

# *Planning for Life Phase 2*

## **Evaluation Report**

**Prepared by Pamela Lilleston, Consultant**

**For International Youth Foundation**

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## TABLE OF CONTENTS

<b>Acronyms</b>	<b>3</b>
<b>Executive Summary</b>	<b>4</b>
<b>1. Introduction</b>	<b>7</b>
<b>2. Methods</b>	<b>8</b>
<b>3. Results</b>	<b>9</b>
<b>3.1 IYF Headquarters</b>	<b>9</b>
<b>3.2 IYF Global Partners</b>	<b>16</b>
<b>3.3 Pilot Projects</b>	<b>19</b>
<b>4. Limitations</b>	<b>27</b>
<b>5. Lessons Learned and Recommendations</b>	<b>27</b>
<b><u>Appendices</u></b>	
<b>Appendix A. Interview Guide for IYF HQ Staff</b>	<b>31</b>
<b>Appendix B. Interview Guide for IYF Senior Management Team</b>	<b>34</b>
<b>Appendix C. Global Partner Network Endline Survey</b>	<b>38</b>
<b>Appendix D. Interview Guide for <i>Planning For Life</i> Phase 2 Pilot Project Partners</b>	<b>41</b>
<b>Appendix E. Self Assessment Tool for Integrating YRH/FP in Youth Development Programs</b>	<b>45</b>
<b>Appendix F. Supplemental Reproductive Health Lessons: Pre and Post-test</b>	<b>56</b>
<b>Appendix G. Global Partner Staff Respondents</b>	<b>59</b>
<b>Appendix H. Pilot Project Partners</b>	<b>60</b>

## ACRONYMS

<b>ACWICT</b>	<b>African Centre for Women Information and Communications Technology</b>
<b>FP</b>	<b>Family Planning</b>
<b>GPM</b>	<b>Global Partner Meeting</b>
<b>HIV/AIDS</b>	<b>Human immunodeficiency virus/ Acquired immunodeficiency syndrome</b>
<b>HQ</b>	<b>Headquarters</b>
<b>IYF</b>	<b>International Youth Foundation</b>
<b>JRF</b>	<b>Jordan River Foundation</b>
<b>NSDC</b>	<b>National Skills Development Centre</b>
<b>RH</b>	<b>Reproductive Health</b>
<b>SAHER</b>	<b>Society for Awareness, Harmony and Equal Rights</b>
<b>SMT</b>	<b>Senior Management Team</b>
<b>STI</b>	<b>Sexually Transmitted Infection</b>
<b>TOT</b>	<b>Training of Trainers</b>
<b>YRH</b>	<b>Youth Reproductive Health</b>

## EXECUTIVE SUMMARY

From October 2011 through March 2012, a final evaluation was conducted for the *Planning for Life* Phase 2 project. *Planning for Life* Phase 2 seeks to further integrate Reproductive Health (RH) and Family Planning (FP) within International Youth Foundation (IYF)'s youth development programs and strengthen the capacity of IYF staff and program partners to integrate Youth Reproductive Health/Family Planning into current and future projects.

*Objectives and Methods.* The objectives of the final evaluation were to:

- Gauge **changes in awareness** about and interest in Youth Reproductive Health (YRH) integration among IYF program staff, Senior Management Team (SMT) members, and global partners;
- Measure **changes in level of commitment** among IYF program staff and SMT members to include YRH within IYF's programs;
- Assess **changes in the capacity** of IYF program staff and global partners to integrate YRH within their programs;
- Measure **changes in pilot project partners'** level of organizational and programmatic YRH integration; and
- **Gather "best practices" and "lessons learned"** from the experiences of pilot project organizational partners.

The evaluation process consisted of in-depth interviews with IYF program staff, Senior Management Team members, and pilot project partners, quantitative surveys with Global Partner Network members, a document review of pilot project partners' Quarterly Reports, Youth Reproductive Health/Family Planning Self-Assessments completed by pilot project partners, and pre and post-tests completed by youth participants in pilot projects.

*Key Findings.* *Planning for Life (PFL)* Phase 2 successfully increased IYF staff's interest in and commitment to supporting integration of YRH into their youth development projects. Staff members' level of exposure to project activities was high. All staff and SMT clearly articulated connections between YRH and other aspects of youth's lives and, on average, identified one additional YRH topical area at endline compared to baseline. One hundred percent of staff respondents (up from 87% at baseline) believed that some IYF programs would benefit from including a YRH integration component, with several participants describing YRH as a critical component of IYF's holistic approach to youth development. The proportion of respondents who were "very interested" in including a YRH component in their own project(s) also rose considerably from less than half at baseline to 77% at endline. There was a dramatic increase in staff's commitment to supporting integration of YRH with 62% "very committed" at endline compared to only 15% at baseline. SMT members were similarly enthusiastic about YRH integration. Despite high levels of personal interest in YRH integration, however, the majority of respondents emphasized that their commitment to the process would depend on other factors including availability of resources, interest from project partners and donors, and the "fit" of YRH integration with the objectives, structure, and target population of their project.

Staff members' perceived capacity to support project partners in YRH integration also increased with 31% of respondents "very confident" in their ability to support project partners in YRH integration (compared to 23% at baseline) and 62% "somewhat confident" (compared to 38% at baseline). While

familiarity with IYF's YRH integration tools increased over the course of *PFL* Phase 2, most staff did not feel they had sufficient expertise in RH to provide technical support for the integration process. Additionally, respondents' comfort level discussing issues of sexuality with project partners rose only slightly from baseline to endline with just over half of respondents reporting that they felt "very comfortable" in this area at endline. Respondents who were less comfortable cited concerns related to cross-cultural sensitivities, taboos surrounding discussion of sexual topics in the workplace, and lack of experience initiating RH-related discussions.

Although the response rate among IYF's Global Partner Network was low, exposure to *PFL* increased among partners who completed both the baseline and endline surveys. Partner organizations also reported that *PFL* Phase 2 activities were useful in assisting them with YRH integration. The number of organizations implementing RH programming increased over the duration of the project as did partners' linkages to RH-focused organizations. The majority of global partner respondents felt they had the necessary tools and resources to integrate YRH into their programs.

*PFL* Phase 2 pilot projects represented a wide range of contexts and utilized varying implementation models, demonstrating the flexibility of *Reproductive Health Lessons: A Supplemental Curriculum for Young People*. As a result of their participation in *Planning for Life* Phase 2, partner organizations reported increased interest and capacity in RH among both program participants and staff members. All pilot groups experienced significant increases in RH-related knowledge and healthy attitudes towards RH increased significantly in four of the six projects. Many pilot project partner staff members have become RH resources in their communities, reaching beyond their own programs to share the materials and skills they acquired through *PFL* Phase 2 with other organizations and community members. At the organizational and programmatic levels, all pilot projects increased in their levels of YRH integration. The highest levels of YRH integration were found in the areas of Gender Equity and YRH - Integrated Livelihoods and Employability Training. Multi-sectoral linkages were also strengthened for the majority of pilot project partners who forged new relationships with RH health service providers as a result of the project.

Despite differing cultural and programmatic contexts, pilot projects faced similar challenges. Cultural sensitivities surrounding RH topics and low literacy levels among participants posed barriers to the YRH integration process. Additionally, the short time period allotted by the curriculum for the RH lessons was often insufficient to meet the needs of target populations. Notwithstanding these challenges, the majority of pilot project partners have integrated *Reproductive Health Lessons: A Supplemental Curriculum for Young People* into their life skills curriculum and plan to continue implementing the lessons as part of their life skills training. They also expressed interest in serving as resources to other organizations interested in integrating YRH into their programs.

Overall, IYF program staff and SMT members believed that *PFL* Phase 2 succeeded in increasing awareness and enthusiasm around YRH integration and providing a feasible model to facilitate the integration process. The translation of *Reproductive Health Lessons: A Supplemental Curriculum for Young People* into different languages and cultural contexts, and the generation of institutional knowledge through the pilot projects were seen as some of the project's biggest accomplishments. Pilot projects were additionally successful in building capacity among global partners' staff and encouraging them to forge new relationships with RH-related organizations.

*Key Recommendations and Lessons Learned.* *Planning for Life* Phase 2’s multi-level approach to YRH integration was an effective model for engaging SMT, staff, and partners around the YRH integration process. Based on the experiences of IYF staff, SMT members, and pilot project partners, the following “lessons learned” and recommendations may serve to further support IYF and partner staff in integrating YRH into IYF’s youth development programs and help ensure the sustainability of *Planning for Life*’s work as the project comes to a close:

#### IYF Headquarters Level

- IYF staff overwhelmingly believe that an internal champion for YRH integration, who can serve as an advocate and technical resource, is crucial for ensuring the sustainability of *Planning for Life*’s integration efforts. In order to preserve the institutional knowledge gained as a result of *PFL* Phase 2, the network of staff members within IYF, who understand the integration tools and have experience with the process of YRH integration, should also be formally identified.
- Most IYF staff are familiar with IYF’s integration materials and feel capable of connecting partners with integration resources but do not personally have the capacity to support the YRH integration process. Providing more in-depth training (e.g. a RH Master Training) to interested staff members may help to increase staff confidence and capacity to help partners adapt and implement *Reproductive Health Lessons: A Supplemental Curriculum for Young People*.
- Planning periodic events to highlight the successes, challenges, and impact of YRH integration in IYF’s programs, conducting meetings with IYF program staff to identify specific entry-points for YRH integration within their programs, and incorporating an introduction to YRH integration at IYF into new hire orientation may help to sustain awareness about and interest in YRH integration among IYF staff.
- Moving forward, IYF can further improve upon its integration processes and disseminate valuable institutional knowledge gained through *PFL* by identifying external platforms to share the tools, resources, and lessons learned through the project and connecting with organizations involved in similar work.

#### Global Partner Network

- Pilot project partners hold important institutional knowledge and lessons learned about the YRH integration process. Creating forums to connect pilot project partners with each other and other IYF partners interested in YRH integration will facilitate their ability to serve as technical resources for the larger Global Partner Network.
- To continue increasing global partners’ interest and capacity in YRH integration, success stories and “lessons learned” from pilot projects should continue to be shared throughout the Global Partner Network. Video, webinars, and the GPM were highlighted as potential avenues for sharing experiences.
- To ensure high quality RH content is integrated into partners’ youth development programming, an assessment of the presence and quality of YRH modules could be included as a component within IYF’s quality assessment process of partners’ life skills curricula.

## Pilot Projects

- Engaging stakeholders from the beginning is an effective method for encouraging youth participation and minimizing participant attrition in settings where RH topics are taboo. Getting buy-in not only for RH content but for the “process” of YRH integration can help to facilitate a smooth implementation process.
- Pilot project partners faced challenges in the classroom related to cultural sensitivities and low-literacy target populations. Partners adapted the curriculum to meet these challenges by including more visual materials and group brainstorming sessions, encouraging youth to act as “trainers”, and providing a forum for participants to anonymously submit questions regarding RH to be answered in front of the class.
- To sufficiently prepare facilitators to teach the RH lessons, it is helpful to lengthen the duration of the RH Master Training to include more practice teaching RH lessons and utilizing participatory teaching techniques. Allowing more time (3-4 months) for the adaptation process will help to ensure that facilitators have assimilated new RH knowledge.
- Allow for flexibility in terms of the number of days allotted for the RH training and time allotted for each lesson in order to accommodate the needs of lower-literacy youth participants.

## **1. INTRODUCTION**

*Planning for Life (PFL)* Phase 2 was a 24-month project implemented by International Youth Foundation (IYF). The project sought to build upon the first phase of the *Planning for Life* program by further integrating Youth Reproductive Health (YRH) within IYF’s youth development programs and strengthening the capacity of IYF staff and program partners to integrate YRH into current and future projects. The second phase of *PFL* built on the interventions of the first phase by leveraging existing tools and resources to further integrate YRH at the IYF Headquarters (HQ) level and among IYF’s Global Partner Network. The resources produced through *PFL* Phase 1 include:

- Reproductive Health Lessons: A Supplemental Curriculum for Young People
- A Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs
- Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs
- Youth Reproductive Health Regional Fact Sheets
- Family Planning, HIV/AIDS and STIs, & Gender Matrix
- Self-Assessment Tool for Integrating YRH into Youth Development Programs
- *PFL FieldNotes* “Integrating Youth Reproductive Health and Family Planning into HIV/AIDS Education”

The final evaluation for *Planning for Life* Phase 2 was conducted from October 2011 through March 2012. The objectives of the final evaluation were to:

- Gauge **changes in awareness** about and interest in Youth Reproductive Health (YRH) integration among IYF program staff, Senior Management Team (SMT) members, and global partners;
- Measure **changes in level of commitment** among IYF program staff and SMT members to include YRH within IYF’s programs;

- Assess **changes in the capacity** of IYF program staff and global partners to integrate YRH within their programs;
- Measure **changes in pilot project partners'** level of organizational and programmatic YRH integration; and
- **Gather “best practices” and “lessons learned”** from the experiences of pilot project organizational partners.

## 2. METHODS

Qualitative and quantitative data were collected at different operational levels using structured and semi-structured tools. (See Appendices A-F) At the IYF HQ level, two groups, IYF program staff and IYF Senior Management Team (SMT) members, were interviewed as part of the *Planning for Life* Phase 2 final evaluation. Fifteen IYF staff members and 5 members of the SMT were interviewed in person. Respondents (17) were selected based on their previous participation in the baseline survey. New interviewees (3) were selected purposively based on their familiarity with the *PFL* project or position in Senior Management. Semi-structured interview guides were utilized for interviews with IYF staff and SMT members. (See Appendices A and B) Some questions were modified during the interview to reflect the respondent's job responsibilities and/or exposure to *PFL* Phase 2. Interviews lasted 25-45 minutes, were audio-recorded, and transcribed verbatim. Quantitative data from participants who completed both the baseline and endline interviews were analyzed to evaluate the effects of *PFL* Phase 2 on respondents' knowledge of RH topics and services, interest in and commitment to YRH integration, and capacity to integrate YRH into IYF's programs. Proportions were calculated using Microsoft Excel. Qualitative data from all participants was analyzed for recurring themes and concepts.

At the global partners level, endline surveys were distributed to all 25 partner organizations who completed the baseline survey, 6 pilot project partners, and all subscribers to *PFL*'s YRH listserv. The survey tool is included in Appendix C. Quantitative data from 4 participants who completed both the baseline and endline interviews were analyzed to evaluate the effects of *PFL* Phase 2 on global partners' interest in YRH integration, linkages to RH service providers, and capacity to integrate YRH. Summary statistics were generated for the 5 new respondents. Proportions were calculated using Microsoft Excel. Appendix G contains a list of global partner staff respondents.

At the pilot project level, Skype/phone interviews were conducted with five of the six pilot project partners (African Centre for Women Information and Communications Technology (ACWICT), Society for Awareness, Harmony and Equal Rights (SAHER), Jordan River Foundation (JRF), Emerge Global, and Sur Futuro) using a semi-structured interview guide (Appendix D). It was not possible to interview National Skills Development Centre (NSDC) due to staff changes within the organization. Interviews lasted 1-2 hours. Detailed notes were taken by hand and data were analyzed for recurring themes and concepts. Document reviews of Quarterly Reports were conducted for all pilot project partners. Appendix H contains a list of pilot project partners.

All six pilot project partners completed the Self Assessment Tool for Integrating YRH into Youth Development Programs before and after participating in *PFL* Phase 2. The Self Assessment Tool is included in Appendix E. Quantitative data were analyzed to assess changes in each organization's level of YRH integration at the organizational and programmatic levels based on 6 guiding principles and 10 programmatic elements. Scoring on programmatic elements was divided into 3 levels of YRH integration

such that organizations scored at level A, B, and C were at the lowest, middle, and highest level of YRH integration, respectively. Organizations that scored 0 points on a programmatic element were grouped in level A.

Last, quantitative survey data from pilot projects' youth participants who completed both pre and post-tests were analyzed to evaluate the effects of the *Planning for Life* supplemental reproductive health curriculum on participants' reproductive health knowledge and attitudes. The pre and post-test survey is included in Appendix F. Responses to attitude questions were coded as "correct" if they reflected healthy attitudes as promoted by the curriculum. Overall changes in knowledge and attitudes were assessed using a paired t test. A p value < 0.05 was considered for statistical significance. STATA Statistical Software Release 10.0 was used to conduct statistical analysis.

### **3. RESULTS**

#### **3.1 IYF Headquarters**

*Planning for Life* Phase 2 implemented a number of activities at IYF Headquarters (HQ) with the aims of increasing: awareness about and interest in YRH integration among program staff and SMT, commitment to include YRH in IYF's programs among program staff and SMT, and capacity of program staff to support integration of YRH into their programs. These activities included a learning event focused on the importance of YRH integration, a *PFL* material review meeting, two learning events focused on pilot project successes and challenges, *PFL* Phase 2 updates during two staff meetings, and events for International Women's Day and World AIDS Day. The project also distributed YRH-focused information through a bi-monthly listserv. Information regarding IYF staff and SMT members' exposure to *PFL* Phase 2, knowledge of YRH topics and services, attitudes towards YRH integration, interest in and commitment to YRH integration, capacity to support YRH Integration, and perceptions of *PFL* Phase 2 was gathered through semi-structured interviews. The interview guides are included in Appendices A and B.

Of the fifteen program staff members who were interviewed for the final evaluation, thirteen completed the baseline evaluation. Forty percent of respondents were Program Directors, 40% were Program Managers, and 20% were Program Coordinators. Among staff, length of time working at IYF ranged from 1 to 9 years with an average duration of 4.7 years. Of the five SMT who were interviewed for the final evaluation, four completed the baseline evaluation. Among SMT members, length of time working at IYF ranged from 3.5 to 13 years with an average duration of 7.5 years.

#### Exposure to Planning for Life Phase 2

Staff members' level of exposure to *PFL* Phase 2 activities was high. Attendance at *PFL* events ranged from 3-8 events, with participants attending an average of 5 events. SMT's level of exposure to *PFL* Phase 2 activities was slightly lower with attendance ranging from 3-5 events. The most common events, attended by almost all respondents, were the June 2010 and August 2011 staff meetings. In addition to these events, approximately two-thirds of respondents attended the learning event focused on the importance of YRH integration, the International Women's Day event, and at least one learning event focused on pilot project successes and challenges.

Knowledge of Youth Reproductive Health Topics and Services

Participants identified, on average, one additional YRH topical area at endline compared to baseline, with five staff members naming two or more different and additional areas of YRH. The most common responses related to sexually transmitted infections (STIs) with 11 staff members mentioning STI prevention and care and 6 staff members specifically discussing HIV. The large majority of staff members (11) referred to components of life skills and youth education including communication around reproductive health (RH), RH education, and/or taking care of one’s body. Family planning was also a common response. Eight staff members named contraception as an area of YRH and 6 staff members discussed pregnancy prevention more broadly. Six staff members spoke about understanding gender roles with 4 highlighting gender-based violence as a key area of YRH. Two respondents identified maternal and/or prenatal care. Other topics mentioned only once included parenting skills and substance use.

SMT members also identified one additional RH topic or service area on average, with 2 respondents naming two or more different and additional areas of YRH. Topics largely reflected those discussed by IYF program staff with 3 SMT members mentioning family planning or contraceptives, 2 naming STI prevention and care, 2 specifically discussing HIV, and 2 naming components of life skills and youth education. Other topics mentioned by only one SMT member included maternal health, education on puberty, substance use, and parenting skills.

*Linkages Between Reproductive Health and Other Sectors*

All staff members clearly articulated connections between YRH and other areas of youth’s lives. The majority of staff members focused on the effects of early pregnancy on employment and education, with 11 respondents stating that becoming a parent at a young age may hinder a girl’s ability to stay in school and 8 staff members noting potential difficulties obtaining and maintaining employment that may result from teenage pregnancy. One staff member spoke of the impact that early pregnancy can have on the next

**Table 1. Results for Quantitative Questions (IYF Program Staff)**

Question	Pre-Test	Post-Test
Perceived importance of RH/FP knowledge, skills, and services for youth		
Very	100%	100%
Somewhat	0%	0%
Just a Little	0%	0%
Not at All	0%	0%
Interest in YRH/FP integration		
Very	38%	77%
Somewhat	54%	23%
Just a Little	0%	0%
Not at All	8%	0%
Commitment to supporting YRH/FP integration		
Very	15%	62%
Somewhat	54%	31%
Just a Little	8%	8%
Not at All	8%	0%
Capacity to support YRH/FP integration		
Very	23%	31%
Somewhat	38%	62%
Just a Little	23%	0%
Not at All	15%	8%
Comfort level discussing issues of sexuality with partner organizations		
Very	46%	54%
Somewhat	46%	46%
Just a Little	8%	0%
Not at All	0%	0%

generation including its relationship to poverty and educational opportunities. The majority of staff (9) noted additional connections between contracting STIs including HIV and poor educational and employment outcomes. As one staff member explained, “What I think I’ve learned is that if a young person has a good reproductive health background and understanding and that translates into action then he/she is probably more likely to stay in school rather than drop out because of pregnancy, sickness, illness and more likely to be able to hold down a job and contribute to the community because he/she is in a better place with health and well-being”. Four staff members spoke of poor RH outcomes (e.g. disease, unintended pregnancy) as barriers to civic engagement. Links between RH health, mental health, and substance use were noted by two respondents. Several staff members drew specific connections to the country and programmatic contexts in which they work. As one respondent explained, “In some places in the Caribbean, if you get pregnant, you can no longer continue with your education, so if you are in secondary school you basically drop out. There isn’t a law that says it but there’s a lot of stigma so what are your other options?”

All SMT members articulated linkages between RH/FP and other aspects of youth’s lives. Similar to IYF staff, SMT members discussed the harmful effects of poor reproductive health outcomes on educational and economic opportunities, as well as an individual’s health trajectory throughout his or her lifetime. One respondent described the impact that early pregnancy can have on future generations.

#### Attitudes Towards Integrating Youth Reproductive Health into IYF’s Programs

The percentage of IYF SMT and program staff who believed that reproductive health and family planning knowledge, skills, and services are “very important” for youth was high at baseline (100%) and remained high at follow-up (100%). (See Table 1 on previous page.) One hundred percent of staff respondents (up from 87% at baseline) believed that some IYF programs would benefit from including a YRH integration component, with several participants describing YRH as a critical component of IYF’s holistic approach to youth development. As one staff member noted, “I think if young people have more autonomy and decision making ability and more knowledge they can make informed choices that can lead to delayed marriage or birth or more healthy practices that will allow them to be productive and engaged citizens.” According to the majority of participants, the age of IYF’s target group make them particularly vulnerable to poor RH outcomes resulting from lack of information, misinformation, or unhealthy attitudes and behaviors. Over half of participants stressed the urgency of YRH integration based on the high rates of STIs, teenage pregnancy, and gender-based violence in many of IYF’s country and programmatic contexts. Some cited specific programmatic examples of attrition due to unintended pregnancy. A few participants explained that while they believed YRH should be integrated into IYF’s programs, they did not think it should be prioritized over other programmatic objectives. As one participant stated, “I think [YRH knowledge] is essential for all young people but that being said, is it as essential as preparing them to have a job? Probably not...if it was ‘you can either be prepared to have gainful employment or learn about RH’, I would probably choose gainful employment. I prefer for a young person to learn about all of the above.”

SMT members were similarly enthusiastic about YRH integration. Despite the dissolution of IYF’s stand-alone health unit, all SMT members stressed that good health is a fundamental piece of effective youth development work and as such, should be integrated into IYF’s programs. One SMT member highlighted the advantage of this approach: “What I see is that there’s a lot of entry points and when we weave it in it

demonstrates the importance to young people but doesn't scare them off or put it up so front and center that it becomes the issue in and of itself. Not to say we should underemphasize it but if you take it along side of an overall trajectory of a young person improving well-being, livelihoods, thinking about their future, they'll be able to integrate it well. I think we've done a pretty good job weaving it through the different programs. It's sort of a pathway for the future."

### Interest in and Commitment to Youth Reproductive Health Integration

#### *Program Staff's Interest in YRH Integration*

Staff members' interest in including a YRH component in the projects they work on increased substantially from baseline to endline. Seventy-seven percent of respondents reported that, given the tools, time and resources, they would be "very interested" in including a YRH component in their project(s), compared to 38% at baseline. (See Table 1.) Numerous staff members perceived a need for IYF to respond to RH issues among its target populations and believed that the necessary tools were now available to address this need. One respondent summarized a common sentiment: "For me, it's a no-brainer to some degree. If you work with young people, this is something you need to incorporate. Unfortunately we weren't able to do it beforehand, because of all the other competing priorities it wasn't put at the forefront but now we have this opportunity and this curriculum that's been adapted locally, there are no more reasons not to do it. We have the tool. We have the trained staff and so let's do it." A few staff also highlighted the potential for capacity building within partner organizations, not only in RH content knowledge but also in teaching methods and participatory approaches, that could result from their participation in a YRH integration process.

#### *Program Staff's Commitment to YRH Integration*

Staff members' commitment to supporting the integration of YRH into their projects also rose considerably. Sixty-two percent of staff respondents reported that they were "very committed" to YRH integration compared to only 15% at baseline. (See Table 1) A number of respondents qualified their commitment to YRH integration, stating that they would only feel committed if integrating YRH was a good fit for the objectives, structure, and target group of the particular programs they work on. As one staff member explained: "It's not that you have to push [YRH integration] at any cost. If you push it sometimes it might be counterproductive so in that sense you need to be realistic and make sure it's feasible. It's more sometimes looking at what we are trying to achieve with that program". Life skills, employability, and school-based programs were cited as the most natural fit for YRH integration. Within citizenship programs, participants described leadership training as a less appropriate venue for YRH integration but expressed interest in supporting specific youth leaders who work in RH-related fields to implement the *PFL* curriculum.

Available resources and interest from both project partners and donors were described as potential barriers, which would affect staff's level of commitment to YRH integration. As one staff member described, "The reason why [the pilot projects] worked so well is because we had a designated point person and the funding mechanism set up and technical assistance existed. Without that I'm not sure that, outside of pointing towards reference materials developed, I think it's less likely that it may actually happen". A few staff members explained that despite their own comfort with and commitment to RH integration, some IYF partners are still uneasy with this area and do not have trainers who are comfortable

leading RH lessons. Even if partner interest exists, prioritization of time and financial resources may preclude RH integration: “It’s a challenge to get the partners to see the value when they have a choice between lessons focused on employability skills and they have a limited number of hours, they’re always going to choose those over health because they don’t see and I don’t know myself if I value the health over employability because those are really concrete skills and I feel like our health lessons are just a touch of what’s out there.” Two staff members mentioned that their level of commitment was dependent on the interests of the donor, citing a recent example where a donor requested that certain YRH lessons (“Reproduction Review” and “Changes in My Body”) be excluded from one IYF program’s life skills curriculum due to their sensitive nature.

### *Senior Management Team’s Commitment to YRH Integration*

At both baseline and endline, all SMT members described themselves as being very supportive of YRH integration. The number of SMT members who said they would feel “very comfortable” articulating this support to program staff rose from two at baseline to four at endline. When asked to describe his response if a program staff member mentioned she would like to integrate YRH into her project, one SMT member responded, “I’d say, why are you bringing it to me now? It’s something that should be done all along”. Two SMT members stressed the need for program staff to push past barriers related to cultural sensitivity in order to meet the needs of the youth served by IYF’s programs. As one SMT member stated, “I think [RH] is something we should encourage our partners to become a little more comfortable with if they’re not comfortable with it because I hear various things depending on the area of the world: ‘that’s not something we do for cultural reasons’. I just don’t think that’s a good enough excuse. If you’re providing holistic youth services you’re providing holistic youth services and not skipping the sexual and reproductive health stuff because it’s harder.” A few SMT members were more cautious, reiterating the sentiments of some staff who believe that program teams will need to assess what level of YRH integration is appropriate given their programmatic context, budgetary limitations, and the interests of the donor.

SMT members described a variety of ways that they could demonstrate their support for YRH integration, including advocating that it be integrated into new and old projects, educating donors about the importance of YRH integration, and vocalizing their support to IYF staff and Vice Presidents. One SMT member said that he would be supportive of identifying and hiring a staff member with expertise in life skills and RH who can serve as an internal champion for YRH integration.

### Capacity of IYF Staff to Support Youth Reproductive Health Integration

The number of staff who reported supporting partner projects that currently include a YRH component increased from 6 at baseline to 10 at endline. The four staff members whose projects do not currently include a YRH component all cited specific projects they work on that are planning to incorporate YRH in the future. Of the staff members who currently support a project, which incorporates YRH, 60% said that they were “very comfortable” supporting this component, 20% were “somewhat comfortable”, and 20% said they were in-between “very” and “somewhat comfortable”. Several respondents attributed their high comfort level to the availability of tested and proven IYF integration resources which they felt were sufficiently flexible to be adapted to a variety of program contexts. They also cited the importance of having partners who were enthusiastic and committed to YRH integration. Staff members who felt less

comfortable supporting this component described having little direct involvement in the integration process beyond general project management or coordination activities.

There was a notable overall increase in the perceived capacity of IYF staff to support partners in YRH integration. The percentage of respondents who reported that they were “very confident” in their ability to support project partners in YRH integration rose from 23% at baseline to 31% at endline. (See Table 1) The percentage of respondents who reported that they were “somewhat confident” in this ability rose more dramatically from 38% at baseline to 62% at endline. The majority of staff members noted that their capacity in this area is dependent on the type of support that they would be required to provide. A number of staff members explained that, while their familiarity and comfort with the IYF YRH integration tools had increased over the course of *PFL* Phase 2, they did not have sufficient expertise in RH to provide technical support for the integration process. As one staff member stated, “I’ve gone through all the *Planning for Life* trainings... I feel more comfortable now in the materials that are available but that’s probably the only area I feel there’s been an increase in...my comfort level would be the same in terms of adolescent reproductive health but has increased in terms of IYF specific materials.” As a result, most respondents saw their role in the process as making the case for YRH integration then connecting partners with the human and material resources necessary for them to carry it out. As one respondent explained, “I could tell [partners] a little bit more from a project management point of view what has worked, what I’ve heard from the case studies and certainly point them to the modules that are available and maybe talk about it in a broad sense how they can look at incorporating it but I still feel that because it’s a thematic area which requires a good deal of technical expertise and familiarity, like with all our thematic areas, it’s a sector that’s growing and innovating and I don’t necessarily have a pulse on it so there should be a technical person to refer them to. I could be the middle man”. A few staff members, who had attended multiple *PFL* Phase 2 trainings, believed that they do have the capacity to walk partners through the *PFL* curriculum, ensure that they are adapting it to the local context, and supervise testing of the curriculum. One staff member mentioned that she could additionally connect partners interested in YRH integration with other IYF partners who have implemented the *PFL* lessons.

A couple of SMT members noted that, through *PFL* Phase 2, IYF has developed a cohort of staff members, including staff who were involved with implementing the pilot projects, who are now capable of assisting other staff in supporting integration of YRH into their programs. The challenge moving forward, one respondent believed, is more formally identifying who the “knowledge resources” (ie. individuals who understand the tools, integration process, and lessons learned) are in this area.

Staff members’ comfort level discussing issues of sexuality with project partners rose only slightly from baseline to endline. Just over half of respondents (54%) said they would feel “very comfortable” discussing RH-related topics with project partners, compared to 46% at baseline. The percentage of staff who felt “somewhat comfortable” remained the same at 46%. Respondents who were less comfortable cited concerns related to cross-cultural sensitivities, taboos surrounding discussion of sexual topics in the workplace, and lack of experience initiating discussions around reproductive health as their primary sources of discomfort. Most staff members who reported feeling “very comfortable” had prior experience working in the field of RH and/or had previously discussed YRH issues with partner organizations. Two participants specifically attributed their own increased comfort in this area to *PFL* Phase 2. As one participant described, “I do think it’s improved through this program because in many of these environments things are very formal but the reality is there are just some issues you need to talk about

whether or not you're comfortable with it so I think I've been able to increase my comfort level and attending the [PFL Phase 2] sessions was very helpful to see people talk about these issues that are very sensitive but in a way that is very professional, well-framed, I think it helps to alleviate uneasiness one might have".

### Perceptions of PFL Phase 2 Successes and Challenges at the Headquarters Level

#### *Successes at IYF's HQ Level*

In general, program staff members and SMT believed that at the IYF HQ level, PFL Phase 2 succeeded in increasing the level of awareness around YRH integration and providing a feasible model to facilitate the integration process. The majority of respondents believed that PFL Phase 2's approach, including the frequency, framing, and content of events, was a successful model for engaging IYF program staff in the project and "socializing" YRH integration at IYF HQ. One staff member described the effects of this approach: "Anyone who worked here in this period is aware that the tools exist and can be used and they're a resource as we develop new programs, that this can be pulled in for work with our partners". Respondents described a number of different ways in which PFL Phase 2 increased their knowledge or changed their perceptions about YRH integration. Over half of the respondents reported that, as a result of the program, they and other staff have a greater level of familiarity with the IYF tools available for YRH integration with several staff members highlighting the "Family Planning, HIV/AIDS & STIs, and Gender Matrix" as a useful tool for identifying the types of RH topics that are appropriate for youth of different ages. A few respondents noted that the RH-related statistics and case studies shared through PFL Phase 2 helped to convince them that integrating RH should be a priority for IYF's programs. As one participant stated, "With any future programs, I would try to get [YRH] incorporated into the design whereas previously I didn't have enough knowledge about it. So it's on my radar now." SMT members also noted an increased interest in integrating RH among program staff. "What I see increasingly is that program staff are actively looking for ways to integrate this. They don't just feel it's some added piece that has to be dealt with. Even in places where I would have expected that there would be sensitivities of significant enough magnitude that people would shy away from it, I'm seeing to the contrary people are saying 'no, no, no, this is important'."

Almost every respondent mentioned that the pilot projects were successful in generating critical institutional knowledge and lessons learned around the process of integrating YRH into youth development programs. "I felt ignorant about how [the integration] could actually take place but now I understand. There is a way to incorporate it." Staff members noted that by choosing pilot project partners from a variety of regions and technical areas, PFL Phase 2 was able to demonstrate the feasibility of adapting this standardized curriculum into diverse contexts while highlighting the challenges that may be encountered in the process. The "brown bag", in which staff collaborators on the pilot projects shared their experiences with YRH integration, was believed by several respondents to be a particularly effective learning event. As one staff member conveyed, "I have a better sense of what's possible in integration...what might be involved, how complicated, how not complicated, specifically because of the panel, some of the more regional complexities...I got a much better sense of the realities on the ground from other people's experiences." Only one staff member and one SMT member, both of whom were exposed to few PFL Phase 2 program activities, stated that PFL Phase 2 had no impact on them.

### *Challenges at the IYF HQ Level*

At the IYF HQ level, several challenges were identified related to the implementation of *PFL* Phase 2. One staff member suggested that getting partners interested in RH integration was a significant challenge. This was particularly evident among partners who work in contexts where RH issues are considered taboo and/or have short program cycles where the perceived burden of adding RH lessons is greater. Conversely, a different staff member believed that the program, with only six pilot projects, was not large enough to accommodate the many partner organizations that were interested in YRH integration. A few staff members highlighted the management challenges, which arose at the HQ level, related to integrating *PFL* within other IYF programs. Separate funding streams and communication channels left some Program Managers and Directors feeling somewhat disconnected from the YRH integration process. Additionally, one respondent noted communication challenges between *PFL* Phase 2 management and pilot project partners, suggesting that more sympathetic, open, and trusting interactions could better facilitate the integration process.

Although feedback on *PFL* Phase 2 events was positive overall, two staff members did mention that over the course of the project, events became somewhat repetitive and would have benefited from incorporating fresh ideas or more in-depth technical information. One SMT member expressed a similar concern, stating that the information conveyed during IYF staff events was often repetitive and the level of information conveyed to partners during a *PFL* Phase 2 webinar may have been too basic to meet the needs of the target audience.

### **3.2 IYF Global Partners**

The aims of *PFL* Phase 2's activities at the global partner level were to increase awareness about and interest in YRH among IYF's Global Partner Network and to increase the capacity of global partners to integrate YRH within their programs. Activities included a Life Skills & Reproductive Health Session at the Global Partners Meeting (GPM), Reproductive Health Master Trainings in India, Peru, and at the GPM, two YRH integration webinars, and a bi-monthly YRH listserv. Information regarding global partners' exposure to *PFL*, satisfaction with *PFL* Phase 2 activities, and changes in interest and capacity in YRH integration was gathered through a quantitative survey (Appendix C).

Of the 9 Global Partners captured by the endline survey, 4 participated in the baseline survey, 3 of whom were also pilot project partners. Respondents' organizations represented a range of program areas including Employability, Livelihoods, and Entrepreneurship (67%), Education (56%), Health Education (56%), and Leadership and Civic Engagement (33%). Organizations worked with a variety of age groups including adolescents, ages 10-14 (33%), youth, ages 15-19 (56%), young adults, ages 20-25 (60%), and adults over age 25 (8%). Target populations included girls/women only (44%), out-of-school youth (44%), in-school youth (22%), and orphans and vulnerable children (11%).

#### Exposure to *PFL*

Six of nine respondents were exposed to at least one *PFL* event or activity. Six partner organizations participated in the IYF Global Partners Meeting Life Skills & RH Session, 5 participated in a RH Master Training, 1 participated in the Material Review Webinar, two participated in the Caribbean RH Integration Webinar, and three subscribed to the RH listserv.

Exposure to *PFL* increased among all four partner organizations who completed both the baseline and endline surveys. At baseline, two of the four partners reported no exposure to any *PFL* tools with the other two reporting that they had reviewed but not used *Reproductive Health Lessons: A Supplemental Curriculum for Young People*, *A Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs*, *Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs*, and *Youth Reproductive Health Regional Fact Sheets*. By the end of *PFL* Phase 2, three partners reported using *Reproductive Health Lessons: A Supplemental Curriculum for Young People* and one organization reported using *Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs*. Among the five new respondents, the most popular tool was also *Reproductive Health Lessons: A Supplemental Curriculum for Young People*, which was reviewed by three and used by two partner organizations. *A Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs* was reviewed by two and used by one organization; *Family Planning, HIV/AIDS and STIs, & Gender Matrix* was reviewed by one and used by two organizations; and *Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs* was used by one organization. Of the nine organizations who completed the endline survey, two had reviewed and two had used the first *PFL Field Notes* publication while only one had reviewed the second *PFL Field Notes* publication.

#### Satisfaction with *PFL* Phase 2 Activities

Overall, partner organizations found *PFL* Phase 2 activities useful in assisting them with YRH integration. Of the partners who attended the GPM Life Skills & Reproductive Health Session, two found the session “very helpful”, two found it “helpful”, and two found it “somewhat helpful”. Among partners who attended a RH Master Training, three found the training “very helpful” and two found it “somewhat helpful”. The three participants who attended the Caribbean RH Integration Webinar and Material Review Webinar found them “very helpful”. Of the participants who subscribed to the RH listserv, one found it “very helpful” and two found it “helpful”.

#### Interest in YRH Integration

The four organizations who responded to the baseline and endline surveys were interested in training youth in basic reproductive health and leading a training of trainers (TOT) in YRH at baseline. Three of the four reported being interested in designing programs that integrate YRH. Interest was slightly lower at endline with three organizations interested in training youth in RH, two interested in leading a YRH TOT, and two interested in designing programs that integrate YRH. Of the five respondents that only completed the endline survey, three were interested in training youth in RH, two were interested in leading a YRH TOT, and two were interested in designing programs that integrate YRH.

#### Capacity in YRH Integration

At baseline, all four organizations who responded to the baseline and endline surveys reported that they had never implemented YRH/FP programming. By the end of *PFL* Phase 2, two organizations reported integrating YRH/FP components into other programs and one reported having a dedicated YRH program. Among the five new respondents, two had a dedicated YRH program, two reported integrating YRH into

other programs, and one noted that they were not currently implementing YRH but had done so in the past and had plans to do so again in the future.

Two of the four organizations reported no linkages to RH organizations, one reported connections to a RH-focused local NGO, and one reported connections to a RH-focused international NGO at baseline. By the end of *PFL* Phase 2, all four partners reported RH linkages and three partners had extended their RH network. Of the organizations with no previous RH connections, one reported linkages a local non-governmental RH organization and the other reported linkages to both governmental and local non-governmental RH organizations. All five new respondents reported linkages to government RH-focused organizations with one reporting an additional connection to an international RH NGO and one reporting an additional connection to a local RH NGO.

At baseline, all four organizations that responded to the baseline and endline surveys felt they had the capacity to train youth in basic RH. Three partners believed they could lead a training of trainers (TOT) in YRH and three reported that they could design programs that integrate YRH. At endline, the same organizations felt they could train youth in RH, however perceived capacity was slightly lower in the other areas. Only two organizations reported that they could lead a YRH TOT and design programs that integrate YRH. Several factors may account for this apparent decline in perceived capacity. For one partner organization, the staff member who attended the RH Master Training at the GPM and managed the YRH integration process left the organization prior to the endline survey. For others, increased familiarity with YRH integration may have drawn greater attention to the challenges involved in the process and the skills needed to meet them. Of the five new respondents, three believed they had the capacity to train youth in RH, two felt they could lead a YRH TOT, and two felt they could design programs that integrate YRH.

By the end of *PFL* Phase 2, all three pilot project partners believed they had the necessary tools and resources to integrate RH into their programs, compared to only one at baseline. Of the five new participants, three felt they had the necessary tools and resources to integrate YRH into their programs.

### Perceptions of *PFL* Phase 2: Successes and Challenges at the Global Partner Level

#### *Successes at the Global Partner Level*

IYF program staff and SMT noted several *PFL* Phase 2 successes at the global partner level. The majority of respondents cited the translation of *Reproductive Health Lessons: A Supplemental Curriculum for Young People* into different languages and cultural contexts as one of the project's biggest accomplishments. As a result of this adaptation process, many staff noted that all partners now have access to a YRH curriculum, which is free and ready to be integrated into their projects with minor adaptations. For partners who integrated YRH during *PFL* Phase 2, it was perceived as "added value" to the work they are already doing, allowing them to deepen their impact on the ground. A few staff highlighted the curriculum as being sufficiently flexible to give pilot partners the freedom to make it relevant for their own programmatic and country context.

Respondents also believed that the pilot projects were successful in building capacity among global partners' staff and encouraging them to forge new relationships. As a result of *PFL* Phase 2, six organizations now have staff who are trained in facilitating RH lessons, adapting curricula, and can share

“lessons learned” from the adaptation and implementation process. Additionally, several of the organizations have created new connections to RH-focused service providers and NGOs as a result of the program.

Several respondents noted positive responses to the *PFL* curriculum from both youth and trainers. Particularly in Jordan, where the taboo nature of RH topics was a concern for the project partner, facilitators and program staff were surprised by the enthusiasm with which youth received the information. Although not a recipient of a *PFL* Phase 2 integration grant, one IYF partner in Senegal, who implemented the *PFL* RH lessons through Passport to Success, found that the impact of the *PFL* lessons extended beyond youth participants. Training teachers on these lessons changed their attitudes towards initiating sexual contact with female students in their schools. As a result of the TOT, several teachers took the initiative to create a document, signed by all teachers who underwent the training, committing that they would not engage in sexual contact with female students.

### *Challenges at the Global Partner Level*

IYF staff identified several challenges related to the integration and implementation of YRH in the *PFL* pilot projects. The most common challenges mentioned by IYF staff centered around the sensitive nature of YRH topics in certain cultural contexts. As a result of these sensitivities, some projects faced challenges finding facilitators who were comfortable and enthusiastic about teaching RH, local consultants who were able to assist with the technical adaptation of the curriculum, and adapting the curriculum to make it appropriate for target audiences. The relatively small amount of funding allocated to pilot projects also posed some challenges. One respondent mentioned that the grant was too small for the activities IYF requested, requiring the partner organization to draw money from other budgets in order to complete activities related to *PFL* Phase 2. Another staff member noted that the small budget associated with the *PFL* pilots may have lead one larger pilot project partner to de-prioritize the grant compared to other larger grants. Finally, it was suggested that the fast turnaround time for adaptation and implementation of the curriculum may have resulted in inconsistencies in integration and reporting processes among the pilot projects.

### **3.3 Pilot Projects**

*Planning for Life* Phase 2 selected six pilot project partners, African Centre for Women Information and Communications Technology (ACWICT) in Kenya, Society for Awareness, Harmony and Equal Rights (SAHER) in India, Jordan River Foundation (JRF) in Jordan, Emerge Global in Sri Lanka, National Skills Development Centre (NSDC) in St. Lucia, and Sur Futuro in the Dominican Republic, to integrate *Reproductive Health Lessons: A Supplemental Curriculum for Young People* into their youth development programs. Pilot project partners translated, adapted, and implemented the curriculum within a variety of cultural and programmatic contexts. Information regarding pilot project partners’ experiences integrating YRH into their programs was gathered through semi-structured qualitative interviews and a document review of Quarterly Reports. The interview guide is included in Appendix D.

#### Implementation

*PFL* Phase 2 pilot projects represented a wide range of contexts and utilized varying implementation models, demonstrating the flexibility of *Reproductive Health Lessons: A Supplemental Curriculum for*

*Young People*. Adaptations took place in six different countries (Kenya, India, Sri Lanka, Dominican Republic, St. Lucia, and Jordan) with a curriculum translated into six different languages (Kiswahili, Hindi, Sinhala, Tamil, Spanish, and Arabic). Organizations targeted a number of different audiences with the curriculum including Indian college students (SAHER), disadvantaged youth (aged 16-29) from the Dominican Republic (Sur Futuro), out of school Indian youth with jobs in the informal sector (SAHER), Kenyan women (aged 18-35) engaged in ICT-enabled employment training (ACWICT), vulnerable youth from St. Lucian correctional facilities (NSDC), 15-24 year old unemployed, out of school Jordanians (JRF), and young Sri Lankan female survivors of sexual abuse (Emerge Global). Organizational partners were also diverse in terms of size and capacity, ranging from large NGOs (e.g. Jordan River Foundation, Sur Futuro) to smaller organizations founded by youth social entrepreneurs supported through IYF's YouthActionNet Program (e.g. Emerge Global, SAHER).

Despite their diverse contexts, all pilot project partners saw the *PFL* grant as filling an important need among their target population and helping the organization to provide a more comprehensive approach to youth development. ACWICT, for example, wanted to address participant attrition from programs and internships due to unintended pregnancy. Sur Futuro was interested in filling large gaps in RH knowledge among underprivileged program participants. Emerge Global wanted to give participants the language to explain the types of sexual violence perpetrated against them for court cases and the skills to avoid abusive relationships in the future.

Depending on the cultural and programmatic context, pilot project partners utilized different models for implementing the curriculum. Duration of the trainings ranged from two to fifteen days. Two of the organizations (NSDC and Sur Futuro) trained males and females together, two trained only females (ACWICT and Emerge Global), and two (JRF and SAHER) trained males and female participants separately. Notably, for its college-aged participants, SAHER found that productive discussion resulted from joining male and female college students together for the gender and gender-based violence lessons.

Based on IYF's recommendations, all pilot project partners utilized a co-facilitator model and required that their participants undergo life skills training before enrolling in the RH training. However, some organizations made intentional structural modifications to the training to "add value" to the RH lessons. ACWICT focused their program specifically on creating peer educators in the area of RH. In addition to adding peer educator modules to the curriculum, they developed a peer educator handbook and activity logs for participants to record their outreach activities. Emerge Global joined the RH training with their mentor program, which brings local women leaders into shelters for abused adolescent females, with the aim of providing strong female role models for participants.

#### *Adaptation of Reproductive Health Lessons: A Supplemental Curriculum for Young People*

Pilot project partners followed similar processes for adapting the *PFL* RH curriculum. After attending the RH Master Training in either Washington, DC (NSDC, Emerge Global, JRF, ACWICT), India (SAHER), or Peru (Sur Futuro), some pilot project organizations began by conducting focus group discussions in their communities to understand common perceptions about YRH/FP and to identify myths and beliefs which could pose potential barriers to participants' assimilation of new RH knowledge. NSDC, ACWICT, JRF, SAHER, and Emerge Global all conducted YRH TOTs for facilitators in their own organizations and, in some cases, additional stakeholders, which focused on the content of the RH

curriculum as well as teaching techniques. TOTs were additionally utilized as opportunities to gather feedback on the curriculum and make adaptations. Both Sur Futuro and JRF hired consultants with RH expertise to assist in this adaptation process. After the first round of adaptations, test groups with participants were utilized to gather additional feedback and suggestions for adaptation after each lesson. Feedback from trainers, based on their experiences with implementation, was gathered throughout the duration of the grant.

For all organizations, the focus of adaptation was to retain the main concepts of the curriculum while modifying technical language and scenarios to respond to the needs and context of the target audience. The most common cultural adaptations made were surrounding the presentation of material on STIs and family planning. SAHER and JRF reframed role-plays so that use of contraception and STIs were discussed within the context of marriage. To respond to a population consisting of numerous teenage mothers, Emerge Global modified scenarios around pregnancy to ensure they did not appear to be blaming the female. In some cases, the curriculum was modified to contain different and additional technical content. For example, in Jordan, the topic of early marriage was added to better align with cultural norms. For some organizations, lessons needed to be simplified and exercises need to be modified to meet the needs of low literacy populations. For example, several partners modified the curriculum to contain more visual materials and transformed activities requiring reading into brainstorming or group activities.

#### Creating “Buy-In” for YRH Integration

All pilot project partner organizations actively sought stakeholder buy-in surrounding the adaptation and implementation of the RH curriculum, experiencing varying levels of receptivity from the local community. Before beginning the adaptation process, partners reached out to key stakeholders in their communities including youth and health-focused community based organizations, government institutions (education, health, probation and parole), women’s groups, clinics, parents, teachers, and religious organizations to explain the content and purpose of the RH training. Organizations utilized different approaches to engaging stakeholders depending on their community context and target population. NSDC held one-on-one stakeholder meetings, Sur Futuro engaged staff from the Ministries of Education and Health with promotional Powerpoint presentations, and Emerge Global met with each shelter matron separately to share the RH curriculum. SAHER found that bringing stakeholders from different sectors of the community (i.e. clergy, CBOs, parents) together in the same room to create buy-in was counter-productive as it created cultural clashes that left some stakeholders less open to discussion. Speaking with groups in batches about the YRH lessons allowed for more open and productive conversation.

Some organizations encountered challenges from specific groups of stakeholders. For SAHER, an initial challenge was working with clergy and religious organizations who largely believed that FP was not sanctioned by their religion and that training youth in this area would lead to increased sexual risk behavior. However, through the process of developing community buy-in, clergy were transformed into an ally. By locating clergy members who support FP and including them in stakeholder meetings and class sessions, the organization was able to increase both community and participant buy-in for the YRH training. ACWICT and SAHER faced similar challenges from parents who were concerned about their

daughters' exposure to RH topics. To alleviate fears, both organizations met one-on-one with parents to discuss the content of the curriculum and its' potential for improving their daughters' health.

Beyond initial stakeholder meetings, some partners also engaged community stakeholders in the adaptation process. NSDC, for example, invited stakeholders to the TOT at their organization. JRF invited a representative from the Jordan Ministry of Health to revise their pre and post-test to ensure it was in-line with government messaging in the area of YRH and enlisted volunteers from the community to proofread the curriculum.

### Linkages with RH Service Providers

As a result of *PFL* Phase 2, five of the six partner organizations developed relationships with RH-related service providers. Partners reached out to governmental and non-governmental organizations working in the areas of FP, HIV/AIDS, gender-based violence, substance abuse, and nutrition. SAHER, ACWICT, NSDC, Sur Futuro and Emerge Global all invited service providers from RH organizations to speak with participants about contraception and other technical issues related to RH. For Emerge Global, these guest speakers were instrumental in raising awareness about the services that could be accessed by shelter residents when they returned to their communities. Through a partnership with the St. Lucia Planned Parenthood Association (SPPA), NSDC was able to provide free RH check-ups and RH materials to program participants. As a follow-up to the RH training, SAHER invited the Society for Nutrition, Education, & Health Action to conduct monthly sessions on nutrition and maternal health for female community members. RH service providers in Nairobi also played a key role in a referral system that ACWICT set up to be utilized by peer educators in outreach activities.

### Pilot Project Successes, Challenges, and Lessons Learned

#### *Pilot Projects Successes*

All partners identified noticeable increases in RH knowledge and awareness and movement towards healthier RH attitudes both among participants and within their larger communities. For all partner organizations, pilot groups experienced significant increases in RH-related knowledge from pre- to post-test. For four of the six pilot projects, healthy attitudes towards RH also increased significantly. (Table 2) Sur Futuro found that many of the youth trained through *PFL* Phase 2 went from knowing very little about their bodies to making commitments to take care of themselves, especially in the area of substance use. Both Emerge Global and ACWICT noted that the girls trained through *PFL* Phase 2 have become valuable resources for each other. For example, at an Emerge Global reunion, the organization played a game in which girls who both had and had not completed the RH training were questioned about myths regarding RH. The girls who had participated in the training not only answered questions correctly but comfortably educated other girls about the subject matter.

Benefits of the training extended beyond the personal health of participants to employability and workplace practices as well. In Kenya, where RH programs exist in some workplaces, some participants have been able to leverage their training in RH-related peer education to make themselves more desirable job candidates. Participants in other settings have expressed greater familiarity with what constitutes sexual harassment in the workplace and identified cases of sexual harassment within their own work environment. As a result of the training, three of JRF's participants sought out drug treatment at a local

health center. This was of particular significance in the Jordanian context where individuals who use drugs are often unable to gain employment.

**Table 2. Changes in Pilot Project Participants' Average Overall RH Knowledge and Attitudes Scores**

Partner Organization	RH Knowledge Pre-test	RH Knowledge Post-test	p-value	RH Attitudes Pre-test	RH Attitudes Post-test	p-value
ACWICT	71.3%	84.4%	0.000*	91.7%	95.8%	0.134
EMERGE Global	39.6%	73.8%	0.000*	78.9%	95.3%	0.000*
JRF	48.6%	62.5%	0.001*	60.4%	71.4%	0.048*
NSDC	61.3%	72.7%	0.001*	83.8%	83.8%	1.0
SAHER	52%	81%	0.000*	78.5%	93%	0.001*
Sur Futuro	48%	67.5%	0.000*	73.5%	88%	0.028*

\*p<.05 pre vs. post-test

A couple of organizations noted the enthusiasm that has been sparked among youth participants for RH health-related issues as a result of the training. Several organizations received feedback from youth requesting that the training be continued so that their friends and peers could participate. A number of youth who were trained through Sur Futuro's program expressed interest in serving as facilitators themselves in future iterations of the training. Some of SAHER's participants have since taken up social action campaigns aimed at creating awareness around HIV.

Capacity building among partner staff was also identified as an important success of the pilot projects. Several organizations noted transformations in the RH-related knowledge and attitudes of their own staff who have now become RH resources in their communities. Since completing the training, youth participants have reached out to staff from SAHER, Emerge Global, and ACWICT requesting information related to contraception and RH health. In several instances, women and girls from the community have also walked into pilot project organizations seeking RH information. The *PFL* Phase 2 TOT has helped to ensure that several staff in each organization has sufficient knowledge in RH to respond to this demand. Additionally, all pilot projects now have RH Master Trainers who are able to conduct RH TOT for other IYF partners and local organizations. Two organizations have already done so with Emerge Global training SAHER for the pilot project and NSDC training employees at a local community college. As a result of their work with *PFL* Phase 2, ACWICT was invited by the Ministry of Youth to participate in a forum in which feedback was solicited on the Ministry's strategic plan on HIV/AIDS. Last, some of the smaller partner organizations mentioned that through *PFL* Phase 2, staff capacity was built in understanding and implementing rigorous M&E practices and communicating with grant-makers.

### *Pilot Project Challenges*

Despite differing contexts, across programs, similar factors posed barriers to both the YRH integration process and reaching youth with YRH information. Cultural sensitivity surrounding RH topics was by far the most common and prominent challenge faced by pilot project partners. Taboos related to the discussion of RH topics affected partner organizations at each stage of the integration process. SAHER and Emerge Global found that beliefs regarding sexuality, RH, and gender role stereotypes among stakeholders were key barriers to the onset of trainings. Emerge Global recalled receiving approval to implement a RH training in one shelter after walking through the curriculum with shelter staff. After seeing the pre-test, the head matron retracted her approval of the curriculum fearing that exposing the girls to RH-related language in the pre-test out of context might increase risky behavior. For Emerge Global staff, the adaptation process took longer than anticipated, as they first had to dispel staff members' own misconceptions regarding RH. Several partners noted participants who, due to cultural taboos surrounding RH, had trouble talking to family about the new information they were learning and, on occasion, were barred from coming to class. These challenges were particularly pronounced among female participants. Additionally, ACWICT found that female peer educators were not always well received by male students. When teaching in schools, boys were sometimes inattentive to the material or, in a few instances, would walk out of educational sessions.

For each organization interviewed, low literacy levels among some participants presented a challenge to youth assimilating the RH material. Some partners found that youth struggled with pre and post-tests in which questions were negatively worded or contained unfamiliar technical language.

ACWICT, in particular, noted financial resources as a main challenge. In order to accomplish their community outreach goals, they had to draw from other budgets or leverage outreach activities associated with other programs.

Last, all of the organizations highlighted challenges surrounding the short time period allotted for the RH lessons. Several organizations had to extend both the length of individual lessons and the number of days allotted for training in order to accommodate the needs of their target population.

### IYF's Support for YRH Integration

Overall, pilot project organizational partners were pleased with the training and support provided by IYF for the YRH integration process. Partners described receiving consistent support (material and technical) from the *PFL* team and sensitivity to their cultural context. Although most of the organizations described this support as helpful, one partner suggested that constant supervision from IYF headquarters at times confused the process and that trusting them to adapt the curriculum to their own context would have facilitated smoother integration.

The RH Master Training at the GPM received mixed reviews. Attendees appreciated learning new participatory approaches to teaching, networking and sharing experiences with other IYF partners, and the opportunity to practice putting together a lesson plan and facilitating a RH lesson. One respondent noted that attending the TOT allowed her to return to her organization confident and comfortable teaching sensitive material: "If I had just the training curricula in hand, alone, I would be very afraid of some sensitive topics. It wouldn't be very easy for me to accept them." Other attendees felt that the training was

too rushed and did not provide enough practice or practical implementation skills to sufficiently prepare them to conduct a TOT at their own organizations or adapt and implement the curriculum. The partner organizations who received training from other IYF partners (SAHER and Sur Futuro) found the trainings helpful in breaking down lesson plans, explaining community mapping, and kick-starting the adaptation process. Although these training were both three days long, this time period was also described as too short to accomplish all the goals of the training.

IYF partners gave several recommendations for how IYF could better support YRH integration efforts. These included: lengthening the RH Master Training, connecting pilot project partners with other funders who may be able to support the implementation of the YRH curriculum after *PFL* has ended, providing a projector so that pictures can more easily displayed for program participants, sharing technical materials on standards for peer education, and setting up an online system for recording M&E indicators from pre and post-tests. Several partners mentioned that it would also be helpful to have an online or in-person forum for partners to share their experiences integrating YRH.

### Future Plans and Sustainability

Four of the five organizations interviewed plan to continue implementing *Reproductive Health Lessons: A Supplemental Curriculum for Young People*. ACWICT, JRF, Emerge Global, and SAHER have all integrated the YRH lessons into their life skills curriculum and plan to implement them as part of their life skills training. JRF, SAHER, and ACWICT mentioned that they are currently seeking funding to continue implementing the YRH lessons. Sur Futuro will focus specifically on the STI and HIV lessons within the curriculum. They described plans to continue implementing these lessons through the educational centers that they work with that have a particular interest in HIV/STI prevention.

ACWICT intentionally planned for sustainability by training peer educators who will continue to share RH information in their communities. Although their curriculum did not contain peer education components, JRF took a similar approach by training a group of Social Youth Leaders who have the capacity to serve as peer educators on RH topics.

All organizations described their cadre of staff members who are now trained in teaching RH topics as key assets as they continue moving forward with YRH-focused work. Beyond their own programmatic context, several partners have reached out to other local organizations to share the materials and skills they've acquired through *PFL* Phase 2. NSDC's RH Master Trainer conducted a RH TOT at a local community college and several shelters have reached out to Emerge Global requesting that they facilitate YRH lessons for residents or conduct a YRH TOT for shelter staff.

Pilot project partners also provided suggestions for how they could serve as resources to other organizations interested in integrating YRH into their programs. Among these suggestions were: sharing the translated curriculum with local organizations, conducting YRH TOTs, and sharing personal experiences and "success stories" either in person or through IYF's website.

### Guiding Principles and Programmatic Elements of Youth Reproductive Health Integration

Changes in YRH integration at the organizational and programmatic levels were assessed using the Self Assessment Tool for Integrating YRH/FP in Youth Development Programs. (See Appendix E) For all six

pilot project partners, YRH integration increased as a result of their participation in the *PFL* Phase 2 project.

### *Guiding Principles for YRH Integration*

Partners were assessed based on six guiding principles for YRH integration:

- Gender equity
- Youth participation
- Segmented programming
- Quality assurance
- Stakeholder involvement
- Multi-sectoral linkages

Gender Equity was the greatest strength among pilot project partners with 5 organizations meeting all criteria. Three pilot project partners saw increases in this area with changes particularly pronounced for JRF and Emerge Global who met all 4 criteria at endline, compared to only 2 at baseline. Segmented programming was a strength among partners at baseline and remained a strength at endline with all pilot partners meeting 5 or more of the 6 criteria. Four organizations (SAHER, ACWICT, Emerge Global, and Sur Futuro) increased their level of youth participation, meeting at least 1 additional criteria. Multi-sectoral linkages were strengthened for SAHER, ACWICT, NSDC, and JRF, all of whom reported relationships with health service providers. Quality assurance was the only area in which no improvements were recorded among pilot partner organizations.

### *Programmatic Elements of YRH Integration*

Partners additionally assessed their organization based on ten key programmatic elements of YRH integration:

- Institutional commitment to YRH
- Media and behavior change communication
- Life-skills based RH/FP education
- YRH integrated livelihoods and employability initiatives
- Youth-adult partnerships
- YRH advocacy and network/coalition building
- Capacity building of youth-advocates
- Family and community involvement in YRH
- Youth-friendly RH/FP services
- Quality of RH/FP services

Organizations scored highest and saw the biggest increases in YRH Integrated Livelihoods and Employability Training, with SAHER, NSDC, JRF, and Sur Futuro all scoring at the highest level, “C”, by endline. Changes for SAHER and NSDC were particularly pronounced in this area with both partners moving from the lowest (A) to highest level (C). Life Skills-based YRH/FP was also a strength with 3 organizations (Emerge Global, SAHER, and ACWICT) at the highest level, C, by endline and 4 organizations increasing by at least 1 level from baseline to endline. Partners’ levels of family and community involvement in YRH/FP initiatives saw additional increases with SAHER, ACWICT, and

JRF all rising by one level. No increases were reported in the areas of youth-adult partnerships, institutional commitment to YRH, or media & BBC for 5 of the organizations. The exception was SAHER who reported a one level increase in all three of these areas. Additionally, no increases for any organizations were reported in the areas of youth-friendly RH/FP services or quality of RH/FP services for youth. This result is expected given that the pilot projects primarily focused on the development of RH referral systems rather than direct provision of services.

#### **4. LIMITATIONS**

This evaluation is subject to several limitations. First, all data was self-reported and is not anonymous. As such, results are subject to social desirability bias. Second, while effort was made to attain variation in position and technical area among respondents, these findings represent the opinions of only a portion of IYF program staff and may not necessarily be generalizable. Last, the response rate for the global partners' endline survey was very low. These findings therefore represent only a small percentage of global partner organizations and may be subject to bias such that organizations with greater interest and capacity in YRH integration may have been more likely to complete the survey.

#### **5. LESSONS LEARNED AND RECOMMENDATIONS**

*Planning for Life* Phase 2's multi-leveled approach to YRH integration was an effective model for engaging SMT, staff, and global partners around the YRH integration process. Based on the experiences of IYF staff, SMT members, and pilot project partners, the following "lessons learned" and recommendations may serve to further support IYF and partner staff in integrating YRH into IYF's youth development programs and help to ensure the sustainability of *Planning for Life*'s work as the project comes to a close.

##### IYF Headquarters Level

###### *Staffing Youth Reproductive Health Integration*

The vast majority of staff members and one member of the SMT, believe that an internal champion for YRH integration is crucial for ensuring the sustainability of *Planning for Life*'s integration efforts. Staff envision this person as both an advocate and technical resource for the YRH integration process and overwhelmingly agree that without this champion, YRH integration may eventually fall off employees' radars and be less visible to new staff joining IYF. One staff member summarized this sentiment: "Now we don't feel that there's someone who is 100% dedicated to integrating PFL into our training programs and I think our programs need it. But there's no way given everything we have to deliver on, you know these targets we have to meet, that program teams can do it themselves. We need support. I think it's time but also expertise....I think we need a technical expert who can deploy something like this or at least be a resource to advise program teams or accompany us in deploying this."

Several interviewees additionally emphasized the importance of formally identifying a network of staff members within IYF, who understand the integration tools and have experience with the process of YRH integration, who will continue to both push YRH integration forward and serve as resource persons for other staff members interested in YRH integration.

## *Training*

When asked about their perceived capacity to support YRH integration, most staff stated that they are familiar with IYF's integration materials and can effectively connect partners with integration resources but do not personally have the capacity to support the YRH integration process. A few interviewees suggested that more in-depth training be provided to interested staff members on how to deliver *Reproductive Health Lessons: A Supplemental Curriculum for Young People* to partners. In particular, a staff member suggested replicating with IYF staff the TOT which was conducted with pilot project partners during the GPM as part of *Planning for Life* Phase 2.

A few staff members believed that they would benefit from additional training on how to create "buy-in" for YRH integration among project partners. This idea was particularly salient among staff who believed their project partners would not feel comfortable with YRH topics for cultural or religious reasons.

## *Outreach to Program Staff*

Several mechanisms were suggested for continued outreach to IYF's program staff. Overall, interviewees believed that the brown-bags and learning events implemented by the program were effective in highlighting the importance of YRH integration and raising awareness about the integration process. Several staff and SMT members recommended that events which highlight the successes, challenges, and impact of YRH integration continue to be implemented periodically in order to continue the conversation among IYF staff about YRH integration. One staff member thought that a game-based or campaign-based approach may more effectively engage staff in learning about YRH integration than circulating documents, which may not be read. A few staff members recommended that the *Planning for Life* team conduct one-on-one outreach to IYF staff, using a participatory approach to identify specific entry-points for YRH integration within their projects. Last, one staff member suggested that a small introduction to YRH integration at IYF be integrated into new hire orientation.

## *External Outreach*

One SMT member suggested that, moving forward, the project team should begin to identify external platforms through which IYF can share the tools, resources, and lessons learned from *Planning for Life*. This would be a key step towards connecting with organizations who do similar work and sharing experiences through which IYF can continue to improve upon its integration processes.

## *Business Development*

Several staff members recommended that *Planning for Life* work more closely with the business development team to ensure that YRH is explicitly integrated into projects at the proposal stage, highlighting YRH as an important piece of IYF's work. One interviewee suggested that the project help draft standard text which can be inserted into proposals.

## Global Partner Network

### *Connecting Partners around YRH Integration*

Building on the successful implementation and adaptation of *Planning for Life's* Supplemental Reproductive Health Curriculum in a variety of regions, staff emphasized the importance of establishing

pilot project partners as regional resources for the adaptation and implementation of *Reproductive Health Lessons: A Supplemental Curriculum for Young People*. In particular, a few staff members suggested replicating in other regions the Caribbean RH Integration Webinar, in which NSDC spoke to partners in the same region about the experience of adapting and implementing the RH curriculum. This would be particularly helpful for partners who were interested in but did not receive an Integration Grant through *Planning for Life*. Beyond connecting pilot project partners with IYF's other regional partners, a few staff suggested that the project connect the six pilot project partners with each other in order to begin developing a network of technical experts in this area who can share experiences and serve as resources for other partners interested in RH integration.

#### *Outreach to Global Partner Network*

Several interviewees recommended that *Planning for Life* share the success stories and results from the pilot programs throughout the entire Global Partner Network. One staff member suggested that the voices of the projects be represented not just through written documentation but through a video or recorded webinar that partners can access online. The GPM was also highlighted as a useful future forum for sharing RH integration resources with new IYF partners.

#### *Integration of YRH into Quality Assessment*

A few staff suggested that an assessment of the presence and quality of YRH modules be included as a component within IYF's quality assessment process for partner organizations' life skills curricula.

### Pilot Projects

#### *Creating Buy-in for YRH Integration*

Engaging stakeholders, particularly parents and religious figures, from the beginning is an effective method for encouraging youth participation and minimizing participant attrition in settings where RH topics are taboo. It is important to get buy-in not only for the RH content but for the "process" of YRH integration as well. Explaining why pre and post-tests are important, for example, may help to alleviate stakeholder concerns about exposing youth to sensitive material out of context.

#### *Engaging Participants*

Pilot project partners faced challenges in the classroom related to cultural sensitivities and low-literacy target populations. They overcame these challenges using a variety of teaching techniques. To minimize challenges posed by low literacy, facilitators modified the curriculum to include more visual materials, transformed activities that required reading into brainstorming sessions, and paired up participants with higher and lower literacy levels to learn together. Encouraging youth to act as "trainers" (ie. explaining material to other youth), providing a forum for participants to anonymously submit questions regarding RH to be answered in front of the class, and reviewing concepts from the previous day of training at the beginning of each day were found to be effective mechanisms for engaging youth around sensitive subject matter.

### *Modify YRH Integration Support to Meet the Needs of the Partner Organization*

Several partners mentioned that in order to sufficiently prepare facilitators to teach the RH lessons, the duration of the RH Master Training should be lengthened to include more practice teaching RH lessons and utilizing participatory teaching techniques. Allowing more time (3-4 months) for the adaptation process will also help to ensure that facilitators have sufficiently assimilated new RH knowledge, leading to more effective teaching and thoughtful adaptations.

### *Adapt the Training Duration to Meet the Needs of the Target Population*

Many IYF partners work with vulnerable youth who have low levels of literacy. As such, participants may require more time to process lessons and facilitators may need more time to convey new material. It is recommended that the curriculum allow for flexibility in terms of the number of days allotted for the RH training and time allotted for each lesson.

### *Connect Partners around YRH Integration*

Pilot project partners reiterated staff suggestions regarding the creation of forums to connect IYF partners with each other. Pilot project partners hold important institutional knowledge and lessons learned about the YRH integration process. As such, they can serve as valuable resources to other IYF partners by sharing personal experiences and “success stories” and/or transmitting skills through YRH TOTs.

## APPENDIX A

### Interview Guide for IYF HQ Staff

Main Research Question: Has *Planning for Life* Phase 2 strengthened IYF's organizational commitment and capacity to integrate YRH/FP into its youth development programs?

Objectives: To assess whether *Planning for Life* Phase 2 contributed to:

1. increased awareness about and interest in the importance of YRH/FP among IYF staff
2. increased capacity among IYF staff to integrate YRH/FP into their programs
3. increased commitment of IYF staff to include YRH/FP as a component in their programs

### Introduction to Interviewee

*Thank you for agreeing to take the time to talk with me. This interview will take approximately 30 minutes. As you may know, over the past 18 months, the Planning for Life Phase 2 project implemented interventions to strengthen IYF's organizational capacity and systems to better integrate reproductive health and family planning into IYF's youth development programs. Our endline interviews with IYF staff will help us assess the extent which Planning for Life Phase 2 achieved its goals.*

Name of interviewee:

Position and department of interviewee:

Number of years with IYF:

Do you have a life skills component in your project(s)?

1. What topics or services do you think constitute reproductive health for young people?
  - a. family planning/contraceptives
  - b. abstinence promotion
  - c. post-abortion care
  - d. STI prevention and care
  - e. HIV prevention, care, treatment
  - f. life skills education, including negotiation & communication skills
  - g. gender roles
  - h. gender-based violence
  - i. maternal health care/pre-natal care
  - j. pregnancy prevention
  - k. education on puberty, growth & development
  - l. substance abuse prevention
  - m. parenting skills
  - n. Others:

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2. How important do you think reproductive health and family planning knowledge, skills, and services are for youth? Would you say they are:
  - a. Very important
  - b. Somewhat important
  - c. Just a little important
  - d. Not at all important
  - e. Don't know

Please explain why you chose [repeat participant's answer to number 2]:

3. How do you think reproductive health outcomes for young people can impact other areas of their lives?
4. Do you support any partner projects that currently include a YRH/FP component?

*If Yes:* How would you describe your comfort level when working with partners to support the YRH/FP component within this project? Would you say you are:

- a. Very comfortable
- b. Somewhat comfortable
- c. Just a little comfortable
- d. Not at all comfortable
- e. Don't know

Please explain why you chose [repeat participant's answer to number 4]:

5. Do you think that some IYF programs that don't currently have a YRH/FP integration component would benefit from including one?
  - a. *If Yes:* Explain how.
  - b. *If No:* Why not?
6. Do you think that one or more of the programs that you work with that do not currently have a YRH/FP integration component would benefit from including a YRH/FP integration component?
  - a. *If Yes:* Explain how.
  - b. *If No:* Why not?
7. If you had the tools, time and resources, how interested would you be in including a YRH/FP integration component in one or more of the projects you work with? Would you be:
  - a. Very interested
  - b. Somewhat interested
  - c. Just a little interested
  - d. Not at all interested
  - e. Don't know

Please explain why you chose [repeat participant's answer to number 7]:

8. Given your current time and resource limitations, how would you describe your level of commitment to supporting a YRH/FP integration component in one or more of the projects you work with? Would you say you're:
- Very committed
  - Somewhat committed
  - Just a little committed
  - Not at all committed
  - Don't know

Please explain why you chose [repeat participant's answer to number 8]:

9. Thinking about your current skill-set, how confident are you in your current ability to support your partners in integrating a YRH/FP component into their projects? Would you say you're:
- Very confident
  - Somewhat confident
  - Just a little confident
  - Not at all confident
  - Don't know

Please explain why you chose [repeat participant's answer to number 9]:

10. How would you describe your comfort level discussing issues of sexuality with partner organizations? Would you say you are:
- Very comfortable
  - Somewhat comfortable
  - Just a little comfortable
  - Not at all comfortable
  - Don't know

Please explain why you chose [repeat participant's answer to number 10]:

11. In your current role at IYF, what type of support would you be able to provide to your partners in the area of YRH/FP integration?

12. Did you participate in any of the following *Planning for Life* activities and events over the past 18 months?

- June 2010 Staff meeting – Introduction of Planning for Life Phase 2
- July, 2010 Learning Event – Overview of why RH Integration is important and request for staff to nominate partners for Integration Grants
- August 2010 Material review meeting – Review of all Planning for Life materials with IYF program staff
- December 2010 World AIDS Day event
- March 2011 - Material review webinar – Review of all materials with global partners and staff
- March 2011 International Women's Day Event – Speaker Elise Smith
- June, 2011 Learning Event – Information on best practices and pilot project successes/challenges
- August 2011 Staff meeting – Quick update on project and available tools/curricula
- September 2011 Brown bag lunch featuring a panel of staff collaborators
- Bi-monthly RH Listserv

13. How has the *Planning for Life* Phase 2 project increased your knowledge or changed your perceptions about youth reproductive health in general?

14. How has the *Planning for Life* Phase 2 project increased your knowledge or changed your perceptions about integrating reproductive health into youth development programs?

15. (If worked with a PFL Phase 2 Pilot Project Partner) How do you think [name of partner organization] benefited from integrating YRH/FP into their curriculum?

What were the challenges they faced?

16. From what you've seen and heard of the project, what do you think is *Planning for Life* Phase 2's biggest accomplishment?

17. What additional strategies or activities could *Planning for Life* have undertaken to increase YRH integration at IYF even further?

18. Now that *Planning for Life* is ending, how do you think that IYF staff can continue to integrate YRH into their programs?

19. Is there anything else you'd like to share with me?

*Thank you for participating in the Planning for Life Phase 2 Endline Survey.*

## APPENDIX B

### Interview Guide for IYF Senior Management Team

Main Research Question: Has *Planning for Life* Phase 2 strengthened IYF's organizational commitment and capacity to integrate YRH/FP into its youth development programs?

Objectives: To assess whether *Planning for Life* Phase 2 contributed to:

1. increased awareness about and interest in the importance of YRH/FP among IYF's SMT
2. increased commitment of IYF's SMT to include YRH/FP as a component within IYF's youth development programs

#### Introduction to Interviewee

*Thank you for agreeing to take the time to talk with me. This interview will take approximately 30 minutes. As you may know, over the past 18 months, the Planning for Life Phase 2 project implemented interventions to strengthen IYF's organizational capacity and systems to better integrate reproductive health and family planning into IYF's youth development programs. Our endline interviews with IYF staff will help us assess the extent which Planning for Life Phase 2 has achieved its goals.*

Name of interviewee:

Position and department of interviewee:

Number of years with IYF:

1. Last year, you stated that (repeat response from last year) constitutes reproductive health for young people. Is there anything you would like to add to that today?

- a. family planning/contraceptives
  - f. abstinence promotion
  - g. post-abortion care
  - h. STI prevention and care
  - i. HIV prevention, care, treatment
  - j. life skills education, including negotiation & communication skills
  - k. gender roles
  - l. gender-based violence
  - m. maternal health care/pre-natal care
  - n. pregnancy prevention
  - o. education on puberty, growth & development
  - p. substance abuse prevention
  - q. parenting skills
  - r. Others:
- 
-

2. How important do you think reproductive health and family planning knowledge, skills, and services are for youth? Would you say they are:
  - a. Very important
  - b. Somewhat important
  - c. Just a little important
  - d. Not at all important
  - e. Don't know

Please explain why you chose [repeat participant's answer for to number 2]:

3. How do you think reproductive health outcomes for young people can impact other areas of their lives?
4. Considering IYF's mission, do you believe that reproductive health and family planning education should be a part of IYF's current and future programs?
  - a. *If Yes:* Why?
  - b. *If No:* Why not?
5. Please describe for me what your response would be if a staff member on your team mentioned to you that he or she would like to integrate YRH/FP into his or her projects.
6. If IYF program staff had the tools, time and resources to integrate a YRH/FP component within their project, how supportive would you be of this integration? Would you be:
  - a. Very supportive
  - b. Somewhat supportive
  - c. Just a little supportive
  - d. Not at all supportive (Skip to question 9)
  - e. Don't know

Please explain why you chose [repeat participant's answer to number 5]:

7. Given all the competing priorities that IYF staff have, how would you describe your level of commitment to integrating YRH/FP into staff projects? Would you say you're:
  - a. Very committed
  - b. Somewhat committed
  - c. Just a little committed
  - d. Not at all committed (Skip to Question 9)
  - e. Don't know

Please explain why you chose [repeat participant's answer to number 6]:

8. What are 2 or 3 action steps that you could feasibly take to show your team (and/or IYF program staff who are outside of your team) that you support YRH/FP integration?

9. How would you describe your comfort level when speaking to IYF staff about your support for YRH/FP integration? Would you say you are:
- Very comfortable
  - Somewhat comfortable
  - Just a little comfortable
  - Not at all comfortable
  - Don't know

Please explain why you chose [repeat participant's answer to number 8]:

10. Did you participate in any of the following *Planning for Life* activities and events over the past 18 months?
- June 2010 Staff meeting – Introduction of Planning for Life Phase 2
  - July, 2010 Learning Event – Overview of why RH Integration is important and request for staff to nominate partners for Integration Grants
  - August 2010 Material review meeting – Review of all Planning for Life materials with IYF program staff
  - December 2010 World AIDS Day event
  - March 2011 - Material review webinar – Review of all materials with global partners and staff
  - March 2011 International Women's Day Event – Speaker Elise Smith
  - June, 2011 Learning Event – Information on best practices and pilot project successes/challenges
  - August 2011 Staff meeting – Quick update on project and available tools/curricula
  - September 2011 Brown bag lunch featuring a panel of staff collaborators
  - Bi-monthly RH Listserv
11. How has the *Planning for Life* Phase 2 project increased your knowledge or changed your perceptions about youth reproductive health?
12. How has the *Planning for Life* Phase 2 project increased your knowledge or changed your perceptions about integrating reproductive health into youth development programs?
13. From what you've seen and heard of the project, what do you think is *Planning for Life* Phase 2's biggest accomplishment?
14. Is there anything that *Planning for Life* Phase 2 did not undertake that you would have liked to see?
15. Now that *Planning for Life* is ending, how do you think that IYF staff can continue to integrate YRH into their programs?
16. Is there anything else you'd like to share with me?

*Thank you for your participation in the Planning for Life Phase 2 Endline Survey!*

**APPENDIX C**

**International Youth Foundation**

**Global Partner Network Endline Survey**

Name of your Organization: \_\_\_\_\_

Country: \_\_\_\_\_

Your Name and Title: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

1. Please circle the program area(s) that your organization works with:

A: Employability, Livelihoods and Entrepreneurship

B: Education

C: Leadership and Civic Engagement

D: Health Education

E. Other: (Please Specify) \_\_\_\_\_

2. Circle the target population(s) that your organization currently works with:

A: Adolescents - ages 10-14

B: Youth – ages 15-19

C: Young Adults – ages 20-25

D: Girls/Women only

E: Out-of-school youth

F: In-school youth

G: Orphans and Vulnerable Children

H: Other: (Please Specify) \_\_\_\_\_

3. What types of reproductive health or family planning organizations does your organization currently have linkages to?: (Circle all that apply)

A: Governmental: (Please Specify) \_\_\_\_\_

B: Local Non-Governmental (NGO): (Please Specify) \_\_\_\_\_

C: International Non-Governmental (NGO): (Please Specify) \_\_\_\_\_

D: None of the above

E: Other: (Please Specify) \_\_\_\_\_

4. How would you describe your organization's involvement in Youth Reproductive Health (YRH) and Family Planning (FP)? Please circle the most accurate answer.

A: Our organization has a dedicated YRH/FP program

B: Our organization has components of YRH/FP that are part of another program

C: Our organization is NOT currently implementing YRH/FP programming but has done so in the past

D: Our organization has NEVER implemented YRH/FP programming

5. Which of the following IYF Youth Reproductive Health and Family Planning integration tools and materials have you seen and reviewed? (Circle all that apply):

A: Reproductive Health Lessons: A Supplemental Curriculum for Young People

B: A Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs

C: Family Planning, HIV/AIDS and STIs, & Gender Matrix

D: Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs

E: Youth Reproductive Health Regional Fact Sheets

F: Field Notes Publication

G: None of the Above

Please list any of the tools described above that you or your organization has used:

6. Over the past 18 months, which of the following *Planning for Life* Phase 2 events and activities did you or your organization participate in? (Circle all that apply):

A: GPM Life skills & Reproductive Health Session

If participated - How helpful was this event in assisting your organization in integrating reproductive health and family planning into its programs?

a. Very helpful

b. Helpful

c. Somewhat helpful

d. Not at all helpful

How could this training be further improved? \_\_\_\_\_

B: Reproductive Health Master training at the GPM

If participated - How helpful was this event in assisting your organization in integrating reproductive health and family planning into its programs?

a. Very helpful

b. Helpful

c. Somewhat helpful

d. Not at all helpful

How could this training be further improved? \_\_\_\_\_

C. Reproductive Health Listserv

If participated - How helpful was this resource in assisting your organization in integrating reproductive health and family planning into its programs?

- a. Very helpful
- b. Helpful
- c. Somewhat helpful
- d. Not at all helpful

How could this resource be further improved?: \_\_\_\_\_

D: Material Review Webinar

If participated - How helpful was this event in assisting your organization in integrating reproductive health and family planning into its programs?

- a. Very helpful
- b. Helpful
- c. Somewhat helpful
- d. Not at all helpful

How could this training be further improved?: \_\_\_\_\_

E: Caribbean RH Integration Webinar

If participated - How helpful was this event in assisting your organization in integrating reproductive health and family planning into its programs?

- a. Very helpful
- b. Helpful
- c. Somewhat helpful
- d. Not at all helpful

How could this training be further improved?: \_\_\_\_\_

F: None of the Above

*Please check “yes”, “no”, or “maybe” in response to the following questions:*

	Yes	No	Maybe	Please explain your response
7. Are you or your organization interested in:				
Training youth in basic Reproductive Health (YRH) and Family Planning (FP) lessons?				
Designing programs that integrate YRH and FP?				
Leading a Training of Trainers in YRH and FP?				
8. Given your organization’s current capacity, are you confident that it can:				

Train youth in basic Reproductive Health (YRH) and family planning (FP) lessons?				
Design programs that integrate YRH and FP?				
Lead a Training of Trainers in YRH and FP?				
9. Do you feel that your organization currently has the necessary tools and resources to integrate YRH and FP into its programs?				

10. Do you have any suggestions for how IYF could further assist its Global Partners in integrating youth reproductive health into their programs?

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## APPENDIX D

### Interview Guide for *Planning For Life* Phase 2 Pilot Project Partners

#### Introduction to Interviewee

*Thank you for agreeing to take the time to talk with me today. This interview will take approximately 30-45 minutes. As you may know, we are conducting the final evaluation for the Planning for Life Phase 2 project with International Youth Foundation. As part of the evaluation, we are interested in speaking with program staff from IYF's partner organizations who adapted and implemented the supplemental reproductive health curriculum. This will help us to assess the successes and challenges of the pilot projects and gather lessons learned. Please try to provide as complete and accurate information as you are able to.*

Name of Organization: \_\_\_\_\_

Name of Interviewee: \_\_\_\_\_

Position: \_\_\_\_\_

Number of years with organization: \_\_\_\_\_

1. To start, please tell me a bit about your organization.

*Probes:*

- What is the mission of your organization?
- What kinds of activities/trainings do you implement?
- Who is your main target group?
- What venues (eg. schools, clubs, shelters) do you use to reach your target group?

2. Why was your organization interested in pursuing a *Planning for Life* Integration Grant?

*Probes:*

- How does integrating youth reproductive health and family planning into your program activities fit into your organization's overall mission?

3. Tell me about the process your organization underwent to adapt "Reproductive Health Lessons: A Supplemental Curriculum for Young People" to your cultural and project context.

*Probes*

- How did your organization adapt the reproductive health curriculum to meet the needs of your target group?
- What kinds of adaptations did you make to the curriculum before the test group?
- What kinds of adaptations did you make to the curriculum after the test group?
- What was your specific role in the process?

4. What IYF tools did your organization use to assist in integrating the supplemental reproductive health curriculum into your program?

*Probes:*

- If not mentioned, ask about: *Project Design and Proposal Writing Guide, The Family Planning, HIV/AIDS and STIs, and Gender Matrix, and A Framework for Integrating Reproductive Health and Family Planning into Youth Development Projects*
- Which tools did you find most/least useful?

5. How did your organization establish buy-in for reproductive health and family planning integration among key community stakeholders?

*Probes:*

- What approaches worked best?
- Which did not work well and why?

6. What strategies did your organization use to encourage youth participation in the reproductive health training?

*Probes:*

- What strategies worked best or which did not work well and why?

7. Did your organization establish relationships with any reproductive health/ family planning service providers as part of this project?

*Probes:*

- Which organizations? What services do they provide?
- What role did these organizations play in the process? (eg. participated in lessons, were available for referrals, provided educational materials)
- Why (or why not) were these relationships valuable to the goal of educating youth on the subject?

8. How well did the training that your organization attended during IYF's Global Partner Meeting (GPM) in October, 2010 prepare you (or the facilitator) to deliver the reproductive health and family planning lessons? (*Note: Modify for Sur Futuro who was trained by Ensenaperu and SAHER who was trained by EMERGE Global*)

*Probes:*

- What did you find most helpful about the training?
- What might you have changed about the training to make it more useful?

9. How do you think the youth participants benefited from the reproductive health training?

*Probes:*

- How would you describe the observed impact on youth of the training in general and/or with regards to their prospects for employment?

10. What challenges did you face in terms of the youth being able to assimilate/learn from the course/adopt the knowledge/change behavior?

*Probes:*

- What were the nature of or influences on these challenges (e.g. education level of youth, socio-economic level, cultural mores, family or community beliefs)

11. What were the main challenges your organization faced in integrating YRH/FP into its program?

*Probes:*

- If you could go back in time, is there anything you would have changed about the adaptation or implementation process?

12. As a result of your participation in *Planning for Life* Phase 2, what have you and your staff learned about integrating reproductive health and family planning into other program areas?

*Probes:*

- What advice would you give to other IYF partners who are interested in integrating reproductive health into their program activities?

13. What additional assistance could IYF have given your organization to further support the integration process?

*Probes:*

- Financial resources
- Administrative support
- Technical assistance

14. Now that the Integration Grant has closed and *Planning for Life* is ending, does your organization plan to continue reproductive health and family planning integration?

*Probes*

- In what way?
- Will the organization continue to use the RH curriculum in its life skills training programs?
- Does your organization plan to include reproductive health in its program development or funding priorities?
- How might your organization serve as a resource for other IYF partners interested in integrating YRH/FP into their programs?

15. Is there anything else you'd like to share with me?

*Thank you!*

## APPENDIX E

### Self Assessment Tool for Integrating YRH/FP in Youth Development Programs

Thank you for your interest in youth reproductive health integration supported by International Youth Foundation's Planning for Life program.

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

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

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

#### Instructions for Scoring Integration Level

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

**Guiding Principles:**

<b>Gender Equity</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Are gender equality/equity objectives or indicators part of your institution or youth reproductive health (YRH) program?				
2. Are staff trained in gender issues and gender equity?				
3. Are gender issues incorporated into planning YRH interventions or services?				
4. Are YRH service and/or intervention statistics stratified by gender?				

<b>Youth Participation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Has your institution incorporated written guidelines or policies for involving youth? Please provide an example.				
2. Do youth currently play a role in program planning?				
3. Are youth involved in program implementation?				
4. Does your organization have young people on the Board?  If yes, how many youth are on the Board?				

<b>Segmented Programming</b>	Yes	No	N/A	Comments
Are your YRH interventions or services tailored to:				
1. age?				
2. gender?				
3. marital status?				
4. in-school/out-of-school?				
5. employed/unemployed?				
6. urban/peri-urban/rural areas?				

<b>Quality Assurance</b>	Yes	No	N/A	Comments
1. Does the organization have a Monitoring & Evaluation plan for YRH initiatives?				
2. Does the organization use quality guidelines or standards for its YRH interventions? Please provide examples.				
3. Are the staff trained on how to monitor quality of the programs?				

<b>Stakeholder Involvement</b>	Yes	No	N/A	Comments
1. Has your organization identified gatekeepers from the community (religious, political, and other influential leaders)?				
2. Does your organization include these gatekeepers in meetings, discussions, and activities about YRH programming regularly? Please provide examples.				

<b>Multi-Sectoral Linkages</b>	Yes	No	N/A	Comments
Does your organization currently link YRH programming or services with other youth sectors such as				
1. sports?				
2. employment?				
3. education				
4. other health services?				

### **Programmatic Elements**

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

<b>II. Media and Behavioral Change Communication (BCC)</b>	Yes	No	N/A	COMMENTS
1. Has your organization created, adapted, or used YRH BCC materials?				
2. If yes, has it been pre-tested with the appropriated youth group?				
3. Is YRH material accessible to young people at the project sites at low or no cost?				

4. Do youth play a role in designing and implementing BCC activities?				
5. Does the organization include initiatives for increasing media awareness on YRH/FP?				
6. Does the organization work with local newspapers, radio or TV include YRH/FP messages in news articles or broadcasting?				

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

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

<b>V. Family and Community Involvement in YRH/FP initiatives</b>	Yes	No	N/A	Comments
1. Has the organization or program established links with local youth clubs or centers? If yes, please give a brief description.				
2. Has the organization or program established links with schools? If yes, please provide a brief description.				
3. Is YRH/FP information and education shared with community and religious leaders, parents, and schools?				

4. Are youth's families, communities and religious leaders involved in YRH/FP awareness raising activities?				
5. Are youth's families, communities and religious leaders' perspectives included in planning, monitoring and evaluating YRH programs?				
6. Has your organization designed, adapted, or used a curriculum for parents on the RH/FP needs of youth, and how to communicate with youth?				

<b>VI. Youth Adult Partnerships</b>	Yes	No	N/A	Comments
1. Are the roles and responsibilities of how youth and adults should work together in the organization clearly stated verbally and/or in institutional documents? If yes, please provide an example.				
2. Do youth in your organization receive trainings to lead discussions, participate in decision-making meetings, and represent your organization externally?				
3. Do youth and adults work together on strategic direction, program design, implementation, and/or monitoring and evaluation?				

<b>VII. YRH/FP Advocacy and Network/Coalition Building</b>	Yes	No	N/A	Comments
1. Has your institution developed a YRH advocacy strategy?				
2. Are the stakeholders (youth, families, community and religious leaders, service providers, policy and decision makers) involved in advocacy for YRH?				
3. Does your institution partner with other community-based organizations, educational institutions, the private sector, and/or mass media to advocate for YRH?				

4. Has your organization established a formal and recognized coalition on YRH?				
5. Is part of your organization's budget dedicated to YRH advocacy, networking, and coalition-building activities?				

<b>VIII. Capacity Building of Youth Advocates</b>	Yes	No	N/A	Comments
1. Does your organization regularly train youth leaders on YRH advocacy?				
2. Does your organization have designated mentors for the young advocates?				
3. Has your organization established a dedicated team of youth-advocates?				
4. Is part of your organization's budget dedicated to building the capacity of youth-advocates?				

<b>IX. Youth Friendly RH/FP Services</b>	Yes	No	N/A	Comments
1. Has your program set up an informal system to refer youth to RH/FP services?				
2. Does your program provide on-site counseling on FP for youth?				
3. Has your program established a community-based FP program for youth?				
4. Are there young people in your organization involved in providing community YRH education and outreach?				
5. Has your program set up a formal system to refer youth to RH/FP services?				
6. Does your program provide at least three from the following services to youth: family planning, VCT, HIV treatment and care, STIs diagnosis and treatment, post-abortion care?				

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

### Scoring for Self-Assessment

<i>For the element...</i>	<i>If your score is ...</i>	<i>You are at level...</i>
Institutional Commitment to YRH/FP	1-2	A
	3	B
	4	C
Media and BCC	1-3	A
	4-5	B
	6	C
Life-skills Education	1-3	A
	4-6	B
	7-9	C
Livelihoods and Employability Training	1-3	A
	4-5	B
	6	C
Family and Community Involvement	1-3	A
	4-5	B
	6	C
Youth-Adult Partnerships	1	A
	2	B
	3	C
YRH/FP Advocacy and Network/Coalition Building	1	A
	2-3	B
	4-5	C
Capacity of Youth Advocates	1	A
	2-3	B

	4	C
Youth-Friendly RH/FP Services	1-2	A
	3-4	B
	5-6	C
Quality of RH/FP Services	1-3	A
	4-6	B
	7-8	C

## APPENDIX F

### Supplemental Reproductive Health Lessons

#### Pre and Post-Test

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

*INSTRUCTIONS: Circle only ONE correct response unless otherwise specified.*

1. Which body fluid does not spread HIV?
  - A. Blood
  - B. Sweat
  - C. Semen
  - D. Vaginal secretion
2. Which is the best way to protect yourself from Sexually Transmitted Infections including HIV?
  - A. Abstain from sex
  - B. Use condoms consistently and correctly
  - C. Have only one sexual partner
  - D. Take vitamin C
3. Which of the following is a Sexually Transmitted Infection?
  - A. Dermatitis
  - B. Chlamydia
  - C. Asthma
  - D. Amenorrhea
4. What is a part of the female reproductive system that is responsible for the production of egg cells?
  - A. Fallopian tubes
  - B. Ovary
  - C. Uterus
  - D. Vagina
5. What part of the male reproductive system is responsible for the production of sperm cells?
  - A. Scrotum
  - B. Penis
  - C. Testicles
  - D. Urethra
6. Which of the following is NOT an example of a gender role?
  - A. Women are more caring than men

- B. Women can become pregnant
  - C. Men do not cry
  - D. Women are better at cooking than men
7. Which of the following contraceptive methods is the least effective in preventing pregnancy?
    - A. Intrauterine Device (IUD)
    - B. Oral contraceptive pills
    - C. Withdrawal
    - D. Injectables such as DepoProvera
  8. The most likely time for a girl/woman to get pregnant is:
    - A. During her period
    - B. Just before her period
    - C. Around 14 days before her next period
    - D. Immediately after her period
  9. Can a girl or woman get pregnant the first time that she has sex?
    - A. Yes
    - B. No
    - C. Unsure
  10. What behavior is not a strategy to prevent sexual threats and abuse?
    - A. Not accepting gifts
    - B. Discussing sexual limits with partner
    - C. Avoiding secluded places
    - D. Crying
  11. Which of the following is NOT a harmful drug?
    - A. Nicotine
    - B. Marijuana
    - C. Alcohol
    - D. All are harmful
  12. To make sure that a mother and baby are healthy, how long should a mother wait to become pregnant again after she has had her last child?
    - A. She does not need to wait
    - B. 6 months
    - C. 10 months
    - D. 18 months
  13. Which of the following is NOT an example of an abusive behavior?
    - A. Insulting someone
    - B. Having sex with someone without her/his consent
    - C. Hitting your husband or wife
    - D. All are abusive behaviors
  14. Do you know where you or a friend could go to get contraceptives?
    - A. Yes
    - B. No
    - C. Unsure
  15. Do you know where you or a friend could go to get help for an alcohol or drug use problem?
    - A. Yes

- B. No
  - C. Unsure
16. Do you think that a man should punish his wife if she makes him angry?
- A. Yes
  - B. No
  - C. Unsure
17. Do you think that both women and men have the right to choose when to have sex?
- A. Yes
  - B. No
  - C. Unsure
18. Which of the following best describes your plans to protect yourself against contracting HIV/AIDS?  
(Circle all that apply)
- A. I don't plan to do anything
  - B. I will remain abstinent until I find a life partner
  - C. I will be faithful to one person
  - D. I will use condoms every time I have sex
  - E. Unsure
19. Do you think that you could confidently refuse unwanted sex?
- A. Yes
  - B. No
  - C. Unsure
20. If you were sexually harassed by a man/woman at your job, what would you do? (Circle all that apply)
- A. Nothing
  - B. Report this to your supervisor
  - C. Tell the man/woman to stop
  - D. Unsure
21. How often do you feel it is ok for adolescents to use alcohol?
- A. Everyday
  - B. Once a week
  - C. Once a month
  - D. Never
  - E. Unsure
22. Who is responsible for family planning?
- A. The boy or man
  - B. The girl or woman
  - C. Both
23. Would you feel comfortable obtaining contraceptives from a health care provider?
- A. Yes
  - B. No
  - C. Unsure

## APPENDIX G

### Global Partner Staff Respondents

<b>Organization</b>	<b>Country</b>	<b>Name of Respondent</b>	<b>Title</b>	<b>Email</b>
African Centre for Women, Information and Communications Technology (ACWICT)	Kenya	Tom Siambi	Program Officer	tsiambi@acwict.org
C.A.R.E	St. Lucia	Marietta Augustus		ettaaug@hotmail.com
Emerge Global	Sri Lanka	Alia Whitney-Johnson	Executive Director	alia@emergeglobal.org
Gilbert Agricultural & Rural Development Center	Antigua and Barbuda	Roberta Williams	Executive Director	rwilliams@gardc.org
Kenya Girl Guides Association	Kenya	Dorothy Atieno	Assistant Coordinator	dorothyatie@gmail.com
King Gustaf V 90th Anniversary Foundation	Sweden	Lennart Elbe	Secretary	Lennart@gv90.se
Salesian Institute	South Africa	Allison Appleton	YES Project Coordinator	ccentre@salesians.org.za
Society for Awareness, Harmony and Equal Rights (SAHER)	India	Rama Shyam	Director	rama.akhtar@gmail.com
Tanzania Red Cross Society	Tanzania	Kheri Issa Ngwere	Program Officer	kheri.issa@gmail.com

## APPENDIX H

### Pilot Project Partners

Organization	Country	Associated IYF Project
African Centre for Women, Information and Communications Technology (ACWICT)*	Kenya	<i>Ninaweza</i> Youth Employability Project
Emerge Global*	Sri Lanka	YouthActionNet
Jordan River Foundation (JRF)*	Jordan	Youth:Work Jordan
National Skills Development Centre (NSDC)	St. Lucia	Caribbean Youth Empowerment Program
Society for Awareness, Harmony and Equal Rights (SAHER)*	India	YouthActionNet
Sur Futuro*	Dominican Republic	Entra21

\*Interviewed for final evaluation