INTERNATIONAL YOUTH FOUNDATION

Planning for Life

Final Evaluation

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LIST OF ACRONYMS

ARV	Antiretroviral drugs
EAYPI	Empowering Africa's Young People Initiative
FAD	Foundation for Adolescent Development
FCF	Friendly Care Foundation
FGD	Focus group discussion
FP	Family planning
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
HQ	Headquarters
IYF	International Youth Foundation
PE	Peer educators
PFL	Planning for Life
RH	Reproductive health
SMT	Senior Management Team
TMOH	Tanzania Ministry of Health
USAID	United States Agency for International Development
YRH	Youth reproductive health

International Youth Foundation

Planning for Life: Final Evaluation

I. Introduction

Planning for Life (PFL) was implemented by the International Youth Foundation (IYF) from March 2007 to November 2009 with financial support by the United States Agency for International Development (USAID). The goal of PFL is to integrate Youth Reproductive Health and Family Planning into IYF's youth development programs through increased awareness and capacity building at three operational levels: Field-level pilot programs in Tanzania, India, and the Philippines; IYF National Headquarters (HQ); and among IYF Global Partners.

A final process evaluation of PFL was conducted from July to September 2009. The objectives of the final evaluation are to assess if PFL has contributed to: increased family planning (FP), HIV, and reproductive health (RH) knowledge and skills of young people in the three pilot countries; increased capacity for pilot project organizational partners to implement integrated YRH/FP programs; strengthened organizational capacity of IYF Headquarters to integrate YRH/FP into youth development programs; and an increased level of YRH/FP integration knowledge among IYF's global partners (including those in pilot countries). The evaluation was also designed to explore lessons learned regarding strategies to increase integration of YRH/FP activities into broader youth projects.

II. Methods

Qualitative data was collected at all three operational levels using structured and semi-structured tools. (See Appendices I-VII for generic copies of the tools). Interviews and focus group discussions were used at the pilot program level, and data was collected at one point in time near the culmination of the program. At the pilot level in Tanzania, one-on-one interviews were conducted with sub-partner program staff (4); health care workers (4); teachers (4); youth football/netball coaches (4); and peer educators (6). Four focus group discussions (FGDs) were also held with two groups of mixed sex youth (ages 13-25); one group of boys (ages 12-14); and one group of girls (ages 12-16). In India, interviews were conducted with sub-partner program staff (1), and trainers at local organizations (6). A total of 8 FGDs were held with youth serviced by four local organizations (ages 13-25 and separated by sex). In the Philippines interviews were held with sub-partner program staff (1); staff at local youth-serving organization (8); and health care workers (6). FGDs were not held in the Philippines due to security constraints. Appendices VII - XII lists all interview and FGD participants in the pilot countries.

At the IYF HQ level, 12 staff were interviewed either in-person or by telephone, with representation from all IYF Centers as well as the Business Development Unit. A final evaluation interview guide was created and utilized, with a slightly different version developed for the four staff who were not interviewed during the mid-term evaluation process. Additionally, six out of seven members of the

senior management team (SMT) were interviewed in person. Appendix XIII lists all IYF HQ interviewees, including those with SMT members.

Finally, data was collected from a subset of IYF global partners who had expressed interest in joining IYF's youth reproductive health community of practice, through a survey that was shared electronically. Five representatives out of the community of practice completed the survey. Appendix XIV lists participants of the global partners' survey.

III. Results

A. Pilot Country: Tanzania

In Tanzania, IYF worked in partnership with two organizations, Tanzanian Red Cross Society (TRCS) and Iringa Development of Youth, Disabled, and Children (IDYDC), to integrate FP and RH messages into existing youth HIV/AIDS prevention programs. Because each organization operationalized and implemented the PFL program differently, the results below are described separately for each of them.

TRCS: Background

IYF currently works with TRCS, IYF on Empowering Africa's Young People Initiative (EAYPI), a program geared to scale-up peer education programs, stimulate broad community discourse on healthy norms and risky behaviors, reinforce the role of parents and other influential adults, and reduce sexual coercion and exploitation of young people in project sites. The intention of the PFL project is to integrate youth FP and RH messages into the existing peer education project, while training youth friendly service providers in the community for referrals and consultation. In the implementation sites, Bagamoyo and Rufigi, the target group was youth ages 10-24, and education was provided to persons up to 35 years old.

TRCS: Training & Capacity Building of Service Providers

As part of the PFL program, service providers in Bagamoyo and Rufigi, which are defined per Tanzania Ministry of Health (TMOH) guidelines as both health care professionals and teachers, received a two-week training by TRCS and TMOH on provision of youth-friendly FP/RH services and education. Youth peer educators also participated in this training, to provide information and suggestions to the youth-friendly service providers. Three out of the four health care providers and all four teachers who were interviewed in the evaluation received this training. Five service providers found the training very useful in increasing their own knowledge about life skills, pregnancy prevention, contraceptive methods, and STIs, as well as providing them with strategies to better relate to and interact with young people. One nurse learned that young people are able to use any family planning method (i.e. there are no substantial risks to most young people using FP), a fact she was not previously of. One teacher stated he learned to

engage youth more by using question-answer techniques and incorporating songs and storytelling into his lessons. Two service providers who had each worked in the health field for over 30 years stated that they already had most of the knowledge and skills that were explored in the training.

Three service providers (all teachers) also stated that the training helped them increase their comfort level when speaking with youth about FP/RH issues, which in turn has helped youth feel less embarrassed to seek services. The remaining service providers stated they had already felt comfortable speaking with youth, so the training did not increase their comfort level. In particular, one nurse stated that since she is considered a '*Bibi'* (grandmother), so youth feel 'free' to ask her questions about FP/RH and HIV/AIDS.

All service providers stated that either their direct or indirect supervisors, including TRCS District Coordinators, monitored their work on a regular basis and provided them with support and feedback. For example, one District Coordinator advised teachers to separate students by age when providing FP/RH lessons, and also assisted in increasing parents' acceptance of the additional FP/RH message being taught in school. All service providers also mentioned either the TRCS District Coordinator in their area or a supervisor at their health facilities or schools who they could turn to in order to receive further guidance.

<u>TRCS: Services Provided by Health Care Workers and Teachers</u>

Health care workers trained by TRCS counseled and provided youth with condoms, injectables, implants and birth control pills. They also mentioned female sterilization as a method of FP. Two health care professionals stated that most sexually active youth preferred injectables, implants and condoms, and did not prefer birth control pills because they worried about missing a day. In addition to providing education and services in health facilities, during the PFL program health workers also visited schools to increase awareness of existing FP/RH and other services, and to demonstrate their own youth-friendliness by providing basic health services (e.g. taking blood pressure and height and weight measurements, cleaning and bandaging minor cuts, etc.) on school grounds. One nurse stated that since the PFL program started she had given injectables to 34 young people and implants to four. Before her training she had been hesitant to give family planning services to youth and had provided modern FP methods to only a limited number of adolescents.

Health workers also provide education on HIV prevention, as well as counseling and testing. Depending on the level of the facility, health workers either provided ARVs to HIV positive youth, or referred them to hospitals and dispensaries where ARVs are stocked. While health care workers provide any method of FP youth sought, two workers stated that they focus specifically on condoms and counsel youth on dual protection against HIV and unplanned pregnancy. These respondents stated that youth can access condoms free from charge at all health facilities.

Teachers trained by TRCS provided youth education on abstinence; the consequences of early sexual activity, such as unplanned pregnancies; FP methods; and STI and HIV prevention and detection. To prevent pregnancy, teachers talked with youth about FP methods such as injectables, implants, birth control pills, female sterilization, condoms and the calendar method. Two teachers stated that they teach youth that abstinence is the best way to protect themselves, but if they do not or cannot abstain from sex, then young people should use condoms. All teachers said that they refer youth to the nearest health facilities to receive RH/FP and HIV services, including to access free condoms.

TRCS: Services Provided by Peer Educators

As stated above, some peer educators from TRCS participated in the 2-week training TRCS and TMOH held for service providers. Additionally, all of the TRCS PEs received a two-day training in June 2009 on provision of FP/RH guidance and education for their peers, as well as referrals to youth for health care services.

Peer educators provide outreach on FP/RH and HIV to both in- and out-of-school youth ages 8-30 (different PEs stated different age ranges of the beneficiaries). PEs named numerous topics of education including: abstaining from or delaying sex (until marriage or completing school); consequences of too early sex; FP methods (birth control pills, tubal ligation, injections, and condoms); STIs and HIV testing and treatment. While all PEs stated they provide information on how to use and where to access condoms, two emphasized condoms as useful for dual protection. Some PEs provided sophisticated information around FP. For example, one PE in Rufigi stated: *We defined FP as an agreement between two individuals on when to start having children, how many they should have and how long they should wait between giving birth* (23 year old male).

Five out of six PEs stated they also teach their peers about the physical changes boys and girls experience during puberty. Two PEs stated that, during this lesson, they separate the youth in two groups by sex, and then ask the boys about changes girls go through, and vice versa. They then bring all the youth together again and share responses provided by each group.

Altogether the six PEs stated that they have reached about 420 peers; however, this figure includes all youth reached through both EAYPI and PFL. When responding specifically about relaying FP/RH messages, one PE stated he reached 15 peers. He and others explained that because students went on school break immediately following the June training for PEs, a relatively small number of youth have been reached by PEs with FP/RH messages in addition to the HIV messages relayed through EAYPI.

TRCS: Support Provided by IYF

Both district health coordinators of TRCS stated they received technical and administrative guidance from IYF during implementation of PFL. In addition to regular communication regarding administrative matters, IYF provided guidance on the topics that were included in the service providers training. Both coordinators also recalled that IYF shared project materials with them, but were unable to definitively name the documents. (Note that IYF HQ stated it has shared the *Integration Framework* and the *FP, HIV, and Gender Matrix* with TRCS). One coordinator stated that IYF shared information cards and a curriculum that fully resembled that of the TMOH. This coordinator also stated that IYF shared a sample of referral cards from Uganda, which can be helpful for tracking complete referrals made by peer educators for health services. However, the referral cards were not reproduced due to a lack of funds. The other coordinator also made reference to the information cards and stated that IYF shared materials that include pictures of contraceptives—something the EAYPI manual, *Maisha Bora*, does not have. Both coordinators stated that the information cards are helpful to peer educators and to partner affiliates. The material provided by IYF was not as helpful to service providers because they used a toolkit provided by UMATI.

TRCS: Knowledge and Attitudes of Youth Beneficiaries

In assessing the knowledge and attitudes of youth who were reached by TRCS, it is apparent that most youth were able to distinguish between falsehoods and truths of FP/RH, HIV, and sex. Youth understood that unprotected sex can lead to unplanned pregnancies, STIs, and/or HIV; getting pregnant at a young age can increase the risk of death during delivery; and becoming pregnant while in school can make it difficult or impossible for girls to attain their girls. Additionally, most youth knew that a woman can get pregnant if she has reached puberty/started menstruating. About half the youth understood the menstrual cycle. Youth stated that pregnancy can be prevented through FP methods (condoms, birth control pills, tubal ligation, injectables, implants, the calendar method, and abstinence); and that HIV and other STIs can be prevented through abstinence, using condoms during sex, or having one faithful, uninfected partner.

Some youth understood the difference between HIV and AIDS. Additionally, youth stated that HIV cannot be transmitted by mosquitoes or shaking hands, or through sharing food or the toilet with an HIV positive person. When asked where they received such knowledge, youth stated schools, hospitals, media (television and radio programs, and magazines), friends, siblings, grandparents, and peer educators.

In addition to mostly accurate knowledge about FP/RH and HIV/AIDS, many youth (largely female) displayed high confidence in their abilities to communicate and negotiate with peers or others who may pressure them to have sex. One girl responded that she would engage herself in school work and sports to avoid peer pressure, while another stated she would tell a peer (or

boyfriend) to wait until they finish school before having sex. When talking about pressure from older men, one youth stated: *I will openly tell older people who want to have sex with me that I am young and I am like their own child. They should not want to have sex with a person of my age, and if they are wise enough they will leave me alone* (17 year old female).

Most youth also stated they would not feel embarrassed to access condoms or other FP methods at health facilities and pharmacies. When asked about this issue, one participant stated: *No, I am not going to feel embarrassed! I am confident with myself. It's important to be confident, because if I don't go (to get condoms) then I can get myself into trouble* (17 year old female). Other youth responded that in pharmacies, the clerks would not care who is buying FP methods since they are business people, and in health facilities health care workers would be pleased that youth are protecting themselves. One youth stated that if a shop keeper is uneducated he may think the young person buying FP is promiscuous, and that would be embarrassing.

TRCS: Future Plans and Sustainability

Both District Health Coordinators of TRCS stated they plan to continue their work on FP/RH integration, and are in a better position to do so. Through providing in-service trainings to PEs and service providers, and compiling lesson plans and other resource documents for FP/RH education, TRCS would like to expand their coverage area in order to reach youth in the two districts in its entirety. Given their level in the organization's hierarchy, the District Health Coordinators were not aware if TRCS was engaging other donors to continue implementing RH/FP integration programming. They did, however, express concerns that when donors have their own agendas, vital health programs may not get funding.

IDYDC: Background

With IDYDC, IYF worked through sports clubs in Iringa Regions to provide HIV prevention messages and life-skills education. Football and netball (volleyball) coaches had previously been trained to provide HIV prevention education to youth ages 13-17 years old who participate in the sports club. As with EAYPI, PFL worked with IDYDC to integrate HIV/AIDS prevention messages with FP/RH messages and reinforce life-skills education for youth.

IDYDC: Training and Capacity Building of Coaches

As part of the PFL program, IYF and IDYDC planned for coaches to be trained by a FP/RH organization to receive information on FP, including the various methods, the FP/RH needs of youth and how to deliver FP/RH messages in a youth-friendly manner. IDYDC staff state that two such trainings were held coaches, the first facilitated by UMATI in August 08 and the second facilitated by Marie Stopes in June 09, after IYF HQ learned that the UMATI training only

included information on HIV/AIDS. The four coaches interviewed provided slightly different (sometimes overlapping) responses regarding their training, stating they were trained from the following organizations: IDYDC; Family Health International (FHI); and IYF. In addition, one coach stated he was trained by Student Partnership Worldwide (SPW) and UMATI. Given the discrepancy in responses by IDYDC staff and the coaches, it is unlikely that coaches received FP/RH training by Marie Stopes as IDYDC had stated.

IDYDC: Service Provided by Coaches

All coaches responded that, before or after practice games, they provide youth with education on RH and HIV/AIDS. One coach shared that he also talks with youth about puberty and drug use. All coaches stated that to prevent pregnancy they advise youth to abstain from sex. If they are unable to abstain, however, coaches tell youth use condoms because it protects them from both pregnancy and STIs/HIV. During the interview, coaches did not talk about other methods of FP (except birth control pills). The coaches also tell youth that STIs and HIV is transmitted by having unprotected sex, and if they engage in risky behaviors they may get STIs. They advise youth to get free condoms from IDYDC or hospitals.

IDYDC: Support provided by IYF

IDYDC staff stated they received training and guidance from IYF for the project, but were unable to describe this support in detail. They also received materials from IYF, but were could not recall which ones. One staff later produced a hard copy of the *FP, HIV, and Gender Matrix* shared by IYF HQ during a monitoring visit.

IDYDC: Knowledge and Attitudes of Youth Beneficiaries

Youth beneficiaries reach by IDYDC were not as knowledgeable about FP/RH and HIV/AIDS as youth beneficiaries reached by TRCS, though their HIV/AIDS knowledge surpassed their FP/RH knowledge. While some youth understood that girls can become pregnant from having sex once, and HIV is not transmitted through handshakes or saliva, other youth stated that using condoms to prevent STIs was a myth. Youth, however, did state that HIV is transmitted by having sex with an infected person and pregnancy can be prevented through using condoms and birth control pills. One FGD participant also mentioned vasectomy as a method of FP. Youth did not have knowledge of other FP methods. Additionally, youth did not understand the menstrual cycle. Youth stated that they gained knowledge about FP/RH and HIV/AIDS from coaches, teachers, friends, and siblings.

Most youth were very shy and uncomfortable during the discussion and did not actively respond to questions or comments. While a few youth described how they would respond to peers or others pressuring them to have sex, many avoided this topic. One girl (14 years) stated that she

has goals and must stick to her goals, or else can get pregnant. She would therefore refuse sex. Others stated that they would tell the person pressuring them that they haven't reached the ideal age, their parents wouldn't allow it, and they are still young and studying.

The low comfort level of the youth was further exemplified when responding to questions about accessing condoms and other FP methods. While a few youth stated they would not be embarrassed to access condoms from health facilities and pharmacies, most youth would be embarrassed. One participant stated that store clerks and nurses would laugh at them. Another boy stated that he would not be able to access condoms because he is too young (13 year old male). Given that these youth had a difficult time talking about sex and RH—and had limited knowledge of RH/FP—it is likely they received very little education and life skills in this area.

IDYDC: Future Plans and Sustainability

IDYDC staff stated that they are interested in continuing FP/RH integration activities, and plan on adding additional FP/RH materials and documents to the resources already used in the program. In addition to requesting additional funds from IYF, IDYDC is seeking funding from Rapid Funding Envelope, a Tanzanian organization.

B. Pilot Country: India

In India, IYF worked with Youthreach and four sub-partners –Dr. Reddy's Foundation, Byrraju Foundation, Sahara and PRERANA—to implement Project Samriddhi, the local PFL project. An additional partner, Thoughtshop Foundation, was also identified to develop training material for the project. Project Samriddhi reached youth with FP/RH knowledge and skills by integrating a RH curriculum and other material into existing livelihoods projects implemented by the four partner organizations. Staff from the three partners that interacted with and provided FP/RH and life skills education to youth are referred to as trainers.

Training and Capacity Building of Trainers

All trainers closely followed the curriculum designed for the program and focused on issues related to gender, YRH and sexuality. They stated that the curriculum was designed in such a manner that each activity led to the next. Generally a male trainer took sessions with boys and a female trainer with girls, except at Sahara and PRERANA where female trainers took sessions with boys as well as girls.

All the trainers found the training of trainers (ToT) held in March 09 very useful, as this was the first time the majority of them were exposed to FP/RH issues. Some spoke of their initial inhibitions initially to take on such sessions, but felt that the ToT was also designed in a manner that allowed them to feel comfortable. All trainers expressed they had learnt ways of interacting with youth, had become keen observers and listeners and were non-judgmental on issues concerning youth. They said that when they used examples and experiences and had an

open and interactive dialogue they were best able to reach youth. They also felt that their body language and maintaining a healthy and friendly environment helped the youth be more interactive.

The majority of the trainers felt that the training material was very helpful in interacting with the youth, and the various card games, puzzles on Reproductive parts, storytelling through flip book were well received by the boys and girls. They all felt that the time allocated for each session was not enough and many a times the sessions took more than double the stipulated time to complete because of numerous questions from the participants. Many participants even stayed behind after sessions to discuss individual issues; some even wrote their questions on pieces of paper and put it in a box before the start of a new session. The questions girls asked related mostly to menstruation, myths related to it, and its management. Boys' questions revolved around masturbation, pregnancy and understanding of reproductive system of females.

At Byrajju and Sahara, two different cadres of trainers were trained - community outreach workers and their supervisors. Issues that were raised by the outreach workers were referred to their supervisor and effectively addressed. At Dr. Reddy's, trainers approached either Youthreach or RH experts in their organizations with questions and issues. At all the organizations, the sessions were regularly monitored and supervised both from within their organization and also from Youthreach, who conducted site visits during project implementation and observed sessions being facilitated.

All the trainers interviewed felt the duration of training should have been longer and the training should have focused not only on developing skills to work with adolescents, but also on the technical details of family planning methods, especially emergency contraception. They also stated that a refresher training would have proved useful, especially to address issues/queries frequently asked by participants. They all felt that the training received was very useful and helped them tremendously in facilitating FP/RH sessions with youth.

Knowledge and Attitudes of Boy Youth Beneficiaries

Over 90% of boys gave a detailed account of changes occurring in their bodies during puberty. The changes they mentioned were both physical as well as emotional. They also gave detailed responses of the changes occurring in girls during puberty, and spoke at length about the different ways girls and boys think and feel. They said the program had given them greater insight into understanding and realizing the gender roles attributed to them by society and how the entire socialization process molded their way of thinking and their attitudes towards members of the opposite sex. Nearly 70% of the boys felt that they had now become more sensitive to and better understood gender issues.

Many boys responded that this was the first instance when they had a detailed discussion on issues related to sex and sexuality. They said that though they had heard about sex from their

friends, media and other sources they did not have complete or accurate knowledge and would often speculate and try and gather more information. The project provided them with this additional and accurate knowledge. Boys at Dr. Reddy's, Sahara and PRERANA spoke at length about the myths they had about masturbation and the size of the penis, and how these were suitably addressed during the sessions. At Dr. Reddy's, the boys group said that prior to attending these sessions they all believed that if a girl became pregnant it was her mistake to deal with. They had not realized the role of her partner in the entire process and so the sessions were quite eye opening, especially with regard to a man's role and responsibility in sexual acts.

Nearly 65% of youth spoke about ways to avoid peer pressure, how to say "No," and how they would guide their friends and provide them with proper information. They all responded that in such instances it is important that friends are dealt with firmly, and even avoided if they fail to understand their viewpoint and respect their opinions.

Over 90% of the respondents in the FGDs were aware of the various family planning methods, including both temporary and permanent, and were aware of where they could procure these. All of them spoke of getting condoms and pills from the medical stores, general grocery shops, kiosks at petrol pumps, dispensing machines at bus stands, cinema theatres, government hospitals and primary health centers.

Over 65% responded that they would not feel shy or embarrassed in going up to the medical store to ask for condoms, but a few boys did say that living in a small town it was not always possible to do that. In such instances, if the boy is unmarried, he can get the help of a married friend to get condoms.

The majority of the boys felt that the FP information they had after the curriculum sessions were sufficient, but they asked for more information on emergency contraception, and more detailed information on STIs.

With regard to pregnancy and child birth, all boys felt that they had detailed information on the issue and all of them realized that the responsibility of producing a child lay with both the parents. However, they were all very curious to know how twins/triplets are born and said that such related issues too should be addressed in the curriculum.

Nearly, 70% of the respondents had details of information on STIs, including its causes and prevention. More than 85% spoke at length about HIV/AIDS, highlighting the various causes including unprotected sex, multiple partners, sharing needles, blood transfusion, pregnancy and child birth and breast milk, as well as ways of preventing it. They also gave detailed information about testing centers at government hospitals and knew about the Voluntary Counseling and Testing Centers (VCTC) set up by the government in various areas. They all felt that they had a fairly good knowledge on the issue, but wanted additional information on HIV care and support

More than 90% of the participants found the program very interesting and useful, and said this was a result of the youth-friendliness of the trainers. They stated the trainers spent considerable time befriending and establishing rapport with the participants before facilitating

sessions on sensitive FP/RH issues. Moreover, the various training aids in the form of card game, puzzles etc. made the interactions very comfortable and non-threatening. They specifically like sessions related to pregnancy, family planning method and changes during puberty.

Knowledge and Attitudes of Girls Youth Beneficiaries

The focus group with girls also revealed that more than 85% of girls were aware of all the pubertal changes taking place in girls. Over 75% girls also successfully enumerated the changes that take place in boys during puberty and attributed all this to hormonal changes occurring in one's body during this time. The girls spoke with confidence and without hesitation during the focus groups and did not show any inhibitions while sharing/discussing about the changes taking place in boys as well. Interestingly, many girls spoke about the sexual and gender discrimination that takes place in Indian society and were very vocal and aware about the preferential treatment given to boys/males in their families. They even suggested that the project should focus sensitizing boys on gender issues as they had very fixed mindset on gender roles and stereotypes vis-a-vis girls.

The majority of girls said that this was their first exposure to learning about sex. They did know about the term 'sex' but did not know anything related to it. On being further probed about the topic being a part of their Grade 10 school curriculum, almost all the girls responded that the topic was invariably not taken up in class by their teachers at school. Since this was the first time they had gathered information about the issue, they said that many of their myths related to it had been addressed. Many girls said that they always thought that kissing and hugging a boy can lead to a girl getting pregnant.

Regarding peer pressure, they said that one must be assertive enough to share one's opinion/thoughts on the subject and share and communicate with their partner their doubts and queries before finally agreeing to indulge in the act.

With regard to the advice the girls would give to a friend who is being harassed by a teacher or an adult for sexual favors, the girls responded that thought it would be very difficult to report the case to the principal/parent and would try and advise their friend to share the issue with some other friendly teachers or cousins, and they could as a group then report the same to the parents/principals. They stated they would advise their friend to be firm and avoid situations where she can be alone with the teacher/relative.

More than 90% of the girls in the focus group were fully aware about the various ways to prevent the pregnancy and spoke at length and in details about the use and functioning of the various methods like oral contraceptive pills, condoms, IUDs, injectables, the calendar method, vasectomy and tubectomy. They were also aware of places from where the temporary spacing methods could be accessed but were very hesitant in going and procuring FP methods from the medical shop or the clinic. Many of them still felt embarrassed and said that they would have their married sister accompany them to the clinic or hospital.

Many girls felt that the curriculum had provided them with sufficient information about menstruation, pregnancy and contraception in general but they felt that they did require more information on reproductive parts of males and their functioning, inter-spousal communication and emergency contraception.

Though the girls had sufficient information on the causes and prevention of HIV they were not able to talk in great details about various STIs, their symptoms and causes. Many girls suggested that since the focus of the curriculum in this section was heavily tilted towards HIV and AIDS, they had little information on STIs and felt that the curriculum should also include information on reproductive tract infections and STIs in details. Though the girls were fully aware about places to go for HIV testing, they felt that it would be helpful if details about location and addresses of local hospitals could be provided in the curriculum.

All girls said that they were comfortable in sharing and talking about FP/RH issues with trainers and some girls stated this was because sessions were facilitated separately for boys and girls. The language used during the session was easy to understand and many a times, the trainer repeated and reviewed topics from the curriculum on the request of participants. Moreover, the interactive games also created an atmosphere which was non-threatening. The attitude of the trainer also was very supportive and non judgmental, which also made the participants feel comfortable and ask questions.

The girls said that they in particular liked the sessions on gender roles and life skills, reproductive organs and their functioning, and myths related to menstruation. They added that if more details about sexuality and reproductive issues of the opposite sex were shared with them, it would make them understand sexuality in a holistic manner.

<u>Youthreach: Future Plans and Sustainability</u>

Youthreach is keen on integrating RH/FP into its other youth development programs, including those on life skills, spoken English for the workplace, and counseling. The organization is proposing to raise funds from individual and corporate donors to support implementation of its youth development programs where FP/RH is a key component.

C. Pilot Country: Philippines

In the Philippines, IYF partnered with Consuelo Foundation to implement the PFL project. Consuelo Foundation undertook FP/RH integration activities through two sub-partners, Foundation for Adolescent Development (FAD) and Friendly Care Foundation (FCF). FAD developed the RH and HIV/AIDS Curriculum for Young Muslims and worked with nine youth-serving Consuelo Foundation partner organizations to implement the curriculum. FCF trained service providers in YRH/FP at two health facilities in Mindanao.

Staff Trained by FAD: Implementation of RH and HIV/AIDS Curriculum for Young Muslims

All eight staff interviewed from organizations trained by FAD stated that the Islamic perspective and Quaranic verses used in the RH and HIV/AIDS Curriculum for Young Muslims assisted them in educating Muslim youth on FP/RH. Most staff stated they found the curriculum appropriate, especially the sections on FP. One respondent, however did state the curriculum could have been even more sensitive to Islam. He suggested that the FP messages could have focused more around the context of birth spacing, as this would be more acceptable to people of Muslim faith.

Due to the general appropriateness and acceptance of the curriculum, most respondents stated that the training they received from FAD in March 2009 helped them reach out to youth. However, respondents also stated that they did not receive training to increase their comfort level when speaking about YRH issues or make them more youth-friendly. While seven staff stated they did receive regular monitoring and feedback from their direct supervisors, they did not mention if FAD provided further support or feedback to their work.

FAD-trained organizations reached between 25 and 75 youth under PFL, and covered the curriculum to various degrees. One organization, Alano School taught one FP lesson from the curriculum, while other organizations (Nagdilaab Foundation and PCB Indegenous People) stated they almost finished teaching the entire curriculum. All respondent stated that youth understood the lessons, and many young people asked questions or provided feedback after the sessions. Some questions youth asked include: why girls grow faster than boys; why people must get married before they have sex; side effects of modern FP methods; and different modes of HIV transmission. Six of the eight respondents were able to name a health facility where they refer youth to for FP/RH and HIV/AIDS services. When responding to what guidance they would give to a girl who became pregnant, and the boy who was the father, two stated they would refer the girl to a health facility, three stated they would provide support and listen to the girl, and five stated they would advise the girl and boy to get married.

Services Provided by FCF-Trained Providers

FCF provided a two-week training in February 2009 to service providers working in two facilities in Mindanao. The six service providers who were interviewed (three from Juan S. Alano Memorial Hospital and three from Basilan Community Hospital) provided positive feedback on the training. One person stated that it was the only training that included intensive discussions on how to be more sensitive towards youth, and especially Muslim youth. Another respondent stated that the training taught providers how to use verbal and non-verbal communication. All responses spoke to the youth-friendliness component of the training. Additionally, all providers felt that the training was culturally appropriate and respected the religious view of the area.

All service providers states they provide FP/RH counseling to young people, including proper use of FP methods, advantages and disadvantages of the different methods, and guidance to girls

and young women who are already pregnant. One respondent added that she listens to young people who come with problems. Four providers stated they also provide FP methods to young people, and two stated they provide referral to youth, including to abused youth. All providers said the youth understand the education and services they provide, and one added that he knows they understand because he asks the youth he serves to summarize his teachings and counseling. Another provider states she encourages youth to ask many questions, which they do. Some of the questions youth ask include: how to use condoms properly, if sex is bad, and various misconceptions around FP methods. When speaking to guidance they would provide young girls who are pregnant, and the fathers, most providers said they would provide prenatal care and/or refer the girls to obstetricians. They did not say if or how they would interact with the father of the baby.

Consuelo Foundation: Support Provided by IYF

When asked about support received by IYF, Consuelo Foundation responded that IYF has been helpful throughout project implementation. It provided technical assistance by providing advice on strategies that would meet the objectives of the project. For example, when PFL faced implementation challenges due to security issues, IYF HQ was able to respond to and provide suggestions for overcoming constraints.

Consuelo Foundation also mentioned that it received materials from IYF, including the: Framework for Integration of FP and RH into Youth Development Programs (referred to as the Integration Framework from here-on); Self-Assessment Tool; Criteria for Assessing Levels of Integration; Project Design and Proposal Writing Guide; Reproductive Health Supplemental Curriculum. This material was a helpful as a reference for Consuelo Foundation, as well as to strengthen its own materials.

Conseulo Foundation: Future Plans and Sustainability

In order to ensure sustainability of FP/RH integration, Consuelo Foundation ensures that all proposals submitted from their partners has a FP/RH component. Contracts between Consuelo Foundation and its partners will have clear language regarding implementation of RH/FP activities.

D. IYF Headquarters

Knowledge of YRH/FP Topics and Services

The four staff who participated in the final evaluation but were not interviewed for the midterm evaluation were able to describe at least two aspects of YRH/FP, ranging from broad topics to specific services. The most common responses by these “new” interviewees were around life

skills education, family planning, and STIs/HIV prevention, care, and treatment. One respondent also mentioned maternal health care. Three of eight staff who had been interviewed at the midterm evaluation named different and additional YRH/FP topics from their last interviews, including birth spacing; male involvement; and sexuality and puberty.

Of the six SMT members interviewed for the final evaluation, three were not interviewed for the midterm evaluation. SMT members who did not participate in the midterm evaluation provided similar responses to other staff regarding topics and services that constitute RH for young people. One SMT member (who had been previously interviewed for the midterm evaluation) stated that the PFL project had increased his/her knowledge of YRH, stating that the availability of condoms and other FP commodities is an important aspect of YRH/FP s/he learned about.

Visibility of PFL: Learning Sessions, Brown Bags and Products

PFL held two learning sessions with IYF HQ staff, one in June 2008 for the Leadership and Engagement Center and another in January 2009 for the Education and Employability Centers. Seven staff attended at least one of the learning sessions facilitated by the Health Center, and five did not. Those who did not were out of the office on travel or leave. All staff who attended a learning session said they found it interesting and thought-provoking. Some staff stated that it helped them explore issues such as birth spacing, prenatal care, and sexual assault. One participant shared that the session based on the Jeopardy game brought to light misperceptions that exist about YRH. Another respondent said one of the sessions also talked about ways to integrate RH education into areas s/he had not thought of before, such as education and employability. One interviewee stated that sharing the Integration Framework was a good idea. This participant also recalled, however, that there was a tendency to force RH issues as the panacea for addressing development challenges. This person suggested that a different delivery may have been more welcoming to some people.

Two of the twelve people interviewed attended at least one brownbag held by the Health Center. One person mentioned the brown bag on early marriage, recalling it was interesting. The other person attended the one on AIDS, which showed a movie from the perspective of children. This participant learned about the "big players" in the AIDS field through this film.

Two staff indicated that had heard of the Self Assessment Tool (SAT); two were unsure; and the remaining eight had not heard of it. Five staff had come across the Integration Framework either through staff meetings or learning sessions. All three of the newly interviewed SMT staff had heard of the Integration Framework, and one person interviewed previously stated that s/he had heard more of the Framework—via a session on how to utilize it—since the last interview.

Four staff had been exposed to the FP, HIV and Gender Matrix; three to the Project Design and Proposal Development Guide; and ten are aware of the Passport to Success Health Lessons. Of all the documents the Passport to Success Health Lessons are most utilized by staff. One

respondent had participated in the pre-service training, and three respondents use these lessons in the programs they manage. Two staff stated that there is interest in using these lessons in their programs in the future.

Perceptions of the PFL Project

Staff perceptions of the PFL project were mixed. Of PFL's biggest accomplishments, many staff spoke about the success of integrating YRH lessons into the existing Passport to Success Curriculum. This document was, by far, the most recognized by staff. Most SMT members also hold this accomplishment in high regard. Some staff also mentioned the development of other materials as successes, particularly the Integration Framework and FP, HIV, and Gender Matrix. Two SMT members stated that the project has increased awareness of YRH within the organization.

When discussing challenges IYF HQ has faced in undertaking YRH integration, staff most commonly mentioned the need for more staff and experienced staff. Most respondents spoke of the difficulty in implementing a program with a small Health Center that became even smaller since the start of PFL. Staff also spoke of the need to have more champions at the senior management level. Additionally, many staff believe IYF management has sent out mixed messages regarding the importance of YRH: on the one hand there exists a dedicated project to increase integration, yet human resources in the Health Center have been dwindling. Such polar messages have led many staff to wonder if YRH is truly a priority for IYF, and have reduced their motivation to explore how RH/FP can be integrated into their own programs.

E. IYF Global Partners

IYF's work with its global partners was largely aimed at developing a community of practice through sharing YRH/FP resources. The community of practice first took the form of an electronic group, and then changed to a listserve through which IYF disseminates YRH/FP materials and tools and facilitates YRH discussions with its partners. The listserv has been sharing resources every month from January 2009.

Of the five global partners who were captured by the final survey, three had not responded to the midterm survey evaluation. Two partner organizations were working in YRH/FP at the time of the survey, primarily around peer education, HIV/AIDS, teaching parents' about YRH, and reaching out-of-school youth. The three organizations not working in YRH/FP were interested in doing so in the future, particularly around HIV/AIDS and peer education. They had not, however, included YRH in their program development of funding priorities. Three partners were familiar with at least two PFL tools; the only tool not mentioned by one of these three organizations was the Project Design and Proposal Writing Guide. Only one of these partners, however, indicated that it used the tool(s).

IV. Study Limitations

Given the structure and process of this evaluation, it is not possible to assess the quantitative impact of PFL on youth beneficiaries. Data from the pilot countries was collected at only one time point (towards the end of the project), and no comparison groups were used. We are therefore unable to conclude if there was a significant increase in knowledge or skills of partner organization staff, service providers, coaches, trainers, or youth that is attributable to the program. Additionally, the data collection methods used with youth beneficiaries (e.g. FGDs) speak to the attitudes and norms among young people, not to their individual behaviors. This evaluation does, however, provide anecdotal evidence of the effect of the PFL program, largely assessing the quality of performance of various service providers and other persons affiliated with PFL. It also assesses the current knowledge and attitudes of youth beneficiaries.

The guides used for FGD and interviews were reviewed and revised with local consultants from each of the three pilot projects, but were not pre-tested with local participants before data collection. Therefore some questions may not have been easily understood or applicable in each context. Consultants revised questions, defined terms, and explained concepts while conducting the interviews and discussions. Certain responses may depend on how well each consultant explained the question or concept.

It is likely that a number of study participants provided socially acceptable responses, especially since most of the interviews and all FGDs took place in person. In some cases interviewers were able to gage which responses were provided solely to be socially acceptable, and tried to verify information by further probing. However, it was not possible to identify all cases of socially acceptable responses.

Finally, the IYF global partners' survey had a low response rate. Since only five partners were captured in the final survey, it is difficult to gage how much interest and capacity in RH/FP was developed among the partners.

V. Conclusions

Given the multiple and varied components of PFL, there were numerous successes, challenges and lessons learned from the program.

Successes

PFL had a number of successes, both in the field and at the HQ level.

- In Tanzania, service providers, PEs, and youth trained through TRCS provided a positive assessment of PFL. TRCS-trained service providers and PEs participated in high quality training and learned how to provide youth-friendly services. Youth reached by TRCS had accurate knowledge and positive attitudes around FP/RH. Additionally, they exhibited

the life skills necessary for practicing safe behaviors, including the ability to deal with sexual pressure from peers and adults. Youth beneficiaries also spoke to the youth-friendliness of health care workers, and there is a seemingly high acceptance of FP methods by youth in Rufigi. The success of PFL and TRCS may be partly attributed to proper training, regular and supportive supervision by TRCS District Health Coordinators, youth-friendly service providers, as well as service providers "advertising" their youth-friendliness to young people in schools.

- In India, many participants and trainers of Project Samriddhi shared their knowledge of FP/RH in great detail without embarrassment, an indication of the project's positive impact given the conservative culture of South Asia. Older youth spoke at length about how the program had cleared many of their myths related to sexuality and increased their knowledge. Additionally, younger youth and those from rural areas (i.e. Byrajju Foundation) found the topics on changes during the puberty useful and easy to comprehend. Boys' showed greater sensitivity towards gender issues, realizing more fully the roles girls and women play in their lives, while girls found sessions on menstruation and its management and gender roles very helpful.
- In Philippines, RH and HIV/AIDS Curriculum for Young People was accepted by both trainers at organizations and youth beneficiaries as culturally appropriate. It seems that staff and service providers were able to provide sensitive and non-judgmental education and services to youth.
- At IYF HQ, PFL was successful in working with the Education Center to integrate YRH/FP lessons into the Passport to Success curriculum. Given the number breadth of youth the curriculum reaches, this is one of the project's biggest successes at the HQ level. Additionally, staff gained some knowledge and increased their interest in YRH after attending the learning sessions and brown bags facilitated by the Health Center.

Challenges

PFL also faced some challenges during the implementation period.

- PFL's partner in Iringa, Tanzania, IDYDC, did not seem to implement activities agreed upon with IYF, particularly the YRH/FP trainings geared for coaches. This was exemplified when coaches were not able to discuss their training in-depth, or talk about different FP/RH issues in detail. While youth in Iringa had some knowledge of HIV/AIDS prevention, they could not accurately speak to puberty and adolescent development, or name different FP methods other than condoms and birth control pills. Nor did the youth demonstrate having the life skills needed to practice safe behaviors. Finally, the low comfort level youth exhibited during the FGD indicate they may not have been exposed to information about sex, HIV, or FP on a regular basis.
- Many IYF HQ staff were not convinced that the organization is able to give proper attention to YRH/FP given staffing issues of the Health Center. They perceive that senior

management does not prioritize health, and therefore do not see any incentive to focus on YRH/FP themselves. This is especially true given that staff spend the workday focusing on their own projects and see YRH/FP integration as an added effort.

Lessons Learned & Recommendations

Implementing PFL at various organizational levels provides a unique opportunity to collect lessons learned from both the successes and challenges of integrating FP/RH into youth development programs.

- Integrating family planning and reproductive health into existing programs—especially HIV/AIDS prevention programs—can be an efficient and cost-effective way to raise awareness of YRH/FP. By sharing human and financial resources, integrating FP education and services into HIV/AIDS prevention programs can have a great impact for a relatively small amount of money.
- YRH programs are best implemented when youth have access to FP methods and other RH services. If youth receive education and information on ways to prevent pregnancy and HIV, but are unable to procure FP methods or get treatment for STIs, they will lack the self-efficacy to reduce risky behaviors. The apparent increase in uptake of FP methods in one of Tanzania's study sites exemplifies the benefit of making FP/RH services and commodities available.
- Integrating YRH/PF information into products that are already widely used may be one of the most efficient and visible ways to achieve integration. This is exemplified by the Passport to Success Health lessons.
- Because behavior change is a slow process youth must have consistent access to education and services for a relatively long period of time in order to reduce risky practices. Since program implementation, especially within developing countries, usually takes longer than expected, field programs should have at least a two-year implementation period to ensure youth are adequately reached. Given the numerous delays in the field, youth beneficiaries in the three countries were only exposed to the PFL project activities for 1-6 months before the end of the project period. It is likely this was too brief of a time for youth to have made significant, sustained changes in their sexual behaviors.
- Building the capacity of local organizations requires having dedicated "parent" staff in-country. While IYF provided much support to IDYDC from Baltimore, the HQ monitoring visit and final evaluation has shown that this organization required regular, in-depth, and close guidance in order to increase their ability to implement quality YRH/FP program. Similarly, in order to increase capacity of global partners dedicated staff from the "parent" organization must provide consistent and close support. Given the multi-leveled structure of the PFL project, future YRH programs may want to consider "more depth" and "less breadth" in order to achieve greater impact.

Appendix I
Interview Guide for Main IYF Partner

Introduction to Interviewee

Thank you for agreeing to take the time to talk with me. As you may know we are conducting the final evaluation for the Planning for Life project with International Youth Foundation. As part of the evaluation we are interested in speaking with the program staff of IYF's country partners. Since you are the link between IYF and the grassroots organizations in the country, your input will help us determine the successes and challenges of the field programs. Please try to provide as complete and accurate information as you are able to. This interview will probably take about 45 minutes.

Name of Organization (circle one): Consuelo Youthreach IDYDC TRCS

Name of interviewee: _____

Position: _____

Number of years with organization: _____

1. Tell me a little about the organization.
    a. What is the mission of the organization?
    b. How many people work here altogether?
    c. I am interested in your position with the organization. What are your main duties?

2. Now lets talk about your specific program under the Planning for Life project
    a. What is the organization's goal under the Planning for Life Program and how does it fit into the organization's overall mission?
    b. What activities have you undertaken to achieve this goal?
    c. What is the target group you are reaching for this project?
    d. What venue do you use to reach this group (i.e. schools, clubs, street outreach, etc.).

3. Planning for Life is a project of the International Youth Foundation.
    a. Did you receive training or guidance from IYF for this project? If so, in what capacity? (i.e. topical, financial, administrative)
    b. Did IYF share any adolescent reproductive health integration tools with you? Which ones? (Allow for spontaneous response. Afterwards, probe for tools no mentioned: Integration Framework; Self-Assessment Tool; Criteria for Assessing Levels of Integration; Project Design and Proposal Writing Guide; Reproductive Health Supplemental Curriculum).
    c. Are all of your staff familiar with these tools? If so, how did they become familiar with them?
    d. Were these tools helpful to your activities? If yes, how?

4. You have partners you work with for this project.
    a. How did you decide to involve (FAD & Friendly Care Foundation; or Thoughtshop) as partners in this project?
    b. What kinds of objectives and activities did your partners agree to?
    c. How did you monitor your partners' work?
    d. Did they implement the activities you agreed upon? Do you think they achieved their objectives? If yes, give examples. If no, why not?
    e. What kind of assistance did you provide these partners (i.e. technical, tool development, financial, administrative, etc.)
    f. Do these partners have greater knowledge and capability than before the project? If so, in what ways? Please give examples of how their knowledge and capacity has changed.
    g. Were there challenges in working with these partners? If so, what were they? Did these challenges create obstacles to implementing the program?

5. We are also interested in other partnerships you may have.
    a. Do you work with other organizations to implement adolescent reproductive health/family planning education and services? If so, which organizations?
    b. Are these projects stand-alone ARH/FP programs, or integrated programs? Please tell me a little bit about them.
    c. How is this work funded (i.e. which donors provide funding?)
    d. Have you used any tools or activities developed from your work with IYF with these organizations?

6. Since the beginning of this project, have you and your staff learned more about integrating reproductive health/family planning into other program areas? If so, how?

7. Let's talk about future plans and sustainability
    a. Is RH/FP integration something you would like to or are planning to continue? If so, how will you continue this work now that Planning for Life is ending?
    b. Will the organization include ARH in it program development or funding priorities?
    c. Is the organization looking to leverage funding from other donors to implement ARH/FP integration programming?

Appendix II

Interview Guide for Health Workers and Teachers working Directly with Youth

Introduction to Interviewee

Thank you for agreeing to take the time to talk with me. As you may know we are conducting the final evaluation for the Planning for Life project with International Youth Foundation. As part of the evaluation we are interested in speaking with the health workers and teachers working directly with youth. Since you provide services and education to young people, your input will help us determine the success and challenges of the program. Please try to provide as complete and accurate information as you are able to. This interview will probably take about 45 minutes.

Name of Organization (circle one):

Name of interviewee: _____

Position: _____

Number of years with organization: _____

1. Tell me about your position with the organization. What are your main duties?

2. Let's talk about the specific program under (Samriddhi/Planning for Life).
    a. What services or education do you provide to youth?
    b. How old are the youth you interact with? Are they in school or out-of-school?
    c. How frequently do you meet with youth to provide education or services?

3. What kind of training did you receive to provide education/services to young people?
    a. Which organizations(s) trained you?
    b. How many lessons/workshops did you have?
    c. How did you find the training? Did it provide you with enough information? Did it give you tips and lessons on how to educate young people?
    d. Do you feel better equipped in interacting with and relating to young people? If yes, how? Please give an example.
    e. Have you had any follow-up trainings?

4. Many of the topics you cover/services you provide are sensitive and may be embarrassing for some people, including some youth.
    a. Do you feel uncomfortable talking about some of the material you cover/services you provide?
    b. How do you try to make young people feel at ease while educating them/providing services to them?

   c. Did the training you receive talk about how to reduce any embarrassment you or the youth might feel?
   d. (For Philippines and India only) Did you find this curriculum culturally or religiously appropriate? Were there specific lessons that you found especially helpful? Were there specific lessons that were not helpful?

5. Let's talk about monitoring and supervision
   a. Who is your supervisor for this program or organization?
   b. Has this person stopped by while you were providing services or education to youth? If so, how often?
   c. Has this person provided you with feedback on your work with youth? If so, what kind of feedback did you receive?
   d. If you are unsure about something you are teaching or services you are providing, can you turn to this person to ask him/her questions? If not this person, can you turn to another person? Has this ever happened before (i.e. have you asked for clarification about the material?)

6. Let's talk about the youth again. I am interested in how you educate them/provide services to them?
   a. Do you think that youth understand what you are trying to teach them, or the services you provide them? If so, how do you know they understand?
   b. Do young ask you questions on what you are teaching or while you are providing services to them? If so, give an example.
   c. If you don't know the answer to something they ask, what do you tell them?
   d. Are there other people or services that you refer the youth to (i.e. nurses, clinics, etc.)?

7. (For teachers only) Now let's turn to some of the specific material you provide to young people.
   a. What are some of the topics you cover with youth?
   b. What do you teach them about delaying sex? What do you teach them about the consequences of sex?
   c. What do you tell youth about how they can prevent pregnancy? Do you teach them about any modern family planning methods? If so, which ones? Where do you tell youth they can go to get these methods?
   d. What do you tell youth about how STIs and HIV is transmitted? What are ways you teach them they can prevent STIs and HIV? Where do you tell youth they can go to get STI and HIV services.
   e. If you found out that one of the girls you provide lessons to became pregnant, what would you do? If you found out one of the boys was the father, what would you do?

8. (For nurses/medical officers/clinical instructor/midwives only) Now let's turn to some of the specific services you provide young people.
   a. What service do most young people come here for?
   b. While you are providing these services, do you also provide education to youth? If so, what kind of education?
   c. If a youth were to ask you about how to prevent pregnancy, what would you tell him or her? What services would you provide?
   d. If a youth were to ask you about STIs and HIV, what would you tell him or her? What services would you provide?

e. If a girl came here because she was pregnant, what services would you provide? What would tell her? If the father was here, what would you tell him?

Appendix III

Interview Guide for Staff and Coaches working Directly with Youth

Introduction to Interviewee

Thank you for agreeing to take the time to talk with me. As you may know we are conducting the final evaluation for the Planning for Life project with International Youth Foundation. As part of the evaluation we are interested in speaking with the staff and coaches working directly with youth. Since you provide education and life skills to young people, your input will help us determine the success and challenges of the program. Please try to provide as complete and accurate information as you are able to. This interview will probably take about 45 minutes.

Name of Organization (circle one):

Name of interviewee: _____

Position: _____

Number of years with organization: _____

1. Tell me about your position with the organization. What are your main duties?

2. Let's talk about the specific program under (Samriddhi/Planning for Life).
    a. What activities did you undertake for this program? How old are the youth you interact with? Are they in school or out-of-school?
    b. How frequently do you meet with youth to provide education/services? (For the Philippines only): How many lessons were you able to provide from the RH Curriculum for Muslim Youth?
    c. On average, about how many youth did you reach at each meeting?

3. What kind of training did you receive to provide education/services to young people?
    a. Which organizations(s) trained you?
    b. How many lessons/workshops did you have?
    c. How did you find the training? Did it provide you with enough information? Did it give you tips and lessons and how to educate young people?
    d. Do you feel better equipped in interacting with and relating to young people? If yes, how? Please give an example.
    e. Have you had any follow-up trainings?

4. Many of the topics you cover are sensitive and may be embarrassing for some people, including some youth.
    a. Do you feel uncomfortable talking about some of the material you cover?
    b. How do you try to make young people feel at ease while educating them?

c. Did the training you receive talk about how to reduce any embarrassment you or the youth might feel?
d. (For Philippines and India only) Did you find this curriculum culturally or religiously appropriate? Were there specific lessons that you found especially helpful? Were there specific lessons that were not helpful?

5. Let's talk about monitoring and supervision
    a. (For staff only): Who is your supervisor for this program or organization? (For coaches in Tanzania only): Who have you been working with at IDYDC for this effort?
    b. Has this person stopped by while you were providing service or education to youth? If so, how often?
    c. Has this person provided you with feedback on your work with youth? If so, what kind of feedback did you receive?
    d. If you are unsure about something you are teaching or telling youth, can you turn to this person to ask him/her questions? If not this person, can you turn to another person? Has this ever happened before (i.e. have you asked for clarification about the material?)

6. Let's talk about the youth again. I am interested in how you educate them.
    a. Do you think that youth understand what you are trying to teach them? If so, how do you know they understand?
    b. Do young ask you questions on what you are teaching? If so, give an example.
    c. If you don't know the answer to something they ask, what do you tell them?
    d. Are there other people or services that you refer the youth to (i.e. nurses, clinics, etc.)? If yes, where are these services? Are these services youth-friendly?

7. Now let's turn to some of the specific material you teach young people.
    a. What are some of the topics you cover with youth?
    b. What do you teach them about delaying sex? What do you teach them about the consequences of sex?
    c. What do you tell youth about how they can prevent pregnancy? Do you teach them about any modern family planning methods? If so, which ones? Where do you tell youth they can go to get these methods?
    d. What do you tell youth about how STIs and HIV is transmitted? What are ways you teach them they can prevent STIs and HIV? Where do you tell youth they can go to get STI and HIV services.
    If you found out that one of the girls you provide lessons to became pregnant, what would you do?
    If you found out one of the boys was the father, what would you do?

Annex IV

Mixed Sex Focus Group Guide

Introduction to Focus Group Participants (15 minutes)

Introductions

Welcome. We are (Salma and Mahua) and are working with the International Youth Foundation. Thank you for agreeing to take the time to speak with us. As you may know, we are trying to assess what you have learned about family planning and reproductive health in the past few months. The information will only be used to evaluate the reproductive health program you have been part of. We will summarize what everyone has said for the report, but if you share something with us your name will not be linked to that particular statement. We would like you to be as honest as you can. We will record this discussion so that we can go back and listen to parts we can't remember. This exercise will probably take about 1 ½ to 2 hours.

First, let's introduce ourselves. Each person go around and state your name and which ward/town you come from.

Ground Rules

Now let's brainstorm some ground rules. Since you are the participants in this we would like you all to set the rules. What are some rules you think we should establish before we begin discussions? (Add the two rules below if no one states them)

i) When I ask a question, please raise your hand to answer to answer. More than one more can answer a question, and you can agree or disagree with what your group members have said.

ii) We may talk about things that are funny or embarrassing. It's okay to laugh, but do not tease or make fun of your group members.

Icebreaker

Now let's do a game to start off. (pick one of these or another):

1) *Musical Chairs: We are going to start with a short game called Musical Chairs. We're going to take one seat away so there is one more person than the number of seats. I'm gong to play this music and everyone should walk around the table (in a circle) while the music is playing. As soon as the music stops everyone has to find a chair to sit on. The person who is left standing is "out". We will keep doing this until we have one person left, and he or she is the winner of this round.*
2) *Hot Potato: We are going to start with a short game called Hot Potato. Everyone sit around in a circle, and someone will take this ball. We will start the music and you have to pass the ball to the next person. Each person keeps passing the ball to the next person until we stop the music. The person who has the ball when the music is stopped is "out". We will keep doing this until we have one person left, and he or she is the winner of the game.*

Now let's start the discussion.

Puberty

1. We have both boys and girls in this group. Can someone tell me…
    a. What are some similarities between boys and girls?
    b. What are some differences between boys and girls?

2. You are all between the ages of 15 and 24 (or look at the sign-in sheet for ages).

a. What are some changes that are happening to your body now? (Allow for spontaneous response. If all changes are not mentioned, probe – skin, odor, hair growth, body frame/size, voice, breast development, menstruation, wet dreams male sex organ changes).
b. Why are these changes happening?

Sex, sexual pressure, and communication

3. Now we are going to talk about sex.
    a. From who have you heard and learned about sex (parents, friends, peer educators, teachers, nurses, etc.)
    b. What are some myths you have heard about sex? Where did you hear these from?
    c. What are other things you have heard about sex that are true? Where did you hear these from?
    d. When do you think is a good time to have sex for the first time?
    e. Why do you think it's a good idea to wait until you are older to have sex? (Probe further about the consequences if they say pregnancy, STIs, or HIV).
    f. How would you respond to someone who is pressuring you to have sex? What are some things you would say?
    g. What advice would you give if your friend is being harassed by a teacher for sexual favors? What advice would you give if your friend is pressuring someone else to have sex?

Pregnancy

4. Now we are going to specifically talk about pregnancy and family planning
    a. Can a woman get pregnant the first time she has sex?
    b. Can a woman get pregnant before she has gotten her period?
    c. Do you know about a woman's cycle? How many days is in a cycle? Can you describe the cycle? When during a cycle is a woman able to get pregnant?
    d. When is a man able to get a woman pregnant? What specific part of having sex causes pregnancy? Or, at which point during sex can a woman get pregnant? (i.e. probe for "the sperm in ejaculate traveling in the woman)
    e. If you have questions about sex or pregnancy, who would you ask?
    f. Whose responsibility is it to prevent pregnancy – men's, women's, or both?
    g. What are some ways to prevent pregnancy? (Allow for spontaneous response. If all methods are not mentioned, probe – abstinence, male or female condoms, intrauterine deivce (IUD), diaphragm, pills, injectables, lactation amenorrhea method (LAM), natural FP/fertility awareness, spermicides, male sterilization (vasectomy), female sterilization (tubal ligation).
    h. Where would someone go to get these methods?
    i. If you went there (store, clinics, etc.) would you be embarrassed? Why or why not? How do you think the (store clerk, nurse, etc.) treat you?

Sexually Transmitted Infections

5. Now we are going to talk about STIs.
    a. What are STIs? What are some different types? (Allow for spontaneous response. If all are not mentioned, probe – genital warts, gonorrhea, syphilis, chlamydia, herpes, chancroid, trichomoniasis)

   b. How do you prevent getting STIs? (abstinence; having sex with one person who doesn't have STIs; using condoms)
   c. Can you get an STI from having sex just once?
   d. How might you know if you have an STI?
   e. Do STIs have a cure?
   f. If someone thinks they have an STI, where would they go to get treatment?

6. Now we are going to talk about HIV & AIDS?
   a. From who have you learned or hear about HIV/AIDS?
   b. What types of things have you heard? Are these true or false?
   c. How do you get HIV? (Allow for spontaneous response. If all ways are not mentioned, probe – sex, sharing needles, blood transfusion, childbirth, breast milk).
   d. Who can get HIV (i.e. only prostitutes, truckers, people living in the city, 'bad' people, etc.; or anyone?)
   e. Can you get HIV from kissing? sharing a toothbrush, food, or toilet? shaking someone's hand?
   f. How would you know if you have a HIV?
   g. Can you tell by looking at someone he or she has HIV? (If some say yes, then how?)
   h. If someone thinks they have HIV, where would they go? What would the nurse or doctor first do?
   i. Does HIV have a cure?

Appendix V

Interview Tool for IYF Senior Management Team

Main Research Question: Has the Planning for Life project strengthened IYF's organizational capacity and systems to integrate ARH/FP into youth development programs?

Objectives: To assess if Planning for Life has contributed to:

1. implementing policies and procedures to integrate ARH/FP at the organizational level
2. increasing IYF SMT's awareness of the importance of ARH/FP

Introduction to Interviewee

Thank you for agreeing to take the time to talk with me. This will probably only take 20-30 minutes. As you may know, through the Planning for Life project, we are trying to strengthen IYF's organizational capacity and systems to better integrate adolescent reproductive health and family planning into youth development. Our interviews with IYF SMT will help us take stock of where we are in terms of this goal.

Name of interviewee:

Position and department of interviewee:

Number of years with IYF:

1. Last year you stated that (fill in the blank) constitutes reproductive health for young people. Is there anything you would add do that today?

    a. family planning
    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. parenting skills
    k. Others:

2. a) Has the Planning for Life project increased your knowledge or changed your perceptions about reproductive health for young people? If so, how?

    b) Has PFL changed your knowledge or perceptions about integrating reproductive health into other programs? If so, how?

3. Last time we spoke about PFL, you (did/did not) know about the Integration Document. Have you heard more about it over the last year (either in-house or PFL's efforts to distribute it outside IYF?)

4. Have you been exposed to any additional documents or activities that PFL has undertaken in the last year (either headquarter activities or field efforts?)

5. Since the beginning of PFL, have there been any policies or procedures that have been put in place at IYF that encourage non-health sectors to integrate reproductive health into their programs?

6. From what you have seen and heard of the project, what do you believe is PFL's greatest accomplishment?

7. Is there anything that PFL did not undertake that you would like to have seen?

8. How do you think IYF can continue youth reproductive health integration now that PFL is ending? Anything in addition to a follow-on or other dedicated project?

Appendix VI

Interview Tool for IYF Headquarter Staff

Main Research Question: Has the Planning for Life project strengthened IYF's organizational capacity and systems to integrate ARH/FP into youth development programs?

Objectives: To assess if Planning for Life has contributed to:

3. implementing policies and procedures to integrate ARH/FP at the organizational level
4. increasing IYF staff's awareness of the importance of ARH/FP
5. training IYF HQ staff and partners in integration tools and policies

Introduction to Interviewee

Thank you for agreeing to take the time to talk with me. This will probably only take 20-30 minutes. As you may know, through the Planning for Life project, we are trying to strengthen IYF's organizational capacity and systems to better integrate adolescent reproductive health and family planning into youth development. Our interviews with IYF staff will help us take stock of where we are in terms of this goal

Name of interviewee:

Position and department of interviewee:

Number of years with IYF:

1. Last year you stated that reproductive health for young people constitutes the following areas: (Fill in the blank). Is there anything you would add do that today?
    a. family planning
    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. parenting skills
    k. Others:

2. *For L&E and EDU staff only:* Did you attend the learning session that was facilitated by the Health Center?
    a. *If Yes:* How did you find it? Was it helpful in increasing your knowledge or awareness about RH/FP and integration? If so, can you give an example of specific pieces of knowledge you got out of it?

b. *If No:* Were you in the office during the session? If so, how could IYF have interested you to attend the session?

3. Did you attend any brown bags the Health Center organized?
   a. *If Yes:* Which ones? How did you find them? Did they increase your knowledge or awareness about areas within RH/FP? Can you give an example of specific pieces of knowledge you got out of it?

      If attended more than one session: Were some sessions more helpful than others? If so, which ones?

   b. *If No:* Were you in the office during the brown bags? If so, how could IYF have interested you to attend them?

4. Last year you (had/had not) heard of the Self Assessment Tool. To jog your memory, PFL has been encouraging programs that plan on doing ARH/FP integration to have their partners complete the Self-Assessment Tool. This tool is to help implementing organizations gage where they are with regard to ARH/FP integration.
   a. *(If respondent had previously not heard about SAT)* Do you know about this tool?
   b. *If yes:* Does your project have any partners that are already integrating or want to integrate RH/FP into their program? If so, have your partners used the SAT, or are planning to use the SAT?
      For BD staff: Do you know of any IYF partners that have used SAT or are planning to use it?

5. Have you heard or come across any of the following tools:
   a. Framework for Integration FP/RH into Youth Development Projects

      If yes, how:

   b. FP, HIV/AIDS & STIs, and Gender Matrix?
      If yes, how:

   c. Project Design and Proposal Development Guide
      If yes, how:

   d. Passport to Success Health Lessons
      If yes, how:

   e. *If participant has heard of one or more tools:* Have you used any of these tools? If yes, for which projects or in what capacity? If no, are there opportunities where you could use them or share them with partners?

6. Since the beginning of PFL, have there been any procedures that have been put in place at IYF that encourage non-health sectors to integrate reproductive health into their programs?

7. From what you have seen and heard of the project, what do you believe is PFL's greatest accomplishment?

8. Are there one or two additional or different strategies PFL could have undertaken to increase RH/FP integration even further?

9. Any other comments?

Appendix VII

Survey Tool for IYF Global Partners

Main Research Question: Has the Planning for Life project increased the level of Adolescent Reproductive Health/Family Planning (ARH/FP) integration within the programs of IYF's partners?

Objectives: To assess if Planning for Life has contributed to:

6. partners' increased interest and commitment to ARH/FP
7. partners utilizing ARH/FP integration models

Introduction to Interviewee

Thank you for taking the time to complete this survey. The survey will only take 10 to 15 minutes to complete. As you may know, through the Planning for Life project IYF is trying to increase the level of adolescent reproductive health and family planning integration into the organization's programs, as well as partner's programs. This survey will help us take stock of where we are in terms of this goal.

Name and Title:
Organization:
Location:

1. Which program area does your organization work in? (Circle all that apply)

    a. Employability and Livelihoods
    b. Education
    c. Leadership & Civic Engagement
    d. Health Education and Services Delivery
    e. Mental Health and Substance Abuse Prevention
    f. Other: _____

2. What target population of young people does your organization currently work with? (Circle all that apply)
    a. Ages 10-14
    b. Ages 15-19
    c. Ages 20 – 25
    d. Married young people
    e. New mothers and fathers (married or unmarried)
    f. Girls only
    g. Out-of-school youth
    h. In-school youth
    i. Orphans and Vulnerable Children

3. Part A:
    Does your organization work in the field of adolescent reproductive health/family planning (ARH/FP)? (Either in a dedicated manner or through integrating it into other sectors.)

a. Yes
b. No

If you answered No to Part A please skip Part B and answer Part C.

Part B:

Only if you answered YES in Part A:

In the past 12 months has your organization receive funding from IYF and/or other funders to implement ARH/FP programming (circle one)?

a. Only from IYF
b. Only from other funders
c. From both IYF and other funders
d. The organization implements ARH/FP programming using its own corporate funds

Part C:

If you answered YES in Part A:
Please circle one or more statements below (i; ii; and/or iii) that best describes your organization's involvement in ARH/FP, and fully answer each part of the question:

i. Our organization has a dedicated ARH/FP program.

If so, this program includes the following areas (circle one or more):

- Basic Community-Based Family Planning
- ASRH/FP and Peer Education
- HIV/AIDS Education
- Working with New Parents
- Working with Faith-Based Organizations
- Youth Friendly Spaces and Health Services
- School-Based ASRH Programs
- Reaching Out-of-School Youth
- Teaching Parents/Adults to Talk to Youth about ASRH/FP
- Workplace Programs
- Other (please fill in): -

  _____
  _____
  _____

ii. Our organization has components of an ARH/FP program that are part of another program.

If so, please describe the program (i.e. livelihoods program, education program etc.) and specify which ARH/FP components are integrated into the program:
Program description:

_____

_____
_____

ARH/FP components (circle one or more):

- Basic Community-Based Family Planning
- ASRH/FP and Peer Education
- HIV/AIDS Education
- Working with New Parents
- Working with Faith-Based Organizations
- Youth Friendly Spaces and Health Services
- School-Based ASRH Programs
- Reaching Out-of-School Youth
- Teaching Parents/Adults to Talk to Youth about ASRH/FP
- Workplace Programs
- Other (please fill in): -
  _____
  _____
  _____

iii. Our organization is currently implementing ARH/FP programs and we would be interested in expanding our activities.

If so, please describe the program and what areas your organization is interested in expanding.

_____
_____
_____
_____
_____

<u>If you answered NO in Part A:</u>

Please circle one or more statement(s) below that best describes your organization:

iv. Our organization is NOT currently implementing ARH/FP programs but has done so in the past.

v. Our organization is NOT currently implementing ARH/FP programs but would be interested in developing programming in this area. If so please describe what components of ARH/FP your organization is interested in:

_____
_____
_____
_____
_____

vi. Our organization is NOT interested in ARH/FP programming. If so please specify why:

_____
_____
_____

_____
_____

If you answered vi for Part B of Question 3, please skip questions 4 and 5.

4. In the past 12 months has your organization leveraged funding from donors to implement ARH/FP-integrated programming?

    c. Yes
    If yes, what donors have provided funding and about how much funding did they provide?

    _____
    _____
    _____
    _____

    d. No

5. In the past 12 months has your organization include ARH in it program development or funding priorities?

    a. Yes
    b. No

Part A:

Are you familiar with any of the Reproductive Health/Family Planning Integration tools developed by IYF?

c. Yes, I am familiar with the (circle one or more):
    i. Framework for Integration Reproductive Health and Family Planning into Youth Development Programs
    ii. Self-Assessment Tool for ARH Integration;
    iii. Criteria for Assessing Levels of YRH Integration in Youth Development Programs
    iv. Family Planning/HIV/AIDS/Gender matrix
    v. Project Design and Proposal Writing Guide
    vi. Reproductive Health Supplemental Curriculum

d. No, I am not familiar with any of the tools.

Part B:

<u>If you answered YES in Part A:</u>

Have you or your organization used any of these tools?

i. Yes
ii. No

Appendix VIII

Tanzania Interviewees

Name of Interviewee	Organization	Position	No. years with organization
Nayma Masomo	TRCS/Bagamoyo	District Health Coordinator	3 years
Rosweeter K. Mushi	TRCS/Bagamoyo	District Nursing Officer	19 years
Lazaro Mdeka	TRCS/Bagamoyo	Clinical Officer	4.5 months
Awadhi Mbaga	Majengo Primary School (trained by TRCS/Bagamoyo)	Teacher	5 months with TRCS
John Mduma	Ubena Secondary School (trained by TRCS/Bagamoyo)	Teacher	2 years
Deogratisu Njau	TRCS/Bagamoyo	Peer Educator	1.5 months
Kidawa Hussein	TRCS/Bagamoyo	Peer Educator	5 months
Juma Semiono	TRCS/Bagamoyo	Peer Educator	2 years
Kheri Issa	TRCS/Rufigi	District Health Coordinator	6 years
Marry Sagara	Utete Hospital (trained by TRCS/Rufigi)	Reproductive and Child Health Nurse	1.5 years
Zubeda Juma Lipara	Ikwiliri Health Center	Nurse	10 years
Chamba Malima	Umwe Primary School (trained by TRCS/Rufigi)	Teacher	3 years
Aminalie Msoka	Kibiti Primary School (trained by TRCS/Rufigi)	Teacher	5 years
Rajabu Mwangaya	TRCS/Rufigi	Peer Educator	6 months
Ramla Konge	TRCS/Rufigi	Peer Educator	1 year
Khalid Mungutua	TRCS/Rufigi	Peer Educator	5 years
Jacob Millinga	IDYDC	Program Officer	10 years
Costa Magollosa	IDYDC	District Coordinator	4 years
Luth Tete	IDYDC	Coach	3 years
Joseph Amon	IDYDC	Coach	1.5 years
Shauri Magollos	IDYDC	Coach	1.5 years
John Ambweni	IDYDC	Coach	3 years

Appendix IX

Tanzania Focus Group Participants

Name	Organization	Age	Sex
Mshamu Ngajurage	TRCS/Bagamoyo	15	M
Ibrahimu Peter	TRCS/Bagamoyo	13	M
Adam Mohamed	TRCS/Bagamoyo	16	M
Anusiatha Bernard	TRCS/Bagamoyo	13	F
Martha Matiass	TRCS/Bagamoyo	17	F
Hassani Mtunguja	TRCS/Bagamoyo	16	M
Said Nozo	TRCS/Bagamoyo	18	M
Halidi Kibwana	TRCS/Bagamoyo	17	M
Francis Jonin	TRCS/Bagamoyo	18	M
Amyes Elastus	TRCS/Bagamoyo	17	F
Mwashabani	TRCS/Rufigi	25	F
Isabellah	TRCS/Rufigi	25	F
Zulfa	TRCS/Rufigi	24	F
Jumanne	TRCS/Rufigi	17	M
Nicky	TRCS/Rufigi	17	M
Masudi	TRCS/Rufigi	16	M
Hassani	TRCS/Rufigi	19	F
Prisca Mkupala	IDYDC	14	F
Amina Yusuphua	IDYDC	14	F
Sofia Said	IDYDC	14	F
Suzana Mandali	IDYDC	12	F
Rehema Yusuph	IDYDC	12	F
Nasra Abdallah	IDYDC	14	F
Queen Alex	IDYDC	12	F
Jana Isaac	IDYDC	16	F
Kulwa Alfani	IDYDC	14	F
Doto Alfani	IDYDC	14	F
Faidha Athumani	IDYDC	16	F
Salama Blaly	IDYDC	14	F
Vaileti Mdemu	IDYDC	14	F
Furaha Mgalinga	IDYDC	15	F
Atony Robert	IDYDC	13	M
Tryphon Myenzi	IDYDC	14	M
Benson Ngailo	IDYDC	14	M
Amiri Kikoti	IDYDC	14	M
Mahmoud Mustapha	IDYDC	14	M
Lazaro Nzanga	IDYDC	13	M
Mussa Mfalingundi	IDYDC	13	M
Ibrahiim Mgeni	IDYDC	13	M
Abdul Mabena	IDYDC	14	M
Mkwafi Mpulule	IDYDC	14	M
Aziz Mfalungundi	IDYDC	14	M
Adraty Mwenga	IDYDC	11	M
Elly Mkembela	IDYDC	14	M
Noel Emmanuel	IDYDC	12	M
Anondi Change	IDYDC	11	M

Appendix X

India Interviewees

Name of Interviewee	Organization	Position	No years with organization
Sajitha	Sahara	Project Manager	5 years
Lxmi Prasanna	Sahara	Office Assistant	3 months
B. Praveen Kumar	Dr. Reddy's Foundation	Center Coordinator	4 years
R. Sandhya	Dr. Reddy's Foundation	Facilitator	2.5 years
B. Suhasini	Dr. Reddy's Foundation	Facilitator	3.5 years
Jyothi Lakshmi	Byrajju Foundation	Women Empowerment Coordinator	2 years
Usha Rani	Byrajju Foundation	Key Resources Person	1.5 years
Sulochana	Byrajju Foundation	Key Resources Person	1.5 years

Appendix XI

India Focus Group Participants

Girls

Name of Participant	Organization	Age
Zarine	Sahara	22 years
Samina	Sahara	23 years
N. Sarita	Sahara	22 years
Farah	Sahara	18 years
Dilashana	Sahara	23 years
Reshma	Sahara	18 years
Pratibha	Sahara	20 years
V. Bharti	Sahara	22 years
Nukharatna	Sahara	25 years
Fauziya	Sahara	16 years
Devena	Sahara	18 years
Chandrakala	Sahara	19 years
Kauser	Sahara	17 years
Asiya	Sahara	17 years
N. Shweta singh	Sahara	20 years
Asha Jyoti	Byrajju Foundation	15 years
Mary Suja	Byrajju Foundation	14 years
Devi	Byrajju Foundation	14 years
Pushpa Ram	Byrajju Foundation	14 years
Satyavati	Byrajju Foundation	13 years
Prashant kumar	Byrajju Foundation	14 years
Geeta	Byrajju Foundation	13 years
Sandhya Rani	Byrajju Foundation	14 years
K. Mohanika	Byrajju Foundation	13 years

Glory	Byrajju Foundation	13 years
Sandhya	Byrajju Foundation	14 years
Dyana	Byrajju Foundation	14 years
M. Ratnam	Byrajju Foundation	17 years
K. Soundariya	Byrajju Foundation	14 years
Y. Ratnakumari	Byrajju Foundation	17 years
B. Rani	Byrajju Foundation	14 years
Krist Kumari	Byrajju Foundation	13 years
M. Vijay Durga	Dr. Reddy 's Foundation	24 years
B.Bal Roja	Dr. Reddy 's Foundation	18 years
D. Laxmi	Dr. Reddy 's Foundation	21 years
J. Anita	Dr. Reddy 's Foundation	20 years
P. Lavanya	Dr. Reddy 's Foundation	18 years
Mary Kumari	Dr. Reddy 's Foundation	22 years
Ch. Kranti	Dr. Reddy 's Foundation	20 years
Ganga Bhavani	Dr. Reddy 's Foundation	20 years
Vana Laxmi	Dr. Reddy 's Foundation	22 years
P. Sreedevi	Dr. Reddy 's Foundation	22 years
Y. Ganga Triveni	Dr. Reddy 's Foundation	26 years
Arti	PRERANA	17 years
Tara Kumari	PRERANA	17 years
Saroj	PRERANA	16 years
Meera	PRERANA	18 years
Poonam	PRERANA	17 years
Neetu Kumari	PRERANA	16 years
Manju	PRERANA	15 years
Virenderi	PRERANA	19 years
Rakhi	PRERANA	17 years

Ritu	PRERANA	18 years

Boys

Name of Participant	Organization	Age
Kamlakar	Sahara	26 years
Shiv Kumar	Sahara	18 years
Vamshi Kumar	Sahara	15 years
Praveen Kumar	Sahara	25 years
Suresh	Sahara	22 years
M. Ramesh Kumar	Dr. Reddy 's Foundation	20 years
S. Kumar Raja	Dr. Reddy 's Foundation	19 years
Yogesh	Dr. Reddy 's Foundation	19 years
Mohan	Dr. Reddy 's Foundation	19 years
SatyaJayram	Dr. Reddy 's Foundation	19 years
Sanjay Kumar	PRERANA	18 years
Rajesh Kumar	PRERANA	18 years
Abdul Hanif	PRERANA	23 years
Mohan Kumar	PRERANA	18 years
Ranjan Kumar	PRERANA	18 years
Ajay Kumar	PRERANA	18 years
Anil Kumar	PRERANA	21 years
Pawan Kumar	PRERANA	19 years

Appendix XII

Philippines Inteviewees

Name of Interviewee	Organization	Position	No years with organization
Julkiram A. Arastam	AVJ- Social Action Center	Administrative Operation Officer	5 years
Lina Grace A, Balamo	Nagdilaab Foundation	Community Organizer	3 years as volunteer
Hermenegildo M Carillo	Alano School	Clinical Instructor	3 years
Amy Phi S Gelia	Notre Dame of Marbel University	Asst. Coordinator of Alternative Learning School Program	8 months
Lorna Sahirin	Christian Children Fund	Community Organizer	3 years
Noralyn J. Senas	City Population Management Office-General Santos City	Population Program Officer	19 years
Jocelyn S. Zabala	Nagdilaab Foundation, Inc.	Project Coordinator on Women's Program	6 years
Ammalun A. Salahuddin	PCB Indigenous People/CEMIPAT	Chairman	7 years
Dolores R. Ates, RN	Juan S. Alano Memorial Hospital Inc.	Chief Nurse	25 years
Cecile T. Jaquilmac, RM	Juan S. Alano Memorial Hospital Inc.	Clinical Instructor	30 years
Marvin E. Sacristan, RN	Juan S. Alano Memorial Hospital Inc.	Staff Nurse, Part Time Clinical Instructor	5 years
Julieta G Guevarra,RM	Basilan Community Hospital	Supervisor	20 years
Marilyn G Carbayas, RM	Basilan Community Hospital	Midwife/Medical Clerk	8 years
Margie R. Sali, RN	Basilan Community Hospital	Head Nurse	4 years
Emma Ignacio	Consuelo Foundation	Project Specialist	2 years

Appendix XIII

IYF Headquarter Interviewees

Name of Interviewee	Position
William Reese	President and CEO
Samantha Barbee	CFO & VP of Finance, Administration and IT (FAIT)
Awais Sufi	VP of Employability
Kate Raftery	VP of Education and Leadership
Peter Shiras	Executive Vice President of Programs
Jim Pierce	VP of Strategic Planning and Outreach
Dana Ledyard	Program Coordinator, Youth Action Net
Karen Phillips	Program Manager, Youth Action Net
Ashok Regmi	Director – Youth Action Net
Lin Lin Aung	Program Manager
Petula Nash	Program Director
Kate Place	Program Manager
Nancy Taggert	Program Director/Bride IT; TZ & Morocco
Amy Zangari	Program Manager, Entra 21
Lisett Castro	Program Coordinator, Entra 21
Laura Bures	Program Director, Workforce Development in Africa
Alli Phillips	Administrative Assistant, Employability and Program Unit
Magdalena Fulton	Business Development Manager

Appendix XIV

Surveys from Global Partners

Name of Interviewee	Organization	Position
Ngosa David	Zambia YMCA	National Coordinator
Stella Amojong	Grassroots Empowerment Initiative (GEMINI)	Executive Director
Srisak Thaiarry	National Council for Child and Youth Development	Executive Director
Hana Silhanova	NROS	
Victoria Davrukova	New Perspectives Foundation	Executive Director