not just for youth):

- a quality innovation
- a system expected to adopt the innovation
- a strategy to transfer it
- an environment conducive to implementing the innovation

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The publication advised that the framework should include an explicit rationale, a multidimensional approach, continuing participation by stakeholders, adaptations to local conditions, learning and applying as the process unfolds, designing scale-up at the planning stage, and research. The publication grouped scaled-up projects in a similar way to the earlier FOCUS report: expanding to more sites and people, adding new components to existing projects, networking with other organizations on related objectives, and institutionalizing innovations through policy or legal actions.[2]

In most developing countries, government structures have more infrastructure and human resources than nongovernmental organizations (NGOs), with more ability to reach large numbers of youth, such as through school systems and health clinics. Mexico and Thailand, for example, have made substantial efforts to use such structures to reach youth.[3] However, NGOs and community groups, including faith-based institutions, may offer important innovations and support in working with youth. For example, a network called Safe Youth Worldwide has recently worked with small NGOs to strengthen and scale up HIV prevention among youth. The network emphasized the quality of the intervention, the nature of the settings, the capacity of the local NGO to expand, the value of long-term technical assistance, and the need to forge links to broader social networks.[4] Program planners who are considering scaling up pilot projects to sustainable large efforts need to think about the relative importance and distinctive roles of working with governmental ministries and NGOs.[5]

Programs scale up effectively

Significant, planned expansion has occurred recently in several large projects, including the goal of nationwide coverage. Many of these projects are working through multi-sectoral approaches and going to scale primarily through coordinated government sectors, with NGOs playing a collaborating role.

The Geração BIZ (GB or "Busy Generation") program in Mozambique was designed to go to scale from the outset and to work through the public sector. It has involved the ministries of Health, Education, and Youth and Sports. Major activities include in-school interventions, the development of clinics with youth-friendly characteristics, and community-based outreach. Beginning with one province and the capital city, GB expanded with province-specific donor funding reaching nine of the eleven provinces by 2005 (the remaining two are scheduled to be included by 2009). Institutionalizing the activities within local and national governmental agencies helped ensure sustainability, as did efforts to involve communities and youth themselves – all contributing to scaled-up activities. The brand name, chosen by young people, helped create a unifying identity for a national program. Evaluations show increases in awareness and knowledge of RH and HIV issues, as well as increases in service utilization and contraceptive use. Key areas contributing to successful scale-up include the use of monitoring and evaluation data to guide change and expansion, flexibility to make design changes, consensus on the characteristics of youth-friendly services, use of standardized materials and tools, and continuous investment in capacity building within both governmental units and NGO groups.[6]

In Kenya, the Primary School Action for Better Health (PSABH) project is expanding HIV education rapidly to a national scale. In 1999, a pilot test began in about a third of the primary schools in one region working with the Kenyan ministries of Education and Health. By June 2006, PSABH had been implemented in 11,000 of Kenya's 18,500 primary schools. The project has drawn on ministry expertise, utilized formative research on young people's attitudes, focused on ministry teacher-training capacity, and sought ways to deal with resistance to teach sensitive issues. Using a cascade training process, the project has trained the requisite number of teachers to rapidly scale up the HIV education program, addressing various challenges, including quality control when working with such large numbers. The project uses a framework called "action research," in which operations research findings are integrated into the expansion steps. An evaluation of the project after 30 months found significant results in boys and girls remaining virgins and among girls, using condoms at last sex, compared with comparison groups.[7]

The African Youth Alliance (AYA), a four-country project from 2000 to 2005, was designed to scale up its efforts in service delivery, behavior change, and other activities. It worked with governments to establish commitment and mechanisms for scaling up, and with both government and NGOs to implement programs for young people.[8] The project succeeded in laying the groundwork for future expansions through facilitating policy changes in government, cultural, and religious institutions; developing more than 200 youth-friendly facility sites; institutionalizing training curricula in in-service and pre-service facilities; and incorporating youth RH activities into district plans and budgets. An impact evaluation showed strong results in most countries, especially on females, on such indicators as use of condoms at first sex and with current partner. AYA attributes these achievements to developing successful implementation models, helping to strengthen infrastructures, institutionalizing tools and strategies, and integrating with ongoing efforts and institutions, particularly the government.[9]

In South Africa, the National Adolescent Friendly Clinic Initiative (NAFCI) uses a certification and assessment system to help improve the quality of health services to youth at public clinics. As its name indicates, it was envisioned as a national program from the outset. After an 18-month pilot period, moving from single districts to larger areas, NAFCI had the participation of 350 clinics with 171 associated clinics by late 2005. The program, which is part of the larger loveLife Program addressing young people's sexual health through multiple approaches, is implemented through the Department of Health. The departmental link helps ensure sustainability. Passage of positive youth health policies helped to facilitate the launch. A majority of the clinics that have been externally assessed (212) complied with 80 percent to 90 percent of the NAFCI standards for youth-friendly clinics. The NAFCI success has been linked with strong leadership at all levels, political support, collaboration with stakeholders, youth and community involvement, and provision of technical support.[10]

The Population Council's FRONTIERS project undertook operations research projects in Kenya and Senegal that produced empirical evidence of the effectiveness of a multi-sectoral approach to addressing youth RH needs. Subsequently, strategic approaches were developed to scale up these multi-sectoral models in both countries, involving extensive support to ministries working in the health, education, and social sectors. This support included adapting successful practices and tools for guidelines and policies that would enable the model to be expanded to more districts and provinces. The expansion strategies have built the capacity of local government and ministerial staff, developed formal mechanisms to facilitate interministerial and NGO collaboration, encouraged advocacy and policy support, attracted funding from governmental and other sources, and monitored and evaluated the expansion process. In Senegal, the national youth programs and policies have been guided by these

KEY ACTIONS FOR EFFECTIVE SCALE-UP OF YOUTH PROJECTS

Design and planning actions

- Conduct assessments of stakeholder and institutional capacity for scaling up a youth reproductive health activity
- Incorporate clearly the intention and proposed means to scale up
- Include cost assessments and arrange needed resources
- Use tested, sustainable youth program model(s)
- Plan implementation through a network/structure capable of going to scale
- Incorporate activities, as possible, into existing jobs and institutional frameworks

Advocacy, policy, and partnership needs

- Enact youth policy in support of program goals
- Foster acceptance and support of the youth program at national and implementation levels
- Identify and collaborate with advocates, including youth leaders
- Involve major partners from the start of the program
- Assure funding necessary to support key actions as scale-up takes place

Monitoring, training, and technical assistance needs

- Establish practical monitoring systems to track progress, identify possible problems, and assure quality as expansion occurs
- Ensure training to build capacity of program personnel; where possible, establish pre-service training of program personnel
- Foster adoption of standardized training, implementation, and monitoring materials and tools
- Make technical assistance available during initial program periods and as long as necessary for institutionalization of responsibilities
- Establish mechanisms for sharing and assistance among established and nascent sites

Source: The above actions are derived from the studies, analyses, research findings, and program reports reviewed in the preparation of this *YouthLens* by Judy Senderowitz.

activities, and in Kenya the FRONTIERS model is now being implemented throughout one province and being introduced in three others, with plans to expand to every province. The intervention has resulted in new activities being integrated into public-sector personnel's routine work and created sustainable mechanisms for continued interministerial cooperation.[11]

Future needs and challenges

Despite the growing number of successful scaled-up projects, additional evidence is needed about essential actions, sequencing, and roles and responsibilities of various players at different phases and implementation levels. More information on costing methodologies and cost assessments are also needed. As more evidence accumulates, several key challenges will remain that often require "trade-off" decisions.

- *Standardization vs. adaptation.* Standardizing previously tested procedures and materials streamlines the implementation process but may not fit as well with local circumstances in expansion areas. Adapting improves the fit and increases ownership but adds time and expense.
- *Shared leadership vs. primary leadership.* Multi-sectoral programs often aim to forge a shared leadership rather than having one sector play the lead role. Shared leadership (of government ministries, NGOs, etc.) spreads the ownership but also demands challenging coordination structures.
- *Quality vs. quantity.* As scaling up proceeds, the need to maintain the quality of the intervention is important but difficult as the scale increases.
- *New data collection vs. existing protocols.* Most new interventions collect new data, usually requiring additional work in the collection process and training of personnel. Programs must find the best balance between gathering new data and adding demands on existing systems.

Scaling up youth programs requires a large vision, sufficient time, and adequate resources to address the steps and conditions required (see box). Plans are often complex, involving multiple players and substantial coordination. Although these needs will remain challenging, recent experiences and documentation of scaling up youth RH and HIV programs provide useful guidance.

— Judy Senderowitz

Judy Senderowitz has worked and written widely on youth RH issues, including evaluations, overview papers, and expert documents for the World Bank, World Health Organization, Pathfinder International, Family Health International, and others.

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YouthLens is an activity of the Interagency Youth Working Group (IYWG), a network of nongovernmental agencies, donors, and cooperating agencies working to improve reproductive health and prevent HIV among young people ages 10 to 24. The U.S. Agency for International Development funds the IYWG. Family Health International produces the YouthLens publication series.

September 2007