Capacity-Building Resources in Youth Sexual and Reproductive Health

Spring 2003
This publication was made possible through the support of NGO Networks for Health and by the United States Agency for International Development (USAID) under the terms of Agreement No. HRN-A-00-98-00011-00 with additional resources provided by the Program for Appropriate Technology (PATH). The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

Special thanks are extended to EngenderHealth for the technical contribution to the content of this document.

NGO Networks for Health (Networks), an innovative global health partnership, was created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by USAID, the project began operations in June 1998.

Networks’ Technical Support Group encourages and supports health policy makers, program managers, and service providers to:

- become aware of the need to consider related social issues in all aspects of their work;
- understand that an individual’s perceptions can affect policy making, program planning, and clinical practice; and
- become comfortable in discussing a wide range of issues with colleagues, clients, and other persons at community levels as appropriate in their work.

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Capacity-Building Resources in Youth Sexual and Reproductive Health
### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACASI</td>
<td>Audio Computer-assisted Self-interview</td>
</tr>
<tr>
<td>ADRA</td>
<td>Adventist Development and Relief Agency</td>
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<tr>
<td>AGI</td>
<td>Alan Guttmacher Institute</td>
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<td>ARV</td>
<td>Anti-retroviral</td>
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<tr>
<td>BCC</td>
<td>Behavior change communication</td>
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<tr>
<td>CARE</td>
<td>Cooperative for Assistance and Relief Everywhere</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based organization</td>
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<tr>
<td>CEDPA</td>
<td>Center for Development and Population Activities</td>
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<tr>
<td>CHC</td>
<td>Community Health Center</td>
</tr>
<tr>
<td>COPE®</td>
<td>Client-Oriented, Provider-Efficient Services Counseling</td>
</tr>
<tr>
<td>ESCAP</td>
<td>Economic and Social Commission of Asia and the Pacific</td>
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<tr>
<td>FGD</td>
<td>Focus group discussion</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<tr>
<td>IEC</td>
<td>Information, education, and communication</td>
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<tr>
<td>INGO</td>
<td>International nongovernmental organization</td>
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<tr>
<td>IUD</td>
<td>Intrauterine device</td>
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<tr>
<td>LNGO</td>
<td>Local nongovernmental organization</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MIS</td>
<td>Management information system</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>OC</td>
<td>Oral contraceptive</td>
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<tr>
<td>PAC</td>
<td>Post abortion care</td>
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<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<tr>
<td>PE</td>
<td>Peer Education, Peer Educator</td>
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<tr>
<td>PHO</td>
<td>Public Health Office</td>
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<tr>
<td>PLHA</td>
<td>People living with HIV and AIDS</td>
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<td>PLA</td>
<td>Participatory Learning for Action</td>
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<tr>
<td>PTA</td>
<td>Parents and Teachers Association</td>
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<tr>
<td>RH</td>
<td>Reproductive health</td>
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<tr>
<td>SCUS</td>
<td>Save the Children/United States</td>
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<tr>
<td>SIECUS</td>
<td>Sexuality Information and Education Council of the United States</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
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<tr>
<td>TA</td>
<td>Technical Assistant</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YSRH</td>
<td>Youth Sexual and Reproductive Health</td>
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Foreword

I am pleased to introduce this training package developed by NGO Networks for Health—a project funded by the United States Agency for International Development (USAID)—as part of an initiative to build capacity in Southeast Asia in youth sexual and reproductive health (YSRH).

Over sixty percent of the largest generation of youth ever live in Asia. Having grown up in Sri Lanka, I know that many Asian societies remain quite conservative. Levels of premarital sex are low compared to other regions. HIV infection rates among young people and pregnancy rates among unmarried teens are also low, although early childbearing continues to pose health risks for married girls in a number of countries.

At the same time, much of Asia is experiencing rapid economic and social change, including later entry into work, marriage, and childbearing. These trends have been accompanied by an increase in premarital sex and other risk behaviors, especially among young men. Many poor young women are vulnerable to exploitation by the sex trade. Yet, for the most part, Asian youth remain poorly informed about sexuality and reproductive health.

This changing environment represents a challenge to Asian nations. Many countries have invested heavily in education. But the region overall has been slow to provide youth with the information, services, and support they need to develop healthy norms and behaviors.

The Networks partners are actively working to address this deficit in the Mekong Region, recognizing that nongovernmental organizations (NGOs) can play an important role alongside governments in addressing YSRH. Young people’s sexuality is often controversial, especially in traditional societies. Local NGOs, especially faith-based groups, are often trusted by parents and local communities to develop programs that are attuned to cultural sensitivities and traditional values. They can help gain greater social acceptance for efforts to protect young people’s health.

To meet this challenge, NGOs must develop their own capacity in this relatively new field. These comprehensive training materials, drawing on a series of workshops in Asia undertaken by the Networks project, use interactive methods to cover all aspects of YSRH programming—from state-of-the-art behavior change activities to the need for monitoring and evaluation to provide evidence of success.

USAID sees the capacity building and sharing of experiences across the Networks partners as a model for the NGO community. The process has generated an impressive commitment among the partners to sustain and expand their work in YSRH. I wish Networks success in disseminating these materials to an expanded circle of NGOs, with a “ripple” effect in improving young people’s sexual and reproductive health.

Shanti R. Conly
Senior Technical Advisor, Youth Programs
U.S. Agency for International Development
May 2003
Acknowledgements

This set of materials is the result of efforts by many. The seminar series was supported by NGO Networks for Health, with supplemental support from the Program for Appropriate Technology in Health (PATH). We are especially grateful to Marge Koblinsky for her support and unquestioned commitment to this learning initiative. The materials were developed and written by Katherine Bond, Andrew Levack, and Catharine Pownall, and edited by Willow Gerber. Virginia Henderson documented the activities and discussions during the seminars, wrote up many of the activities and provided invaluable editorial assistance and moral support. William Savage compiled, edited, and formatted the materials. PATH Mekong staff provided invaluable substantive and creative input, led many of the seminar series sessions, and provided administrative support. They include Pawana Wienrawee, Waranuch Chinvarasopak, Usasinee Rewthong, Hathairat Suda, Siriporn Yongpanichkul, and Yenchit Khamhangpatiyudth. The staff from PLAN International and Save the Children’s Regional Offices assisted with the organization of the seminars. Many thanks to Appasara Nuchprayoon for the seamless management of seminar logistics.

Our deep appreciation is extended to our friends and colleagues at the Thai Ministry of Public Health’s Department of Health for sharing their expertise with seminar participants and hosting field visits. Special thanks to Dr. Suwanna Warakamin, Dr. Nanta Uamkul, Khun Yupa Poonkhum, and the staff of the Friend Corner at Prachathiphat Hospital. We would also like to thank Katha Banditanukul of the Community Pharmacy Association for hosting a field visit to discuss youth-friendly pharmacies.

Input into the conceptualization of the series was offered by Satish Pandey, Paulette Coburn, Harriet Stanley, and Kabir Ahmed. We are grateful to peer reviewers from partner organizations for their thoughtful comments and suggestions. They include: Linda Sussman, Satish Pandey, Debbie Herold, Ellen Pierce, Colleen Conroy, Tina Gryboski, Yen Nguyen, Kabir Ahmed, Amy Weissman, Jean Alberg, Mary Nell Wegner, and Trish Caffrey.

The layout, design, and production were completed by Steve Jacobs of Jacobs Design.

Finally, we would like to thank the participants throughout the series for their openness, active engagement, willingness to try new approaches, and honest and thorough feedback.
The Origin and Use of These Resources

Introduction

Youth, as a large and growing segment of many societies, represent a central resource for their countries’ development. Over half the world’s population is under the age of 25, and four out of five young people live in developing countries (WHO/UNFPA/UNICEF 1999). Population momentum from past high fertility has created the largest cohort of youth in history. In many parts of Asia, young people between the ages of 10 and 24 represent 30 percent of the population. While the size of their population presents challenges, these young people embody the future of the world. It is during adolescence that individual aspirations and capabilities are determined, and if given a supportive environment and the opportunity to fulfill their inherent abilities, youth can build on the foundation of the past to create a future of great promise.

During adolescence, young people also develop their adult identity, mature physically and psychologically, and move towards economic independence. The sexual and reproductive needs of young people are diverse and complex. While adolescence is generally a healthy period of life, social influences and economic conditions, mobility, family situations, the need for reproductive health knowledge, and hampered access to youth-friendly health services and other support systems, make young people susceptible to health risks associated with early and unwanted pregnancy, unsafe abortions, and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).

Given the significant role that young people play in regional development, and the increased investments in programs designed to address their sexual and reproductive health needs, a great deal must be learned about how to design, implement, monitor, and evaluate effective approaches to promote healthy behaviors and development for them. As the nascent field of adolescent health matures, three priorities emerge: strengthening local leadership to promote, advocate for, and implement youth programs; building human resource capacity, often among adult stakeholders who can influence the positive development of young people; and fostering partnerships and networks to build a critical mass for programming.

Resources for Building Capacity in YSRH Programming

This set of capacity-building resources is designed to help organizations integrate youth sexual and reproductive health (YSRH) into on-going programs, or to introduce YSRH as a

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1 The World Health Organization (WHO) defines adolescents as individuals between 10-19 years of age. The broader term “youth” encompasses 15-24 years old.

new program area. Content is also designed to encourage programmers to consider “new
generation” approaches that respond to the evolving needs of young people, to strengthen
skills in key program areas, and to build partnerships and networks that result in a critical
mass of development staff who can effectively respond to young people’s needs.

This set of resources has evolved from a series of seminars conducted in Bangkok, Thai-
lan from August 2001 to June 2002 with staff from nongovernmental organizations (NGOs) in the Asia region. The series was funded by NGO Networks for Health (Net-
works).³ Program for Appropriate Technology in Health (PATH) Mekong Regional Office,
PLAN Asia Regional Office, and EngenderHealth Regional Office developed and facili-
tated the seminars. Participants from the partner organizations in Bangladesh, Bhutan,
Cambodia, Indonesia, Myanmar, Nepal, Thailand, the Philippines, and Vietnam shared
their experiences and explored various strategies and approaches for dealing with YSRH
issues in order to address a broader, collective vision for youth in Asia:

Adolescents in Asia will be living in an environment which empowers them with
the necessary capacity, skills, and resources to make informed, positive choices,
enabling them to live healthy and productive lives.

This four-pack set is designed for people working at various levels in the field of YSRH:

• Program managers can focus on particular areas of interest and organize their own
  training and sharing sessions with colleagues.
• Staff working with youth in the field can use some of the resources directly in
  training sessions with youth.
• More experienced trainers can use the materials during sessions with field staff, local
  teachers, and partners.
• Organizations working on YSRH issues can use the materials to design their own
  workshops.
• Individuals working in the area of YSRH can use the resources as a reference to
  support self-learning and professional development.

The series of four five-day seminars was designed so that each would address a specific
area of YSRH programming. The first seminar began by looking at the “big picture” and
broad issues that challenge program managers. As the seminar series progressed, sessions
became more focused. The four seminars in the YSRH series were:

Seminar 1  Program Design, Strategic Planning, and Networking
Seminar 2  Programming for Behavior Change and Development
Seminar 3  Youth-friendly Health Services
Seminar 4  Monitoring and Evaluation

Drawn directly from each seminar in the series, these resources build on a range of
methodologies, including technical presentations, participant exchanges, small group
discussions, games and other activities, field visits, and informal sharing. The pack has
been designed for replication, adaptation, and translation by people working with YSRH

³ NGO Networks for Health is a USAID-funded partnership which comprises Save the Children/US (SCUS), Adventist
Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), PLAN International, and
Program for Appropriate Technology in Health (PATH).
programs: youth, teachers, fieldworkers, program colleagues, coordinators, and managers. Corresponding activities are presented in a format that outlines:

- Time estimate
- Objectives
- Materials
- Method
- Reflection points
- Suggestions for facilitators

Woven throughout the pages of the materials are italicized insights, comments, and suggestions from workshop participants. Also provided are appendices with warm-up activities and additional references to other useful materials.

**The YSRH Learning Initiative**

The seminar series was designed to complement a parallel initiative funded by NGO Networks for Health, entitled the Family Planning Plus (FP+ Initiative). This learning initiative had the following objectives:

1. Build sustained private voluntary organization/NGO capacity to provide quality services in family planning/reproductive health and HIV services for youth based on best practices.
2. Develop accurate knowledge and sustained behavior change approaches for use in youth programming.
3. Expand and sustain networks that deliver sexual and reproductive health services and advocate for youth issues.

The FP+ Initiative provided seed funding to NGO partners in the region in order to initiate programming in YSRH, and to offer an opportunity to build staff capacity by conducting program activities. The successfully funded FP+ Initiative YSRH projects in Asia included several different efforts, among them new projects by Adventist Development and Relief Agency (ADRA) in Nepal and Cambodia to reach young people in in- and out-of-school settings, and efforts by PATH and Cooperative for Assistance and Relief Everywhere (CARE) in Cambodia to develop a linked, multisectoral program for garment workers and private sector providers in Phnom Penh. Unlike other partners in the region, including PATH and CARE, that had significant program experience in YSRH, ADRA was new to the issue. Capacity-building efforts for ADRA involved seed funds for start-up programming, participation in the seminar series, and regional technical assistance as required. In the section that follows, we reflect on successful elements of this learning initiative in the context of the seminar series, seed programming, and technical support.

The seminar series, combined with FP+ Initiative seed funds, and support for technical advisors based in Asia, allowed for an interactive model of leadership development,
capacity building, and network strengthening. Networks Headquarters encouraged the teams to experiment with program approaches, and to document challenges, barriers, successes, and failures. This reduced the fear of failure and encouraged innovation. For example, in Nepal, the program staff committed themselves to learning through trial and error, making mistakes and learning from them through evaluations, debriefings, and reflection.

**Principles for Learning**

In order to strengthen YSRH programming in the Asia region, we consulted with partner organizations to identify several core areas of need. These included:

- Building conceptual, critical, and analytical skills.
- Introducing programming tools and activities.
- Strengthening management and implementation support.
- Developing approaches to strengthen partnerships and networks to secure future programming commitments.

These core needs are translated into the principles for learning described below.

**Using Frameworks and Evidence to Sharpen Program Strategies**

The first principle was to introduce programming frameworks and strategies based on evidence of youth needs, capacities, and successful programs. Over the past five years, a significant level of research and program experience has been documented. Moving from these findings into expanded programming requires that program staff be adequately apprised of the evidence, learn to collect and analyze evidence in their own program settings, and learn to think critically about how to adapt experiences into those settings.

The program frameworks introduced in the seminar series are presented in the accompanying packs so they will not be described in detail here. In essence, they focus on key goals, objectives, and strategies for programming. Seminar participants remarked that the frameworks helped them: 1) sharpen their own focus and strategies, 2) understand the underlying elements of programming, and 3) adapt their activities accordingly.

The Logic Model Framework introduced in several seminars was of particular interest and use to participants. It shows the relationship between program activities, factors that influence YSRH behaviors, and behavioral and health outcomes. Programs based on such explicit theories of behavior change tend to be more effective at influencing health behaviors than those done with no theoretical framework.

Inherent in constructing a good logic model is the use of empirical data about sexual and reproductive health outcomes, behaviors, and risk and protective factors. These data are drawn from a variety of sources. In each of the seminars, participants were introduced to data sources and data collection methods, and encouraged to think about how these related to their own country situations and program strategies. Through the FP+ Initiative, several programs applied participatory learning for action (PLA) methods to assess youth needs. In Cambodia, ADRA
learned from the PLA activities that youth do not like to use the Community Health Center (CHC) because they believe that CHC staff cannot maintain confidentiality. Youth prefer to visit private practitioners, drug sellers, and traditional birth attendants, as they find them to be more discreet. ADRA is adapting their youth-friendly health service strategy to include project activities that focus on private practitioners.

The Logic Model Framework is a generic model, while other frameworks provide a theoretical foundation relevant to specific program types. Following the third seminar on youth-friendly services, ADRA in Nepal adapted the framework on services to train their mobile clinic teams and to introduce youth issues to their Female Community Health Volunteers. Likewise, the behavior change theories and frameworks introduced in the second seminar helped participants recognize the multiple influences on behaviors, and the need for different and complementary approaches to address them.

Monitoring and evaluation (M&E) was another common component of each of the seminars (the resource materials reflect this topic in the fourth packet). It was introduced to encourage participants to consider how to assess their programs’ activities and measure results.

The interactive nature between seminars and program experience also helped participants sharpen their strategies. ADRA Cambodia found that a strategy to involve Parents and Teachers Associations (PTAs) in their program did not achieve the desired results. They did not get the critical numbers of parents attending meetings so the team approached the provincial leader and asked him to lend his support to the effort by attending community meetings. The leader was then able to articulate the potential benefits of such a program and encouraged community acceptance and participation. While the concept of involving leaders within youth programming had been theoretically introduced during the YSRH seminars, this direct experience demonstrated the impact of actually incorporating leaders. Now including community leaders in many programming areas is a deliberate strategy.

**Engaging the Audience: Interactive Learning Techniques and Methodologies**

The second principle for the seminar series was to engage participants in an interactive learning experience that used a variety of methodologies. The techniques introduced in the packs reflect the range of methodologies employed in the series:

- Presentations
- Interactions with youth
- Skills stations
- Case studies
- Field visits
- Role-plays and simulation exercises
- Games and ice-breakers
- Small group work
In each of the seminar evaluations, participants were asked which training techniques they found most effective. They responded that interactive approaches such as small group discussions, sharing of experiences, interactions with youth, field visits, and skills-building exercises were the most useful and enjoyable.

The seminars attracted programmers from eight countries within the region. Many different levels of experience and knowledge of youth programming were represented. Through the use of interactive learning methodologies, experienced participants were able to share their expertise, but also discover new meanings and solutions to their own problems through revisiting programming frameworks and evidence, and through discourse within the group. In addition, participants with experience of particular teaching methods were asked to lead sessions, such as body mapping and other PLA methodologies, thus affirming their particular areas of expertise.

These activities also allowed participants to learn and to strengthen implementation by bringing home tools and methods they could use directly. Participants then adapted these techniques for use in their own programs. For example, the ADRA Cambodia team used an iterative process to make their existing learning materials more appropriate for their program. The in-schools program coordinator explained the process as follows:

“First, we translated into Khmer and adapted the PATH ‘Safari of Life’ board game to what we expected would be relevant to the Peer Educators (PE’s). We observed how the PE’s played the game. Initially, there was some awkwardness and discomfort in using the game, so together with the PE’s we further fine tuned it to fit the context for youth in Cambodia, and allowed them to practice with the game and add their own topics. Now it’s a really popular board game among the in-school youth.”

—ADRA Program Coordinator

This process has not ended. The PE’s continue to modify the game with support from the ADRA staff.

Following each of the seminars, the ADRA Nepal group held in-country seminars to disseminate what they had learned to the rest of their team and incorporated relevant tools and techniques into their training.

These approaches also helped facilitate informal exchanges between participants from different organizations and countries. This allowed the focus of capacity building and network strengthening to shift from the organizers and facilitators to the participants. For example, during the fourth seminar, two skills-building activities were held concurrently—one on participatory learning activities and one on computer software to facilitate program management. Participants had to select only one of the activities. Following the facilitation of each session by the organizers, participants from one session took on the “teaching” role, and went through the contents of the sessions with those from the other session, thereby teaching and learning from each other.
The Importance of Technical Assistance and Coaching

A third element of the learning initiative was providing support for regional technical assistance and coaching. Many in the development field see that external technical assistance can create dependency. Some technical assistance simply imports ready-made solutions that do not necessarily fit local needs and contexts. In order to avoid those traps, the Regional Technical Assistant (TA) provided education and coaching—a non-hierarchical approach to developing solutions. For example, in the Management Implementation Planning for the project, the TA spent 12 days providing the theoretical principles and current evidence on what seems to work in youth programs. He also facilitated a participatory and detailed planning session. The program team felt this was a critical step to developing self-confidence, and to setting up adequate management support systems.

Following the initial in-country technical assistance, the regional resource persons were available upon request, and provided coaching during the seminars through a process of team meetings to review progress, and plan for the next program phase.

Conclusion: Sustained Commitment to Future Programming

This innovative approach to regional capacity building in a relatively new arena has demonstrated a number of positive results:

- The development of networks that include communities, workplace settings, schools, and formal and informal health sectors responding to YSRH needs.
- The identification of in-country experience and expertise in sexuality education, pharmacy delivery, emergency contraception, HIV/AIDS prevention and care, life-skills training, media, and advocacy/policy work.
- The increased capacity to leverage funding for program implementation.
- The replication, adaptation, and scaling up of best practices identified during the regional seminar series.

Participants from all organizations have, to date, sustained their commitment to YSRH programming, and have successfully secured funding to continue, expand, or adapt their program strategies.

In some cases, organizations continue to meet and hold joint planning or other activities. For example, in Nepal, ADRA, CARE, EngenderHealth, Center for Development and Population Activities (CEDPA), and Save the Children/US (SCUS), in conjunction with the Family Health Division, held a one-day workshop to share experiences. During the workshop, they discussed different program strategies, including peer education, youth-friendly services, communication between parents and children, and telephone hotlines for young people. They also discussed ways that they could improve linkages with the Ministry of Health.

The fifth and final seminar will be organized by partners and held at the country level in order for organizations to directly share their program implementation experiences. This reflects a level of organizational commitment and an emerging leadership role for partners that were previously new to YSRH programming.