



NOT

WITHOUT

US!

**TOOL FOR
AYRH-RESPONSIVE PLANNING**

Training Curriculum



INTRODUCTION

WHAT IS TARP?

The Tool for AYRH-Responsive Planning, or TARP, is a digital, user-friendly application that enables youth advocates to analyze family planning and reproductive health plans to see how responsive they are to the needs of young people. Though the tool was originally inspired by FP2020's national-level costed-implementation plans, youth advocates can use TARP to analyze any plan at any level—project, local, district, regional, or national.

Through a participatory and interactive process, youth advocates enter a plan's proposed activities and associated budget into TARP, classify activities into specific categories, and analyze their alignment with evidence-informed practices. With TARP's results, users learn the proportion of activities and budget that are allocated in plans to address the specific FP/RH needs of young people and compare this information with country-specific data. TARP also enables users to suggest improvements to the quality of proposed activities and make overall recommendations to policy and program leaders. TARP produces attractive and printable results that can be used for advocacy. TARP users can share these results with policy- and other decisionmakers and use TARP results to create presentations and briefs—to advocate for enhancements that make plans more responsive to the needs of young people. We envisioned TARP as an instrument that enables young people and those who support them to use their voices to improve adolescent and youth reproductive health (AYRH) reproductive health at scale.

SUGGESTED CITATION FOR CURRICULUM

Eric Ramirez-Ferrero and Ginette Hounkanrin. *Not Without Us! A Tool for AYRH-Responsive Planning Training Curriculum* (Washington, DC: Evidence to Action Project, December 2019).

BACKGROUND

TARP was inspired by the national-level costed-implementation plans (CIPs) that governments are required to produce—in accordance with their FP2020 commitments to contraception promotion and utilization. In May 2017, the Evidence to Action (E2A) Project tested an original, paper-based version of TARP in Ouagadougou, Burkina Faso. Country teams, including youth activists from the nine Ouagadougou Partnership countries and DRC, met to consider how their CIPs could better incorporate evidence-informed practices in AYRH. Participants found TARP results to be eye-opening and recognized the tool's potential to enhance their advocacy.

Based on this experience, E2A developed a digital, web-based version to increase global access to TARP. To ensure the tool's technical content is first-rate, E2A conducted a thorough literature review, identifying the seven evidence-informed AYRH practices used to analyze CIPs. Technical advisors from E2A and Pathfinder reviewed the TARP prototype for technical soundness. In August 2018, E2A convened a small expert consultation for a final technical review. In September 2018, E2A pre-tested the tool in Burkina Faso with a group of Ouagadougou Partnership Family Planning Youth Ambassadors, during which E2A identified areas for improvement, including the need for a more formalized curriculum. Ensuring young people could use the tool effectively could not be left to chance; therefore, E2A determined the experience needed to be more structured. This curriculum is the result of that deliberation.



PHOTO : MAREN VESPIA



PURPOSE OF THE TRAINING

The goal of this participatory training is to empower youth activists to effectively utilize TARP as an advocacy tool in their efforts to improve AYRH planning, programming, and policy at the local, district, regional, national, or global level.

SPECIFIC OBJECTIVES

- + **Provide an overview and walkthrough of TARP.**
- + **Lead participants through step-by-step analyses** of an example family planning/ reproductive health plan.
- + **Be able to determine from a specific plan's analysis:**
 - Proportion of activities that are youth-focused
 - Proportion of the family planning budget dedicated to youth-focused activities
 - Proportion of funding invested in different types of youth-focused activities (demand, supply, enabling environment, coordination)
- + **Expand users' knowledge about Evidence Informed Practices (EIPs)** and ensure they are able to assess the technical quality of activities included in family planning plans.
- + **Make evidence-informed recommendations** to improve family planning plans.
- + **Be able to use the results of the TARP analysis** to raise awareness about the importance of investing in the reproductive health of young people, laying the foundation for healthier future generations.

TRAINING OVERVIEW: METHODS, CONTENTS, RESOURCES, AND MATERIALS

This curriculum employs participatory methods intended to achieve the following:

- + Keep participants engaged
- + Help them think critically
- + Apply the information they are learning
- + Learn from one another
- + Form peer bonds

METHODS INCLUDE

- + Lectures/presentations
- + Small group work
- + Large group discussions
- + Large group exercises
- + Teach-backs

Participants will engage in computer work at their stations. Some exercises will require participants to stand up and move around the room. **Important note for facilitators:** To maximize the utility of TARP, use the tool in small groups. This curriculum attempts to maximize the social aspects of this tool by providing youth advocates with opportunities to both contribute to and build on their previous experiences working in the area of AYRH, learn from one another, and strengthen participants' ownership of the tool and commitment to citizen action to improve adolescent and youth reproductive health.

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PRESENTATIONS

Facilitator Resource: TARP_Session 1	
Facilitator Resource: TARP_Session 2	
Facilitator Resource: TARP_Session 3	
Facilitator Resource: TARP_Session 4–7	

REQUIRED MATERIALS

- + 1 laptop per small group
- + 1 laptop for facilitators
- + 1 projector per small group
- + 1 projector for facilitators
- + Pre-completed TARP master version
- + Live Polling application

TRAINING TIMELINE

The duration of this capacity building workshop is three **(3)** days, with a daily working time of approximately seven **(7)** hours. .

CURRICULUM'S INTENDED AUDIENCE

This training is designed for youth advocates (of any age), including activists, government officers, NGO staff, and donors who seek to make family planning and reproductive health plans more responsive to the needs of young people, ages 15-24. TARP is a learning experience—young people can learn from each other and from the tool's technical resources. While a background in AYRH may make a participant's work analyzing a plan easier, you don't need to be an expert to use TARP.

The number of participants in a training can range from 12 to 24, depending on the number of facilitators and the space available. E2A recommends that each small group be made up of no more than three **(3)** people with one **(1)** facilitator per every 2-3 small groups.

FACILITATORS

This curriculum is intended to be used by facilitators with some experience in training or facilitation of adolescent and adult capacity-building sessions. Facilitators should have some background in AYRH. Knowledge of evidence-informed practices and advocacy strategies is desired, but not essential. Facilitators can be young people, program managers, decisionmakers, government representatives—anyone with a commitment to improving AYRH.

Your first use of the curriculum should be supervised by someone already trained on the curriculum. To model gender equity, E2A recommends this training be conducted by a pair of female and male facilitators.



LOGISTICAL CONSIDERATIONS

Find a large space, with separate tables for each small group. Ideally, each small group should have a laptop, a projector, and a screen or wall (for projection). This set-up enables young people to sit comfortably for extended lengths of time—not hunched over, sharing one small computer. We recognize such accommodations are often not available. Please make accommodations that your resources will allow, including these potential adaptations:

- + **Consider using a combination of projectors and desktop screens** to enable participants to see their ongoing work.
- + **Form slightly larger groups** to reduce the need for so many work stations or projectors (we recommend no larger than five participants per group).
- + **Use wall space instead of screens for projection.**
- + **Preload the offline version of the tool**, so participants can continue working should they experience a power outage.

SHARE YOUR FEEDBACK

E2A would love to hear from you about your experience with TARP and this curriculum. Please reach out to us with your stories, suggestions, questions, successes, and photos/videos at info@e2aproject.org.

SESSION 0

KICKOFF

LEARNING OBJECTIVE

The purpose of this session is for participants to get to know one another through an exploration of the factors that have influenced them to become youth activists.

DURATION

30 MINUTES

REQUIRED MATERIALS

- + Video projector
- + Projection screen or wall

SESSION CONTENT

5
min

INTRODUCTION

Tell participants the following:

By advocating for AYRH in your communities, you become part of a global movement of people who believe that reproductive health information and care is essential for the health of individuals, families, communities, and nations.

This global movement comprises many interesting people with unique and important stories about what motivated them to become activists!

In this session, encourage participants to share and listen to some of these stories. We hope that by doing this, you will not only get to know one another better, but also gain a deeper appreciation for the level of personal commitment that fellow activists bring to their work.

15
min

THE ACTIVITY

Share the following instructions with participants:

Divide yourselves into teams of three. Choose people you don't know very well.

This is a structured activity with strict time constraints.

Each member of your team should answer these three questions:

- What in your personal history may be an obstacle for you in being or becoming an activist for AYRH?
- As an activist for AYRH, what do you hope to achieve—or see—within the next five to 10 years?
- What in your personal or professional background has prepared you, or motivated you, to become a youth advocate?

The guidelines for the activity are as follows:

- + **Each team member has two minutes to answer the three questions**, while the other two team members listen quietly. Don't feel pressured to disclose sensitive information.
- + **After the speaker finishes**, the listeners will then have one minute to ask clarifying questions.
- + **Now it's the next team member's turn**, and repeat the process until all participants have had a chance to speak.

Keep the questions on the screen so that participants can refer back to them. After explaining the guidelines, ask participants to begin. Be sure to keep strict time.

Once all the participants have had a turn to answer the questions, bring the groups back together as one.

10
min

LARGE GROUP DISCUSSION

Encourage the group to reflect on the information they just heard from their peers. Some questions to stimulate discussion can include the following:

What did you think of this way of doing introductions?

Without revealing anyone's identity, did you hear anything that surprised you?

What did you have in common with your fellow participants?

Given what you learned from your colleagues, how hopeful are you about the potential for change regarding the improvement of the sexual and reproductive health for young people in your country?

CLOSING

Close the session by highlighting that these stories can encourage participants to feel more empowered to help one another bring about change in their communities. We hope that TARP helps inspire decisionmakers and policymakers learn about the needs of young people.



SESSION 1

INTRODUCTION

LEARNING OBJECTIVE

By the end of this session, participants will be familiar with the objectives, methods, and expected results of this TARP training.

DURATION

45 MINUTES

REQUIRED MATERIALS

- + Flipchart and markers
- + Video projector
- + Facilitator Resource: **TARP_Session1** (PPT)

METHODOLOGY

- + Trainer presentation
- + Large group discussion

ADVANCE PREPARATION

- + Ensure that you have the following resource ready: Facilitator Resource: **TARP_Session1** (PPT)
- + Review this presentation to ensure that you have a good understanding of the overall purpose of the training

SESSION CONTENT

5
min

INTRODUCTION

Begin by explaining the following to participants:

You will now familiarize yourselves with the purpose of this training—to be able to effectively use TARP to inform your advocacy and, if appropriate, your programmatic work.

Provide this very brief description of TARP:

TARP stands for “Tool for AYRH-Responsive Planning” (AYRH stands for “Adolescent and Youth Reproductive Health”).

TARP’s primary purpose is to help youth advocates—of any age—analyze reproductive health and family planning (FP/RH) plans and budgets to determine how responsive they are to the needs of young people (ages 15–24) in a particular country or setting.

Ultimately, youth activists will be able to use TARP results to advocate with decisionmakers and policymakers for increased funding and more effective planning—to better respond to the specific FP/RH needs of young people in their particular setting.

TARP can also be used as a learning opportunity to gain in-depth knowledge about evidence-informed practices that create improved responses to AYRH issues.

20
min

TRAINER PRESENTATION: TRAINING OBJECTIVES, METHODS, AND EXPECTED RESULTS

Present Facilitator Resource: **TARP_Session1** (PPT), which outlines the following:

TRAINING OBJECTIVES

- + **Identify circumstances in which TARP use is appropriate.**
- + **Practice using skills related to analyzing FP/RH strategic plans** (e.g., Answering these questions: How is the plan structured? Where is the budget? Is the budget aligned to specific activities?).
- + **Familiarize yourself with the four domains of family planning programming** (See Participant Resource: **Four Domains of Family Planning Programming on page 42**).
- + **Learn about and be able to discuss evidence-informed practices** (See Participant Resource: **Evidence-Informed Practices on page 48**).
- + **Gain skills and confidence in the effective use of TARP**, comfortably navigating the



tool's technical and technological features.

- + **Thoughtfully compare the results of your TARP analysis** with country/context-specific information.
- + **Develop ideas for creating context-specific networking and advocacy strategies.**

Make it clear to participants that they will not develop finalized advocacy strategies in this training, but will brainstorm advocacy ideas.

TRAINING METHODS

- + **Facilitator and participant presentations**
- + **Large group discussions**
- + **Small group discussions**
- + **Small group work, actively using TARP**
- + **Feedback, questions, and answers**

EXPECTED RESULTS

As a result of the training, participants should be able to achieve the following:

- + **Use TARP with confidence.**
- + **Engage in meaningful discussions** and formulate sound recommendations to improve AYRH plans.
- + **Gain awareness of advocacy strategies** and understand how TARP can support these strategies.
- + **Formulate a concrete plan** for how to use TARP at the local, regional, or national level.
- + **Before proceeding to the next activity,** ask participants if they have any clarification questions.

15
min

LARGE GROUP DISCUSSION

Encourage all participants to reflect on the information they just received and on the nature of advocacy. Ask as many questions from the list below as time allows.

RECOMMENDED MATERIALS

- + Flipchart and markers to highlight key points that arise during the discussion

SAMPLE QUESTIONS TO STIMULATE DISCUSSION

How can young people be effective agents of change at the local, regional, or national level?

In your opinion, what are the qualities of an effective youth advocate?

What are some common obstacles that youth advocates face in trying to bring about effective change? How can we overcome these obstacles?

15
min

CLOSING

Highlight a selection of key points raised in the group discussion. Emphasize that TARP was developed because the international public health community knows meaningful change is not possible without young people's partnership and leadership. No one understands the needs of youth better than youth. TARP exists to help young people communicate their needs in ways that can have systemic impact.



PHOTO : TAGAZA DJIBO

SESSION 2

TARP OVERVIEW AND WALKTHROUGH

LEARNING OBJECTIVE

Participants will gain a basic familiarity with the features of TARP, as well as an understanding of its origin. This historical context will enable participants to more fully comprehend TARP's purpose and power as an advocacy tool.

DURATION

**1 HOUR
45 MINUTES**

REQUIRED MATERIALS

- + Flipchart and markers
- + Digital projectors—ideally 1 projector and screen or blank wall per working group¹
- + Laptop—at least one per group
- + Facilitator Resource: **TARP_Session2** (PPT)

METHODOLOGY

- + Trainer presentation and virtual “tour” of TARP
- + Large group discussion

ADVANCE PREPARATION

- + Review and familiarize yourself with Facilitator Resource: **TARP_Session2** (PPT)

As participants will spend multiple hours in front of computers, it is worth considering how to make their experience comfortable. If numerous projectors are not available, consider alternative solutions, such as large computer monitors.

SESSION CONTENT

5
min

INTRODUCTION

Begin the session by explaining the following to participants:

We will briefly discuss the origins of TARP, and you will receive a quick overview of the tool (participants will get hands-on experience using TARP in Session 3). By understanding the origins of TARP, you can better understand its purpose and power as an advocacy tool to promote positive systemic change.

25
min

TRAINER PRESENTATION: THE ORIGINS OF TARP: FP2020, E2A, OP AND NATIONAL COSTED-IMPLEMENTATION PLANS

Present Part 1 of Facilitator Resource: **TARP_Session2** (PPT).

Points to emphasize during presentation:

What is Family Planning 2020 (FP2020)?

- FP2020 is a global partnership that aims to empower women and girls by investing in rights-based FP—working with countries to gain their commitment to strengthening FP programming at the national level. FP2020 provides a vehicle for countries to develop national FP plans that reflect this commitment.

What is the Ouagadougou Partnership (OP)?

- OP is a regional partnership that aims to accelerate progress in the use of FP services in the nine francophone West African countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo.

What is the Evidence to Action (E2A) Project?

- E2A is USAID's global flagship for strengthening family planning and reproductive health service delivery. One of E2A's focus areas is systematic scale-up. We take programs that work and scale them up to sustainably reach more people, including adolescents and youth, in more places. E2A aims to mobilize youth advocates and equip them with tools—like TARP—that help make a difference in the reproductive lives of young people.

Why are costed-implementation plans (CIPs) a good vehicle for change?

- A CIP is a means of transforming a government's FP2020 and OP commitments into concrete actions to prioritize FP by detailing the steps a government intends to take to increase FP use. This includes specific activities, typically in four areas: supply, demand, enabling environment, and coordination (we will talk more about these "domains" later). A CIP includes a budget to support the plan.
- An examination of previous CIPs in West Africa reveals that, too often, CIPs do not place enough emphasis on youth, even though young people make up a significant proportion of the people of reproductive age. If young people are at the table where the plans are created, then perhaps we can increase the proportion of activities, their quality, and the budget amount allocated to address youth FP/RH needs.

That's where TARP comes in...

- TARP helps youth advocates analyze CIPs and other reproductive health plans to determine the proportion of activities and budget allocated to address the FP/RH needs of youth.



60
min

TRAINER PRESENTATION: WALKTHROUGH OF TARP

Present Part 2 of the presentation, titled “**Overview of TARP.**”

Begin by emphasizing the following:

You can access TARP online or offline. If you are using TARP in an area with limited internet connectivity, use the offline version, so you don’t lose all your work.



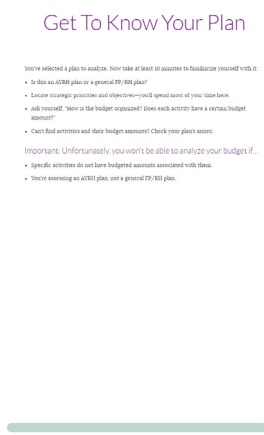
AS YOU DISPLAY SLIDE 1, share TARP’s four main steps:

1. Get to know your national, regional, district, or local plan
2. Enter planned activities
3. Determine if activities align with the needs of youth
4. Get your results

ADVANCE TO SLIDE 2

As a first step, it is important to familiarize yourself with the plan. You should be aware of the plan’s goals, objectives, organization of activities, and budget.

The organization of the plan is crucial. This will help you determine whether you can use all functionalities of TARP. For instance, if the plan does not contain a budget, you will not be able to evaluate the proportion of the budget allocated to youth activities. But don’t worry! You can still use TARP to assess the proportion and quality of youth-focused activities.



ADVANCE TO SLIDE 3 and tell participants the following:

This is where you will input information about your plan and country.

ADVANCE TO SLIDE 4 and tell participants the following:

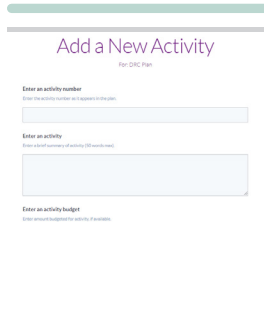
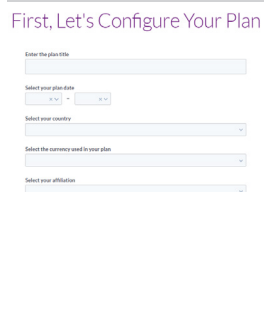
You must input all activities contained within the plan one at a time. Enter each activity name or description. Be sure to also include the activity number as it appears in the plan.

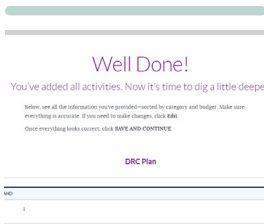
Enter each activity name or description. Be sure to also include the activity number as it appears in the plan.

Enter the budget amount associated with each activity.

Determine whether the activity is youth-focused (Does it specifically mention youth? Note: an activity that will serve the general population is not youth-centric).

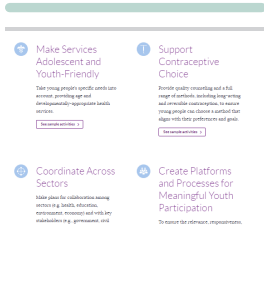
Select the domain that best relates to each activity (See Participant Resource: **Four Domains of Family Planning Programming**).





ADVANCE TO SLIDE 5—and highlight the following:

On this page of TARP, you will be asked to ensure that all information you entered is correct. If you see any errors or omissions, you will have an opportunity to make corrections here.

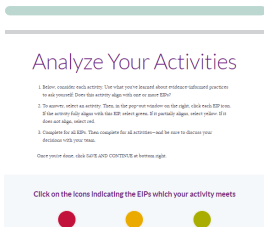


ADVANCE TO SLIDE 6 and tell participants the following:

This is an important part of TARP, where you will learn about and discuss evidence-informed practices (EIPs).

EIPs are practices or programmatic interventions that have shown significantly positive results in programming for adolescent and youth reproductive health.

Choose an EIP and lead the group through a review of this EIP. Tell participants that they will study these EIPs more closely in SESSION 4.



ADVANCE TO SLIDE 7 and tell participants the following:

Here, you will evaluate each activity to determine if the activity fully or partially aligns with an EIP, or does not align with an EIP.

The conversations you have with one another during this part of TARP are an opportunity for learning. These conversations and knowledge are therefore just as important as filling in the page in correctly.



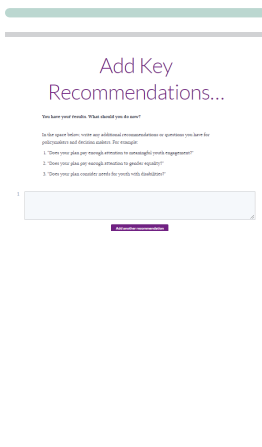
ADVANCE TO SLIDE 8 and tell participants the following:

TARP will now provide you with the results of your analysis, identifying this important information:

- The percentage of youth-centric activities
- The percentage of the budget allotted to youth-centric activities
- The percentage of youth-centric activities and budget allotted to the four different activity domains
- A comparison of the plan's budgeted youth-centric activities and country data about young people
- An assessment of the activities' technical quality, which provides an opportunity to strengthen the activities

Because there are no accepted standards for the “correct” percentages or budget amounts, TARP includes discussion questions to help you reflect on whether the plan adequately responds to the FP/RH needs of youth in your context.

On this page, you will also have the opportunity to edit youth-focused activities to better align with EIPs. You can also edit non-youth-focused activities to make them youth-focused, if appropriate.

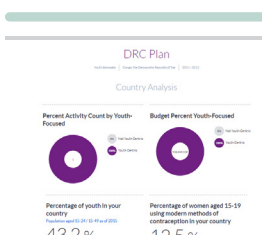


ADVANCE TO SLIDE 9 and tell participants the following:

On this page, you can input general recommendations for strengthening activities. For instance, consider, “Does the plan include activities that promote gender equality? Does the plan pay sufficient attention to the needs of marginalized youth?”

On the bottom of the page, note the suggestions for how about how to use your results—including sharing the information with others, starting conversations with policymakers and other decisionmakers, and using the information to advocate for change.

You can print your results.



ADVANCE TO SLIDE 10 and tell participants the following:

This page contains a visual summary of the information included in your printout.

You can and should share this information with policymakers or used in presentations to advocate for change.

15 min | LARGE GROUP DISCUSSION: CLOSING

Ask participants if they have any outstanding questions. Remind participants that TARP is a work in progress, and that we are always eager to hear their recommendations for improving their TARP experience. End the session by telling participants that they will have the opportunity to practice using TARP—**hands-on**—in Session 3.

SESSION 3

HANDS-ON PRACTICE USING TARP (PART 1)

LEARNING OBJECTIVE

Participants will be able to complete the first half of TARP using their country plan.

DURATION

**3 HOURS
20 MINUTES**

REQUIRED MATERIALS

- + Digital projector and screens—one per group
- + Laptops—at least one per group
- + CIP (or another plan) for the country of interest
- + Participant Resource: **Costed Implementation Plan Treasure Hunt** (pg 41)
- + Participant Resource: **Four Domains of FP/RH Programming** (pg 42)
- + Presentation: Four Domains of FP/RH Programming

METHODOLOGY

- + Trainer presentation
- + Small group activity
- + Large group discussion

ADVANCE PREPARATION

- + Load the CIP onto each laptop or provide each group with a flashdrive containing the plan
- + Download an offline version of TARP onto each group's laptop in case of internet outages
- + Familiarize yourself with the CIP you will use during this exercise
- + For each participant, make a copy of Participant Resource: **Costed-Implementation Plan Treasure Hunt**
- + Review the Presentation: Four Domains of FP/RH Programming

SESSION CONTENT

5
min

INTRODUCTION

Tell participants that, in this session, they will work in small groups to explore TARP (ideally three individuals per group).

40
min

SMALL GROUP ACTIVITY: KNOW YOUR PLAN

Explain to participants that to work effectively with TARP, it is important to understand both the purpose and structure of the plan you will be analyzing. Hand out Facilitator Resource: **Costed-Implementation Plan Treasure Hunt**.

Give participants 30 minutes to complete the exercise. Be prepared to answer any questions, as every plan is structured differently and may not completely fit the categories in the activity sheet.

Once the participants have completed the exercise, lead a large group discussion by asking some of the following questions:

Was the exercise easy or difficult?

What, if anything, surprised you?

Was there evidence that youth were involved in the development of the plan?

How many times were “youth” or “adolescents” mentioned in the plan?

Did you notice any differences in how frequently the terms “women” and “men” appeared? Does this make sense in the country context?

2
hrs
35
min

TRAINER PRESENTATION: WORKING WITH TARP

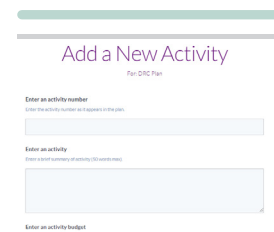
Briefly review again the four steps involved in the TARP process on the tool’s homepage.

Next, direct participants to advance to the next page—**Step 2: Configure Your Plan**—and input the necessary information about their plans. Provide support as needed.

The screenshot shows a form titled "First, Let's Configure Your Plan" with the following fields:

- Enter the plan title:
- Select your plan date: -
- Select your country:
- Select the currency used in your plan:
- Select your affiliation:

When the participants finish inputting their plan information, ask them to move on to the next page (“**Add a new activity**”). Tell them that on this page, they will enter each of their activities individually. They will also be asked to categorize each activity by domain. Then, tell them that you will give a short presentation on the four domains. Encourage them to follow along by clicking “Learn more about activity types.”



Present the TARP_Session3 PowerPoint Presentation: **Four Domains of Family Planning / Reproductive Health Programming**. Highlight the following points:

There are four principal domains that influence FP uptake:

- Supply
- Demand
- Enabling environment
- Coordination

SUPPLY refers to any activity that seeks to improve the quality, accessibility, acceptability, and affordability of FP/RH services. Examples include:

- Training staff to offer adolescent- and youth-friendly services or to increase their knowledge and skills in the provision of FP/RH services, including expanded method choice
- Reducing or eliminating any cost barriers (whether legal or not)
- Supporting the supervision of health services and providers by local, district, provincial, or national Ministry of Health officials

DEMAND refers to any activity that attempts to increase the demand for family planning services in communities. This can include working with mass media or using approaches like interpersonal outreach, small group education, social marketing, and home-based outreach to engage the target audience. Examples include:

- Community outreach activities to increase knowledge about the availability of FP services
- Educational efforts to address misconceptions or biases regarding FP methods
- Initiatives to promote men’s and couples’ involvement in FP

ENABLING ENVIRONMENT refers to an activity that tries to influence cultural, political, economic, and other factors that affect how FP services function, as well as the social norms around those services. Examples include:

- Efforts to promote policies that increase youth access to FP, both in facility-based and community-based settings
- Campaigns to address social norms regarding the appropriateness of contraceptives for young people
- Working with religious leaders to increase their support for AYRH

COORDINATION involves deliberate and planned collaboration among all the stakeholders involved in supply, demand, and enabling environment to maximize

the often limited resources to achieving desired FP/RH outcomes. Examples include:

- Efforts to involve youth in steering and technical committees related to FP/RH
- Promoting strong leadership to set agendas, manage relationships, and mobilize stakeholder action
- Involving all sectors of the health system (and beyond) in coordination, including health services, human resources, finance, management and planning, community agency, health information, and logistics

Once you finish the presentation, ask the participants if they have any questions.

Next, invite participants to locate their plan's activities. Instruct them to copy and paste each activity into this page. If the format of their plan does not allow copy/paste, they will have to type in each of the activities. If this is the case, allow for more time to complete this section. Remember to remind participants to save each activity individually. (90 minutes)

Once participants finish entering their activities, ask them to proceed to the next page and ensure that all the information they entered is correct. Give participants some time to make any last-minute edits. (15 minutes)

LARGE GROUP DISCUSSION: CLOSING

10
min

To close the session, lead a short large group discussion to solicit participants' feedback:

Did you experience any difficulties?

How was the experience of cutting and pasting the individual activities?

Was it difficult to categorize activities by their domain? Did the domains match the strategic priorities in their plan well?

SESSION 4

EVIDENCE-INFORMED PRACTICES (EIPS)

LEARNING OBJECTIVE

Participants will have a sufficient understanding of EIPs, to assess whether a proposed activity in their plan is (a) fully aligned, (b) partially aligned, or (c) not aligned with an EIP.

DURATION

3 HOURS

REQUIRED MATERIALS

- + Flipchart and markers
- + Video projector
- + Laptop (at least one per group)

METHODOLOGY

- + Trainer presentation
- + Instant polling (using an app, such as Mentimeter)
- + Small group activity and presentations
- + Large group discussion

ADVANCE PREPARATION

- + Make a plan for dividing participants into small groups of three
- + Make sure each group has a workstation that includes a flipchart, markers, and at least one computer.
- + Print a copy of Participant Resource: **Evidence-informed Practices for each participant** (pg 48)
- + Navigate to the EIP landing page in TARP
- + Set up your instant polling app (mentimeter.com) and make sure it is working properly
- + Review all EIPs

SESSION CONTENT

5
min

INTRODUCTION

Begin by telling participants the following:

This session will focus on evidence-informed practices (EIPs), which are practices that have been demonstrated to work—in at least some contexts.

The process of identifying these EIPs was rigorous and included: (1) a desk literature review, (2) an internal review by E2A and Pathfinder experts, and (3) an external expert consultation.

We will focus on EIPs because we want to (1) ensure the plan attempts to address youth needs and (2) confirm that proposed activities have the potential to make a difference in the reproductive lives of young people and their communities.

Many of you have programmatic experience already, so you may already be familiar with some of these practices.

15
min

INSTANT POLLING SURVEY

Use this exercise to quickly assess participants' knowledge of EIPs. Ask participants to use their mobile phones to answer YES or NO to the following questions:

1. Is comprehensive family life education an EIP? (YES)
2. Are youth drop-in centers considered an EIP? (NO)
3. Is offering young people a full range of contraceptive methods an EIP? (YES)
4. Is peer-to-peer education an EIP? (NO)

10
min

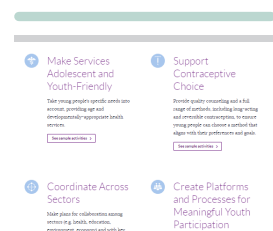
TRAINER PRESENTATION: BRIEF INTRODUCTION TO THE EVIDENCE-INFORMED PRACTICES

Using your laptop, projector, and screen, show participants TARP's EIP landing page. Invite them to follow along on their own computers. Select one of the EIPs and review the full description. Point out that all the EIPs have the same structure:

What is it?

Why is it important?

Sample activities



2
hrs
20
min

SMALL GROUP ACTIVITY: LEARNING ABOUT EVIDENCE-INFORMED PRACTICES (2 HOURS 20 MINUTES)

Tell participants that they will be divided into seven groups—one group per EIP. Direct each group to familiarize themselves with their EIP and then take responsibility for teaching the other participants what they have learned. Encourage participants to be as creative as possible when sharing this information!*

Inform your seven small groups (ideally of three people each) that they have one hour to learn about their EIP and develop a simple presentation (or other educational activity) to share with the large group. Tell them that they will have 10–15 minutes to teach the larger group about their EIP. **Important:** During each group's presentation, ensure that no vital information has been left out. It is the workshop leaders' responsibility to ensure the quality of the information. Be prepared to answer any technical questions that might arise.

Please feel free to plan a break during this activity.

10
min

LARGE GROUP DISCUSSION: CLOSING

To close the session, lead a brief large group discussion. Explore some of the following questions:

Were some EIPs easier to understand than others?

Do you have experience doing the kind of work described in any of the EIPs?

What were a few of the most important things you learned about evidence-informed programming?

After the discussion, let participants know that they will use what they just learned in the next session.

* Using creative methods for forming small groups can be fun and energizing. For example, ask participants to form a single-file line. Instruct them to order themselves by birthday—from January to December. Here's the catch: they must remain completely silent throughout this activity. They may use hand signals and other non-verbal forms of communication, but they cannot speak. For added difficulty, give them a time limit of one minute, but allow for more time if necessary. Once they finish, break the line into groups of three.

SESSION 5

HANDS-ON PRACTICE USING TARP (PART 2)

LEARNING OBJECTIVE

Participants will be able to effectively apply the information they learned about EIPs (from the previous session) in assessing activities for their technical soundness.

DURATION

2 HOURS
10 MINUTES

REQUIRED MATERIALS

- + Digital projector—one per group
- + Screens—one per group
- + Laptop—one per group

METHODOLOGY

- + Large group activity
- + Small group activity
- + Large group discussion

ADVANCE PREPARATION

- + Pull up the page of TARP titled, “Analyze Your Activities”
- + Ensure that this page displays at least three youth-centered activities. You will use these as examples during the large group discussion
- + Familiarize yourself with Facilitator Resource: **How do they align?** (pg 73)

SESSION CONTENT

5
min

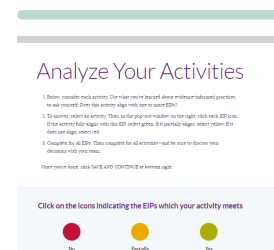
INTRODUCTION

Tell participants that, in this session, they will need to use the knowledge they just acquired to review the technical quality of their plan's activities. But first, we will go through three examples and analyze them as a group.

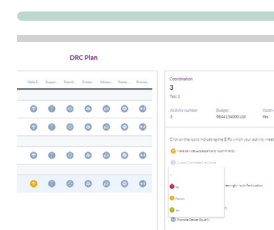
30
min

LARGE GROUP ACTIVITY: REVIEWING THE “ANALYZE YOUR ACTIVITIES” WEBPAGE

On this page, participants will be able to see all their listed activities, but only youth-centered activities will have icons next to them. Each icon represents a different evidence-informed practice. As you click on each one, be sure to say the name of the EIP aloud. The facilitator should also let participants know that they can review the information about the EIPs by clicking the icons, then clicking on the bottom where it says: “Read more about this EIP.” This will take them to the EIP information page.



Inform participants that their task on this webpage will be to determine how well each activity aligns with one or more EIPs. For example, if the activity fully aligns with one or more EIPs, they should highlight the corresponding symbol(s) in green. If the activity partially aligns with one or more EIPs, they should highlight the corresponding symbol(s) in yellow. If the activity does not align with one or more EIPs, they should highlight the symbol(s) in red.



HIGHLIGHT THESE KEY POINTS TO PARTICIPANTS:

As much as this is an exercise to evaluate how responsive the plans are to youth needs, this is also a learning exercise—to explore evidence-informed practices or approaches that work to promote AYRH.

Peer discussion while evaluating an activity is an important part of this exercise. Learning from one another and thinking through the value of each activity is an important part of this exercise.

You do not have to evaluate every icon. You can evaluate the activity against the one, two, or three icons that are most relevant for that activity.

Previous groups have found the “suggested examples” from the EIP handout to be useful in evaluating individual activities.

NEXT, WALK THE LARGE GROUP THROUGH 2-3 EXAMPLES, SUCH AS:

- + Small group education activities with youth to encourage them to examine and question gender norms related to contraception and reproductive health
- + Youth centers where young people can hang out and access information about contraception and reproductive health
- + Training for nurses in providing young people with voluntary, informed-choice counseling about contraception

PRESENT AN EXAMPLE ACTIVITY AND ASK PARTICIPANTS:

Does this activity align with any EIPs?

Discuss briefly. When you are done discussing, ask the group if they have outstanding questions before you move on.

90
min

SMALL GROUP ACTIVITY: ANALYZE YOUR ACTIVITIES

Inform the groups that they have 90 minutes to analyze their activities. Facilitators should be prepared to answer any questions that might arise. Periodically visit each group to see how they are progressing. Continue to highlight the value of group discussion among participants.

When 90 minutes have passed, ask the groups if they need more time. Strive to give each group as long as they need to complete the process.

10
min

LARGE GROUP DISCUSSION: CLOSING

End this session with a brief large group discussion. Ask participants:

How did you experience this activity? Did you feel like you had good discussions? What did you learn?

How do you feel about the quality of the plans? Do you feel these plans have a good chance of success? Why or why not?

CLOSE THE SESSION BY STATING THE FOLLOWING:

In the next session, you will have an opportunity to see the results of your hard work and evaluate the extent to which your plan responds to the needs of young people.

SESSION 6

REVIEWING AND ANALYZING RESULTS

LEARNING OBJECTIVE

Participants will be able to interpret the results page of their TARP analysis.

DURATION

**1 HOUR
45 MINUTES**

REQUIRED MATERIALS

- + Video projector—one per group
- + Screens—one per group
- + Laptop—one per group

METHODOLOGY

- + Small group activity
- + Large group activity
- + Large group discussion

ADVANCE PREPARATION

- + On your laptop, open the pre-completed TARP file and navigate to the page titled “RESULTS”
- + Ensure that you have activities listed on your results page. You will use these as examples to help participants understand this TARP feature and to show them how they can improve the quality of planned activities
- + Include the following two activities in your list (you will use these activities as examples during this session):
 - Youth-friendly services (YFS) training for health providers
 - Social media campaign to promote the use of contraception services
- + Familiarize yourself with the guided discussion questions below

SESSION CONTENT

5
min

INTRODUCTION

Inform participants of the following:

In this session, you will review the results of your TARP analysis.

Examine your results page.

Come together again as a large group to examine results together through a series of questions and answers.

15
min

SMALL GROUP ACTIVITY: INITIAL REVIEW OF THE RESULTS PAGE

Divide participants into groups of three and ask them to carefully read through each section of the results page.

Check in with each group to answer any questions participants might have.

40
min

LARGE GROUP ACTIVITY: GUIDED REVIEW SESSION

In this session, the facilitators will lead the large group through a guided analysis of the results page. Make sure all participants have access to their results page. Be sure to get responses from **multiple groups** for each question.

SECTION I: COUNTRY ANALYSIS

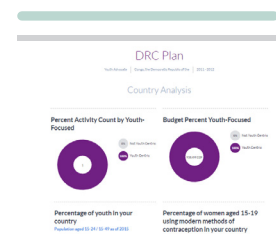
Ask participants to consider the following:

What proportion of activities in your plan are youth-focused?

What proportion of the plan's budget is devoted to youth-focused activities?

Are these “good” numbers? Do you think the numbers should be higher or lower?

Point out that there are no “right” or “wrong” numbers. Ideally, each plan should be responsive to the specific needs in their own country (or area).



Even though there are no right or wrong percentages, we can use country-level information to help us evaluate these numbers.

What is the proportion of young people in your country?

- Please note that this number represents the percentage of young people (ages 15–24) among people of reproductive age (15–49 years). This number is NOT the percentage of young people among the entire population. Also point out that the 15–24 age range was selected to align with FP2020 and other global indicators.

How does this percentage of young people compare to the plan’s proportion of youth-focused activities and their budget amounts?

- Point out that the results page includes a series of reflection questions to help participants think through their results.

Do you think that more or fewer resources should be allocated to youth-focused activities?

What is the percentage of women ages 15–19 who use modern contraceptive methods? Does this percentage seem high or low to you?

Do you feel that your plan does a good job of addressing the different needs of older adolescents? Of younger adolescents? Can you name some specific activities in your plan that target these groups?

SECTION II: ACTIVITY ANALYSIS

Inform participants of the following:

In this section, you will evaluate the results according to the different domains: supply, demand, enabling environment, and coordination.

- What proportion of the activities in your plan were related to supply? What was the budget allocation for supply?
- What proportion of the activities in your plan were related to demand? What was the budget allocation for demand?
- What proportion of the activities in your plan were related to enabling environment? What was the budget allocation for enabling environment?
- What proportion of the activities in your plan were related to coordination? What was the budget allocation for coordination?

Is there a “correct” proportion of activities or budget amount that should be allocated to each domain?

- Point out that there is no “correct” proportion. Plans should be geared to the specific needs of that particular population. Needs vary from site to site and between countries.

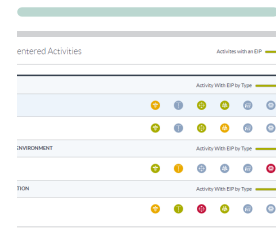
TARP has a couple of reflection questions to help you think about these domain-related results:

- Government policies and strategies developed through well-coordinated stakeholder involvement lay the foundation for community acceptance of FP for youth. Does the distribution of activities by domain reflect sufficient concern for coordination and creation of an enabling environment?
- Personal biases of health care providers and the public affect contraceptive use by young people. Does the distribution of activities by domain reflect a concern for addressing these biases in community and health settings?

SECTION III: ANALYSIS OF THE QUALITY OF ACTIVITIES AND RECOMMENDATIONS FOR IMPROVEMENTS

Share the following information/prompts with participants:

The first bar you see at the top of the page—next to “youth-centered activity”—indicates the proportion of youth-centered activities in complete alignment with at least one evidence-informed practice. This means you turned at least one icon green.



What percentage did you get on your plan?
(Note to facilitators: remember to ask a few groups).

Below, the activities are divided by domain. Each domain has a bar that shows the proportion of activities that were in alignment with at least one EIP.

Now let's look at some individual activities.

- You will see each activity listed according to how you evaluated its quality.
- To the right, you will see a button that reads “Suggest Improvements.” You can use this button to open a field that will allow you to make recommendations to improve an activity to be more in line with an EIP.
- Let's examine this example activity: “YFS training for providers.”
- This activity can mean many things, and we don't have any idea about the content or the intent of the activity, except what is written.
- You may decide you want to be more specific to make sure that some key elements of YFS training are included.
- For example, in the comments field, you may want to add some suggestions like:

- *“Improve the quality of counseling to make sure young people are informed of all of their contraceptive choices and feel that they can make an informed, voluntary choice.”*
- *Or, you can add “Address the biases of providers so that young people feel welcome, not judged for their behavior, and comfortable asking questions.”*
- *Please note that you can do this for all activities—whether they are youth-centered or not. Even the non-highlighted, non-youth-centered activities have the “suggest improvement” button. You can use this to make recommendations to turn an activity not previously focused on young people into one that addresses their needs—if you feel it is appropriate.*

- Let's look at this example: “A social media campaign to promote the use of contraceptive services.”
- In this case, you may want to suggest improvements like: “Ensure the campaign develops messages for different segments of the population, including adolescents and youth.”

Remind participants that all comments will be saved and that you will see all of your suggestions once you print your results.

Ask participants if they have any questions before moving on.

SECTION IV: ADD KEY RECOMMENDATIONS

Provide the following information to participants:

Click the “Add Key Recommendations” button at the bottom of the page.

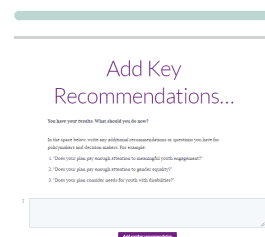
Once you proceed to the next page, you will be presented with the opportunity to add recommendations to strengthen the plan as a whole—to make it more responsive to the needs of young people.

This space is for recommendations that are not tied to any specific activity included in the plan.

Examples of recommendations that could be included here are:

- Specific activities that are not included in the plan, but you feel should be
- Concerns about gender equity—for example, does your plan include activities that promote the empowerment of girls or address the needs of boys?
- Does the plan address the needs of vulnerable youth—for example, young people with disabilities? Rural youth? Marginalized ethnic groups?
- Does the plan focus sufficiently on reaching people in communities, or is the plan focused almost entirely on health services in facilities?

Are there any questions about this field? If not, let's do a small group exercise.



30
min

SMALL GROUP ACTIVITY

Give the small groups 30 minutes to review their activities and make suggestions for improvements, if appropriate. Then, ask them to go to the “Add Key Recommendations” page and reflect on their plan as a whole. Are there bigger issues or recommendations that they want to include here for decisionmakers to consider?

15
min

LARGE GROUP DISCUSSION

Once the group has had sufficient time to review their activities and make overall recommendations for policymakers, bring the group together to review their experience. Ask the group some of the following questions:

What kinds of things did you change in your plan's specific activities? Ask the group for 2–3 examples.

Was it easy or difficult to make suggestions for change? Why?

What recommendations do you have for policymakers?

After you receive responses from a few groups, ask if participants noticed any patterns in the responses.

If so, what do these patterns mean? (For example, there may be a consistent lack of attention to gender-related issues or no mention of populations with special needs).

CLOSING

In closing, tell the participants that doing a TARP analysis is just the first step. Having information about how responsive plans are to the needs of youth is important, but what you do with that information once you have it is even more important for advocacy and social change.

Let them know that in the next session, we will explore how the results from the TARP analysis can be used for advocacy purposes.

SESSION 7

MOVING FORWARD!

LEARNING OBJECTIVE

Participants will learn strategies for using the results of their TARP analysis to effectively influence planning and policy—to better meet the reproductive health needs of young people.

DURATION

**1 HOUR
20 MINUTES**

REQUIRED MATERIALS

- + Nine flipchart and markers
- + Digital projector—one per group
- + Screens—one per group
- + Laptop—one per group

METHODOLOGY

- + Large group activity
- + Small group activity
- + Large group discussion

ADVANCE PREPARATION

- + On your computer, navigate to the TARP page titled, “Moving Forward!”
- + Position nine flipcharts and markers around the room before the beginning of the session. Make sure each flipchart has at least three blank pages to give participants enough space to work. Before the session begins, on each flipchart, write a question to which participants will respond. See “Nine Stations” below for a list of questions
- + Make copies of Participant Resource: **Example Advocacy Strategies** (pg 66) for all participants

SESSION CONTENT

10
min

INTRODUCTION

Inform participants that they will now work together to identify the best ways to use the results of their TARP analysis to positively influence planning and policy so that they better meet the reproductive health needs of young people. Remind them that, as youth advocates, we are (1) interested in changing policymakers' and planners' minds and (2) creating additional youth advocates and alliances.

Together, as a large group, read aloud the text on TARP's [X page.] Ask the participants if they have any questions.

Tell the group that they will engage in a large group activity to bring those "next steps" to life.

30
min

LARGE GROUP ACTIVITY: STATIONS OF CHANGE ACTIVITY

Call participants' attention to the nine stations around the room. Taken together, the stations highlight some of the key steps and components of an advocacy strategy. Each station features a question to which they should respond.

Provide the following directions to participants:

Read all of the questions before you begin.

Feel free to move about the stations in any order, using the provided markers to write your response.

Make sure to read your fellow participants' responses.

NINE STATIONS

- 1.** What are the key takeaways of your TARP analysis?
- 2.** Who needs to be made aware of your key message(s)? Who are your target audiences?
- 3.** Who are the best people to deliver your key message(s)?
- 4.** Who are your allies in this effort? What groups of people do you think will be sympathetic to your message(s) and may be willing to help you?
- 5.** What are some ways to effectively communicate your message(s) to your target audience(s)?

You may want to offer some sample communications strategies, such as “organizing meetings to present information to your audience,” “setting up appointments to meet decisionmakers or key influencers,” and “sharing information on social media.”

6. What are some opportunities (e.g., events, meetings, social media, blogs, etc.) to deliver your message(s)?
7. What do you hope to accomplish through your advocacy efforts?
8. How do you intend to follow up on or monitor your advocacy efforts?
9. How will you know if your advocacy efforts were successful? What does success look like?

After about 30 minutes, or once the participants have completed all stations, encourage them to:

Revisit each station.

Read your peers’ comments.

Draw a star next to ideas you think are really good.

30
min

LARGE GROUP DISCUSSION

Move all flipcharts to the front of the room.

Ask for nine volunteers. Each volunteer will take responsibility for one flipchart/question—and will read the starred comments to the large group.

Once the group has reviewed all flipcharts, lead the group through a discussion using the following questions:

What advocacy ideas interest you most and why?

Do you think these recommendations are practical and doable? Why or why not?

What are some challenges you think you will face in advocating for the key messages you outlined in this exercise?

How can you overcome these challenges?

In closing this exercise, encourage the group to develop written advocacy strategies with other youth advocates when they return home.

Distribute the Participant Resource: **Example Advocacy Strategies**.

Briefly review the handout with the participants.

10
min

LARGE GROUP DISCUSSION: CLOSING

Ask all participants to form a circle.

To close the workshop, ask participants to share one of the following:

A concrete thing they will do as a result of this workshop

A piece of advice or a word of encouragement for effectively advocating for youth

PARTICIPANT RESOURCE

TREASURE HUNT EXERCISE



TREASURE HUNT EXERCISE: COSTED-IMPLEMENTATION PLAN

What is the title of your plan?

Which country developed the plan?

The plan will be in force for which years? From _____ to _____.

Does the plan include an overall vision statement? If so, what is it?

What is the goal of the plan?

Does the plan have specific objectives? If so, list three:

1. _____

2. _____

3. _____

How are the activities organized? By objective or by strategic area?

Where is the budget located? At the back _____ In the text _____

Is it possible to identify a specific budget line item for each activity? Yes _____ No _____

Now, go back to the beginning and find the section that describes how the plan was developed. Is there evidence that youth were involved in the process?

Yes _____ No _____

Now let's do some searching: How many times do the following words appear in the plan?

_____ Youth

_____ Men

_____ Adolescent

_____ Gender

_____ Girls

_____ Inequality

_____ Women

_____ Inequity

_____ Boys

_____ Rights

PARTICIPANT RESOURCE

**4 DOMAINS OF
FAMILY PLANNING
PROGRAMMING AND
REPRODUCTIVE
HEALTH PROGRAMMING**

4

DOMAINS OF FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMMING

There exist various models to help guide the design or strengthening of family planning and reproductive health programs at the national and local community levels. E2A's model builds upon EngenderHealth's Supply–Enabling Environment–Demand (SEED)TM Programming Model, which takes a holistic approach to programming that encompasses the following domains:

1. **SUPPLY** of services that are available, including their quality, accessibility, acceptability, and affordability
2. **DEMAND** for services in communities
3. **ENVIRONMENTAL FACTORS** that enable or constrain supply and demand

E2A's model includes a fourth domain—**4. COORDINATION**. Coordination is essential for maximizing synergy and ensuring synchronization between the various components that contribute to improved family planning and reproductive health outcomes.

SUPPLY

Health services are essential to any family planning or reproductive health program, and many factors influence the quality of services. TARP users should consider any proposed activity that seeks to improve the quality, accessibility, acceptability, and affordability of services to fall under this domain.

THE SUPPLY DOMAIN MAY INCLUDE EFFORTS TO...

- + **Train staff to offer adolescent- and youth-friendly services** or to increase their knowledge or skills in the provision of FP/RH services, including expanding method choice.
- + **Increase the number of health personnel in facilities.**

- + **Improve management and increase staff involvement** in decision-making at health facilities.
- + **Improve the physical environment (infrastructure) of the health facilities.** This can include changes to the building itself, or ensuring access to power and water.
- + **Expand services beyond the health facilities** to reach young people, including increasing the number of community-based service delivery points, like mobile and household-level outreach.
- + **Increase the quality of data collected at facilities,** especially data disaggregated by age and sex.
- + **Ensure that health facilities have all the medicines,** contraceptive methods, and equipment they need.
- + **Reduce or eliminate any cost barriers** (whether sanctioned or not).
- + **Implement a quality and performance improvement methodology with staff.**
- + **Implement and monitor referrals systems.**
- + **Promote efforts to include community representatives,** including youth, on committees that oversee or manage health facility activities, outcomes, or address complaints.
- + **Support supervision from local, district, provincial, or national Ministry of Health officials.**
- + **Integrate contraceptive services** within other services, like antenatal care, postpartum care, or HIV services.

DEMAND

Many factors can influence the demand for contraception and reproductive health services in communities—knowledge about services, social norms affecting the acceptability of contraception utilization, and misconceptions about contraceptive methods. It is best if efforts to influence demand are well-coordinated within a community, district, province, or country. TARP users should consider any activity that seeks to address demand factors to fall under this domain.

THE DEMAND DOMAIN MAY INCLUDE EFFORTS TO...

- + **Increase knowledge about the availability** of contraceptive services through community outreach.
- + **Address misconceptions or biases** regarding contraceptive methods through educational efforts.
- + **Promote positive male involvement in contraception.**
- + **Increase knowledge of contraceptive methods.**

- + **Implement campaigns to reduce teenage pregnancy or promote birth spacing.**
- + **Provide information and motivate your target population** to utilize services through peer education efforts Use mass media to convey messages about the health benefits of contraception or to influence social norms.
- + **Promote family communication about contraception and reproductive health.**

ENABLING ENVIRONMENT

One of the strengths of EngenderHealth’s SEED Model is that it takes into consideration the specific context in which contraceptive services are demanded and delivered. Cultural, political, economic, and religious factors affect how health services function and the social norms that facilitate or hinder access to those services. An enabling environment for health requires “equitable policies; adequate resources; good governance, management, and accountability; supportive social and cultural norms; and gender equity.” TARP users should consider any activity that attempts to influence the wider context of family planning programming to fall under this domain.

THE ENABLING ENVIRONMENT DOMAIN MAY INCLUDE EFFORTS TO...

- + **Advocate to promote policies and guidelines that are supportive of AYRH.**
- + **Affect the availability of specific contraceptive methods** within a country by addressing regulatory factors.
- + **Promote policies that increase youth access to contraception**, both in facility and community settings.
- + **Implement campaigns to address social norms** regarding the appropriateness of contraceptives for young people.
- + **Work with religious leaders to increase their support for AYRH.**
- + **Advocate for family life education.**
- + **Address gender norms and actions that affect contraceptive utilization**, including couple communication, shared decision-making, and reproductive coercion.
- + **Advocate with governments, multilateral organizations, and donor partners** to support adequate funding for AYRH.

COORDINATION

Coordination involves deliberate and planned collaboration among all stakeholders involved in supply, demand, and creating an enabling environment. TARP users should consider any activity that involves this kind of meaningful collaboration—which maximizes the often-limited resources to achieve desired family planning and reproductive health outcomes—to fall under this domain.

THE COORDINATION DOMAIN MAY INCLUDE EFFORTS TO...

- + **Conduct assessments** to gain a comprehensive, contextual understanding of the challenges to achieving AYRH.
- + **Build the capacity of partners, especially young people.**
- + **Involve youth in steering and technical committees** related to family planning and reproductive health.
- + **Promote strong leadership**—to set the agenda, manage relationships, and mobilize stakeholder action.
- + **Involve all sectors of the health system**—and beyond—in coordination, including health services, human resources, finances, managers and planners, community health, health information specialists, and logistics.
- + **Support the processes of coordination**, including conducting meetings, sharing information, and developing workplans, etc.
- + **Establish transparent, user-friendly monitoring and evaluation system.**



PARTICIPANT RESOURCE

EVIDENCE INFORMED PRACTICES (EIPS)



EVIDENCE-INFORMED PRACTICES (EIPS)

MAKE SERVICES ADOLESCENT- AND YOUTH-FRIENDLY

THE PRACTICE

Take young people's specific needs into account, providing age- and developmentally-appropriate contraception and reproductive health services.

WHY IT MATTERS

One size does not fit all. Young people can vary substantially in their life experiences. The term “adolescents and youth” encompasses young people, ages 15–24, who may be...

- + Just beginning to explore relationships
- + Unmarried or married
- + Without children
- + First-time parents
- + Parents to multiple children

The term also includes young people who may be living with HIV, have access to health information and supportive parents, or struggle to make sense of their feelings with little information or support.

ADOLESCENT- AND YOUTH-FRIENDLY SERVICES FOR BOTH YOUNG MEN AND WOMEN COMMONLY INCLUDE:

- + Safe and affordable contraceptive methods
- + Prevention and treatment of HIV/AIDS and care for other STIs
- + Provision of accurate health information
- + Sensitive counseling and care for overall well-being

SERVICES MAY ALSO INCLUDE:

- + Youth-friendly obstetric and antenatal care for pregnant girls and women
- + Post-abortion care
- + Prevention, detection, and counseling for gender-based violence
- + Prevention, detection, and treatment for cervical cancer

FEATURES OF ADOLESCENT-FRIENDLY SERVICES

- 1. ACCESSIBLE:** Adolescents are able to obtain the health services that are available.
- 2. ACCEPTABLE:** Adolescents are willing to obtain the health services that are available.
- 3. EQUITABLE:** All adolescents, not just selected groups, are able to obtain the health services that are available.
- 4. APPROPRIATE:** The right health services (i.e. the ones they need) are provided to them.
- 5. EFFECTIVE:** The right health services are provided in the right way, and make a positive contribution to their health.

SUGGESTED ACTIVITIES

Based on WHO's global standards for youth-friendly services, health facilities should strive to:¹

- 1. Ensure adolescents are knowledgeable** about their own health—and where and when to obtain health services—putting new systems in place, if needed.
- 2. Ensure community support.** Parents, guardians and other community members and community organizations should recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
- 3. Provide an appropriate package of services.** The health facility provides a package of information, counseling, diagnostic, treatment and care services that fulfills the needs of all adolescents. Services are provided in the facility and through referral linkages and community-based outreach.
- 4. Promote health providers' competencies.** Healthcare providers should demonstrate the technical competence required to provide effective health services to adolescents. Both health care providers and support staff should respect, protect, and fulfill adolescents' access to information, privacy, confidentiality, non-discrimination, and non-judgmental care and respect.
- 5. Promote “welcoming” health facilities.** The health facility should have convenient operating hours, keep a welcoming and clean environment, and maintain privacy and confidentiality. It should have the equipment, medicines, supplies, and technology needed to ensure effective service provision to adolescents.
- 6. Guarantee equity and non-discrimination.** The health facility should provide quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, or other characteristics.
- 7. Collect data to improve quality.** The health facility should collect, analyze, and use data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff should be supported to participate in continuous quality improvement.
- 8. Enable adolescents' participation.** Adolescents should be involved in the planning, monitoring, and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.



EVIDENCE-INFORMED PRACTICES (EIPS)

SUPPORT CONTRACEPTIVE CHOICE

THE PRACTICE

Provide quality counseling and a full range of methods, including long-acting and reversible contraception, to ensure young people can choose a method that aligns with their preferences and goals.

WHY IT MATTERS

Sixteen million adolescents (ages 15–19) give birth each year. Most live in low- and middle-income countries. Many of these pregnancies are unintended. Others are mistimed. Twenty-three million adolescents would like to use contraception but currently do not. Early and mistimed pregnancies may result in maternal morbidities and death, and lead to social consequences that limit the potential of young women.

Many barriers exist for adolescents who may want to use contraception to delay a first pregnancy or space subsequent pregnancies—restrictive laws limiting contraceptive choice, poorly implemented policies, and social norms, including beliefs held by providers and communities about what kinds of contraception, if any, are appropriate for young people. Compounding these issues, young people may not know where to get affordable contraception, may feel stigmatized due to their own sexual behavior, may not have a choice, or, in the case of marriage, may feel pressure to demonstrate their fertility.²

Adolescent and youth reproductive health (AYRH) services related to contraception have quality counseling as their centerpiece. The objective of this counseling is to ensure that young people are aware of the voluntary nature of contraceptive use and knowledgeable of the full range of contraceptive options available to them.

Quality counseling, including expanded method choice, should empower young people to choose their preferred method and switch methods should they experience undesirable side-effects. Expanding contraceptive choice aligns with the World Health Organization's third norm for improved quality of healthcare for adolescents (WHO, 2015).³ Any adolescent can use any contraceptive method according to the WHO's Medical Eligibility Criteria for contraceptive use. Age alone does not constitute a contraindication to the use of contraceptive methods.

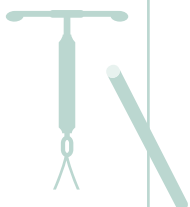
A FULL RANGE OF CONTRACEPTIVE METHODS FOR YOUNG PEOPLE SHOULD INCLUDE THE FOLLOWING:

- + **Long-acting, reversible methods (LARCs)**, such as contraceptive implants and intrauterine devices (IUDs)
- + **Short-term contraceptives**, such as injections, combined oral contraceptive pills, and progestin-only oral contraceptives
- + **Barrier methods, such as male condoms and female condoms**
- + **Lactational Amenorrhea Method (LAM) method**—exclusive breastfeeding for up to six months
- + **Emergency contraceptive pills**
- + **Fertility awareness**

SUGGESTED ACTIVITIES

The following activities promote expanded contraceptive choice for adolescents and youth:

- + **Ensure the availability of a full range of contraceptive methods.**
 - Establish an effective system for providing a full range of contraceptive products—to enable young people to choose, access, and use the best contraceptive method for their needs, thus minimizing discontinuation and improving satisfaction.
 - Address provider misconceptions and biases as needed to ensure providers are aware of and able to provide the full range of contraceptive methods to young people.



SPOTLIGHT ON LARCS

While most AYRH programs provide barrier and short-term contraceptive methods, there is little to no emphasis on improving young people's access to, and use of, LARCs—one of the most effective contraceptive methods. This is often due to bias or lack of knowledge on the part of health care providers, who may perceive LARCs to be more appropriate for older women and couples who wish to space or limit their pregnancies.

LARCs are especially useful to adolescents and youth because of their lower rates of method discontinuation or user error. In addition to their effectiveness and ease of use, LARCs can help address youth concerns about privacy and confidentiality, since they require little user follow-up and are long-lasting.

GET MORE INFORMATION from The Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting and Reversible Contraception.⁴

+ Ensure service providers have the required competences to deliver youth-friendly contraceptive services.

- Train health care providers on contraceptive technologies, including those related to LARCs, the WHO medical eligibility criteria for contraceptive use; and WHO provider competencies for adolescent and youth friendly services.
- Conduct values clarification exercises to address provider bias.
- Provide pre-service and in-service training for health care providers on adolescent- and youth-friendly services.
- Provide supportive supervision, mentorship programs, and job aids to encourage providers to deliver youth-friendly services.

+ Enable adolescents and youth to access information and counseling on a full range of contraceptive methods.

- To ensure informed choice, provide comprehensive information and counseling that:
 - *focuses on the unique concerns and needs of adolescents and youth*
 - *considers their fertility intentions*
 - *addresses myths and misconceptions*
 - *promotes body literacy, which is essential for effective contraception use and is the cornerstone of empowerment in the context of family planning/reproductive health*
- Ensure counseling services protect young clients' confidentiality and privacy.
- Using the WHO Medical Eligibility Criteria, ensure young clients do not have any medical issues that may prevent them from using specific contraceptive methods.

+ Create an enabling environment that encourages adolescents and young people to make their own choices related to contraception.

- Ensure community support for young people's demand of, access to, and use of the full range of contraceptive methods.
- Support laws, policies, and guidelines that guarantee all access to contraceptive information, products, and services for all adolescents and youth.
- Implement interventions to address gender norms that limit young people's contraceptive use.



EVIDENCE-INFORMED PRACTICES (EIPS)

COORDINATE ACROSS SECTORS

THE PRACTICE

Make plans for collaboration among sectors (e.g. health, education, environment, economy) and with key stakeholders (e.g., government, civil society, and private sector) to improve adolescent and youth reproductive health (AYRH).

WHY IT MATTERS

The advantages of multi-sectoral coordination, if thoughtfully and carefully done, can achieve a policy outcome, such as increasing resources brought to bear to address a health problem. These resources can include:

EXPERTISE

- + **Human resources**
- + **Material and financial resources**
- + **Greater coverage of programs**
- + **Increased social and political support for solutions**

AYRH challenges are complex, implicating social norms, education, economic disparity, gender inequality, and environmental factors.⁵ The response to AYRH challenges must be equally comprehensive. Well-planned, thoughtful multi-sectoral coordination can provide a holistic approach to addressing AYRH issues and help increase the probability of the success of the response.

Evidence suggests programs that are implemented in a coordinated way across multiple sectors are more effective in realizing adolescents' health and wellbeing⁶ and contributing to the realization of the objectives of the economic and education sectors of society.⁷ A recent systematic review to identify insights and evidence gaps in girl-centered programs suggests that multi-sectoral programs tend to outperform single-sector programs.⁸

KEYS TO PLANNING SUCCESSFUL MULTI-SECTORAL COLLABORATION

- + **A comprehensive, contextual understanding of the problem**
- + **Recognition of the value of engaging diverse stakeholders** from various sectors in the policy process and capitalizing on the particular strengths of individual stakeholders

- ✦ **Buy-in and commitment from all stakeholders**
- ✦ **Strong leadership**—to set the agenda, manage relationships, and mobilize stakeholder action
- ✦ **The ability to effectively tailor messages and approaches** to each stakeholder to increase influence
- ✦ **Communication of the benefits of collaboration** to each sector and partner to jointly achieve the priority AYRH goal
- ✦ **Commitment of adequate resources** to ensure capacity building, effective cross-sectoral linkages, and coordination between sectors at every level of implementation

The probability of the success of multi-sectoral collaborations increases substantially when it is supported, highly incentivized, or mandated.

SUGGESTED ACTIVITIES

The following approaches for effective multi- and inter-sectoral coordination are recommended by the World Health Organization, West African Health Organization, the Lancet Commission on Adolescent Health and Wellbeing:

- ✦ **Adopt evidence-based multidisciplinary and multi-sectoral approaches**⁹ that engage the education, youth, media, finance, justice, and social protection sectors to create a systematic package of complementary services that build on one another's strengths and enhance synergies.
- ✦ **Involve multiple sectors in steering and technical committees that serve youth in the development of national youth policies and strategies, including AYRH.** National strategies are more likely to be effectively implemented if all relevant sectors have participated in developing them and negotiating for their adoption. WAHO recommends that the process of developing a national adolescent and youth health strategy should start with identifying, mapping, and coordinating with all adolescent actors, including AYRH, in the country.¹⁰
- ✦ **Build the capacity of key AYRH actors to ensure that multi- and inter-sectoral interventions are efficient and effective.** Inter- and cross-sectoral programs and interventions are complex and require that each sector be technically competent and able to manage and coordinate their programs and investments.¹¹
- ✦ **Establish transparent, user-friendly monitoring and evaluation systems and clear accountability mechanisms.** The Global Strategy for Women's Children's and Adolescents' Health highlights the importance of transparent and accessible data to ensure effective inclusion of stakeholders beyond health care providers.¹² Effective inter-sectoral coordination for AYRH requires easy access to quality data. Transparent access to data will ensure all stakeholders, including young people, are able to monitor progress and hold decision-makers to account.



EVIDENCE-INFORMED PRACTICES (EIPS)

CREATE PLATFORMS AND PROCESSES FOR MEANINGFUL YOUTH PARTICIPATION

THE PRACTICE

To ensure the relevance, responsiveness, and effectiveness of adolescent and youth reproductive health (AYRH) programming, it is critical to meaningfully engage and build the capacity of youth advocates and leaders.

WHY IT MATTERS

Through active participation, young people are empowered to play a vital role in their own development as well as in that of their communities, helping them to learn critical life skills, develop knowledge on human rights and citizenship, and promote positive civic action. Adolescent participation is one of WHO's eight standards that must be attained to improve the quality of health services for adolescents. Young people's participation must be understood as an essential component to be monitored and evaluated.¹³

KEY ELEMENTS OF YOUTH PARTICIPATION TO ADVANCE AYRH

- + **Youth with capabilities and opportunities to seek information**
- + **Youth who are able to express their opinions, ideas, and decisions**
- + **Youth informed and consulted on decisions** that pertain to youth (programs and policies)
- + **Youth who take an active role in the various steps** of designing, implementing, and monitoring a health service or policy
- + **Youth with the knowledge, skills, and desire** to make informed choices about their reproductive life
- + **Youth with the knowledge and skills** necessary to hold influential decision-makers accountable

Youth participation nurtures the skills that are vital for young individuals to promote a thriving civil society sector and functioning democratic institutions, including responsive health systems and services.

SUGGESTED ACTIVITIES

The following activities effectively build the capacity of youth advocates and leaders and create inclusive processes and platforms for youth participation:

- ✦ **Partner with a diverse range of youth networks, organizations, and individuals:** The term 'youth' masks the wide range of experiences, diversity, and needs of young people. Youth engagement efforts should be inclusive to ensure broad representation of perspectives.
- ✦ **Invest in youth leadership development:** Training, coaching, and mentorship efforts, along with capacity-building regarding political and management processes, are essential to effective youth participation.¹⁴
- ✦ **Support youth participation in AYRH advocacy.** The past two decades have seen increased youth engagement in health-related advocacy at the global, national, and community levels.¹⁵ In West Africa, the Young Ambassadors for Family Planning were established to ensure AYRH policies are responsive to their needs and perspectives. Young people need platforms to make sure their voices are heard and that they are able to participate in policy development, implementation and evaluation.
- ✦ **Partner with youth in the planning, monitoring, evaluation, and scale-up of AYRH services and programs.** Involving young people and empowering them as leaders, including as part of health facilities' governance structures, adds value to programs and services and contributes to their sustainability.¹⁶ The WHO recommends that health care facilities regularly seek adolescent feedback on the services they provide.¹⁷
- ✦ **Provide opportunities for youth participation in service provision and project implementation.** Participation opportunities include involvement in peer education and/or counseling programs, pre- and in-service training of providers in YFS delivery, and quality assessment of available services, among others. Peer programs are probably the most popular and documented approach. Evaluations of peer programs show that the greatest benefits accrue to the peer educators themselves,^{18,19} and are an excellent opportunity to build youth leadership skills, but only achieve modest results in improving the health of youth beneficiaries.^{20,21} Peer programs appear to be most effective when they capitalize the peer educators' ability to disseminate information and refer young people to health services and when combined with other evidence-informed practices.
- ✦ **Ensure youth participation in research. Youth-led participatory action research is an increasingly popular way to promote youth engagement and empowerment.** Such youth-led research builds the research and engagement skills of young people, increases their knowledge of their own communities, and enables them to contribute to positive social change and the improvement of health in their communities.
- ✦ **Support and enable youth decision-making about FP/RH.** The health sector should develop and implement policies and guidelines that support adolescent decision-making and informed choice through the provision of accurate, appropriate, and easily understood information on the benefits, risks and alternatives to FP/RH products and services—including the full range of contraceptive methods.
- ✦ **Gather robust data on effective programming for young people,** including youth-led initiatives, and use this information to inform program design, implementation, monitoring, and evaluation as well as drive advocacy for programming that supports youth, leadership, and partnership.



EVIDENCE-INFORMED PRACTICES (EIPS)

ADVANCE FAMILY LIFE EDUCATION

THE PRACTICE

Utilize a curriculum-based process to ensure young people are equipped with skills, knowledge, and values that will help them make choices for their health and wellbeing—and show respect for others' choices.

WHY IT MATTERS

Family Life Education is an effective, evidence-informed approach with the potential to:

- + Empower adolescents and youth
- + Improve and protect young people's health, well-being, and dignity
- + Support young people to develop critical thinking and decision-making skills
- + Promote citizenship
- + Foster equal, healthy and positive relationships

Family Life Education focuses on teaching and learning about the cognitive, emotional, physical, and social aspects of adolescence, growth and development, and relationships. There exists convincing evidence of the positive effect of Family Life Education on FP/RH, particularly in reducing the incidence of sexually transmitted infections, HIV, and unintended pregnancy.

KEY CHARACTERISTICS OF AN EFFECTIVE FAMILY LIFE EDUCATION PROGRAM

- + Scientifically accurate
- + Incremental (each lesson builds on the last)
- + Age- and developmentally-appropriate
- + Curriculum-based
- + Comprehensive—to ensure young people can make informed choices about their health
- + Based on a human-rights approach
- + Culturally relevant and context-appropriate
- + Gender-transformative (promoting gender equality)
- + Skills-focused

SUGGESTED ACTIVITIES

+ **Build support for Family Life Education.**

The ministries of health, education, youth, and gender play critical roles in providing policy and moral national leadership, which is essential in creating a climate that is conducive to Family Life Education.²² To garner support at every level, consider the following activities:

- Use evidence that demonstrates young people's existing needs within national and local contexts.
- Use existing international, regional, and local frameworks and international agreements that support Family Life Education.
- Identify key thought leaders to influence support for Family Life Education in their networks and beyond.
- Advocate for sufficient funding for the Family Life Education policy to successfully support its implementation and scale-up.

+ **Involve a broad coalition of stakeholders in planning Family Life Education.**

Ensure multiple constituencies are involved in planning and implementing Family Life Education programs. Coalitions may include school officials, teachers, health care providers, students, religious leaders, community leaders, parents, NGOs, and the media. Broad involvement will help to ensure that community concerns are addressed early in the planning process and that you build societal support for Family Life Education—including sustainability and a sense of ownership.

+ **Ensure effective coordination.** National Family Life Education programs falter and sometimes fail due to insufficient coordination among stakeholders, including central and local governments, NGOs, and other development partners. Clarity about roles, including responsibility for the implementation of FLE, is vital.

+ **Ensure the Family Life Education curriculum is responsive to local needs.**

Sometimes, a national curriculum is not sufficiently responsive to local needs, especially in areas where there are considerable socio-demographic differences. Using a broad coalition of stakeholders in the planning and implementation processes will help to ensure the curriculum is responsive to local health priorities and in alignment with progressive social norms.

+ **Ensure adequate monitoring and evaluation systems are in place.** Mechanisms for evaluating the effectiveness of teachers and assessing the impact of the program on students are important in the success of Family Life Education programs.



EVIDENCE-INFORMED PRACTICES (EIPS)

FOSTER FAMILY AND COMMUNITY SUPPORT

THE PRACTICE

Collaborate with community groups and gatekeepers—e.g., young people’s parents and families—to address social norms and create a supportive environment to improve young people’s reproductive health.

WHY IT MATTERS

Restrictive social norms about AYRH make young people feel uncomfortable about their own behavior, inhibiting their access to knowledge, services, and ultimately healthy decision-making. On the other hand, supportive families and communities become important resources, helping young people grow and develop. Work with community groups and gatekeepers to challenge and change social norms and harness local systems and structure to provide a supportive environment for AYRH programs and young people to take action.

SUGGESTED ACTIVITIES

While there exists little documented evidence on community-based strategies that effectively result in increased support for AYRH, studies suggest promising outcomes when utilizing these practices:

- **Promote the participation of parents and parent-child communication.** There is often limited communication between adolescents and their parents about issues related to FP/RH, teenage pregnancy, HIV, and AIDS.²³ Several studies suggest that if parents develop increased receptiveness and skills to communicate with their children about these topics, they will increase communication. It is possible to improve the contents of parent-child conversations by raising awareness of parents and supporting them to challenge the social and cultural norms that restrict communication.^{24,25}
- **Mobilize community leaders.** Involving key community leaders, including religious leaders, can generate stronger community support. More evaluations—of community sensitization programs, especially concerning their impact on FP/RH service uptake by adolescents and youth or in changes in the opinions of community members with regard to AYRH—are needed.²⁶
- **Collaborate with community groups.** Community group participation is a promising, high-impact practice influencing individual behaviors and social norms on FP/RH.²⁷ It is important that community reflection and dialogue on FP/RH issues be led by individuals

from within the community as well as community groups that work with young people. As combined interventions report stronger results on contraceptive knowledge, awareness, and use, community engagement should be:

- Combined with other social and behavioral change strategies (e.g. engaging the media, interpersonal communication, or counseling)
- Combined with investments in improving service provision
- Embedded within larger programs that involve a range of interventions and stakeholders

✦ **Advocate for the development and implementation of supportive laws and policies.** Many governments have made strides in institutionalizing the ability of adolescents and youth to access FP/RH services. However, weak legal and policy frameworks or uneven implementation of these laws hinder young people's access to these services.²⁸ Advocacy is needed to encourage and support governments, implementing partners, and young people themselves to combat legal and policy barriers, including:

- Policies related to consent, age, and marital status
- The ability of young people to access the full range of FP methods
- Availability and implementation of Family Life Education
- Youth-friendly services; and supportive laws and policies for AYRH

Even when enabling laws and policies are in place, governments must be encouraged to exert political will, allocate adequate resources, build capacity to implement those enabling laws and policies, and establish accountability mechanisms.

✦ **Use media campaigns and other forms of social and behavior change communication.** "Edutainment" (entertainment-education programs) can encourage conversations about AYRH, although there have been very few evaluations of this approach's effect beyond knowledge-building and awareness-raising.²⁹ Media campaigns alone are insufficient to increase community support for AYRH. They should be implemented as part of a broader strategy that includes other social and norm change interventions, such as engaging men and boys and community mobilization.



EVIDENCE-INFORMED PRACTICES (EIPS)

PROMOTE GENDER EQUALITY

THE PRACTICE

Address the factors that limit girls and young women from having options, encourage boys to take risks, and create barriers to contraception and reproductive health care for both sexes.

Gender equality means that, regardless of sex, individuals should have equal ease of access to resources and opportunities, including civic, religious, political, and economic participation, and decision-making. The needs, aspirations, and behaviors of young men and women are equally valued. In terms of health, gender equality means that all young people should have access to quality FP/RH information and health care that is responsive to their specific needs, lifestage or experience, and cultural and social context.

WHY IT MATTERS

It is well-documented that gender inequality has a significant and negative impact on a range of reproductive health outcomes. Gender and age-related norms often limit girls' decision-making ability and options, while increasing their risk for gender-based violence, HIV, and other adverse reproductive health outcomes. Early/child/forced marriage represents one of the greatest violations of human rights, fundamentally compromising girls' futures and their health. Gender norms regarding masculinity may encourage young men and boys to take risks and discourage them from seeking health care, making them more vulnerable, for example, to HIV mortality.

Social and gender norms also support the notion that FP and RH are female spheres of responsibility—placing disproportionate burden on girls and young women for reproductive health action, while preventing boys and men from owning their own reproductive health.

SUGGESTED ACTIVITIES

- ✦ **Support programs that encourage young people to examine, discuss, and question gender norms and values.** Family Life Education programs that use curricula with an explicit focus on gender throughout are more effective than curricula that do not directly address gender norms. Creating a space for young people to engage with one another through structured and participatory educational sessions that systematically examine and question cultural norms about gender is an effective way to motivate young people to consider their behavior, responsibilities, relationships, and health.
- ✦ **Improve adolescent girls' access to school and support their retention.** Investments that enable girls to stay in school, especially secondary school, have wide, long-term benefits on the health and development of individuals, families, and communities. Evidence shows strong, positive linkages between girls' education and healthier behaviors.³⁰ Strategies that improve girl's participation in school include:
 - Challenging social norms that undermine girls and their education
 - Improving the quality and safety of the school environment
 - Providing economic incentives for sending girls to school and keeping them there
 - Promoting quality education, and linking health programs with schools.³¹
- ✦ **Engage men and boys to promote gender equity.** An increasing number of FP/RH programs address inequities and negative gender norms and behaviors by engaging men and boys through a participatory group education and dialogue, media campaigns, and digital health applications, as well as activities to mobilize the community at large. Other strategies may include working through multiple non-clinic, informal settings, such as mobile outreach, community health workers, drug shops and pharmacies, and social marketing. Integrated interventions that combine community group engagement, media-focused activities, interpersonal education, and health care targeted to men and boys yield promising results for gender equity.³²
- ✦ **Building young people's FP/RH-related capacities and assets.** Young people must be able to draw on their own knowledge, skills, and assets to take timely and desired action about their health.³³ Working with girls to build these resources is a cornerstone of gender-based programming, including women's empowerment and male involvement. Activities are often group-based and use participatory methodologies to create safe, shared spaces for youth to learn about FP/RH issues, develop life skills and form critical social networks. Many programs also strengthen young people's economic resources, by including financial literacy, vocational training and savings mechanisms. While attention to girls' and young women is essential, broader youth development and capacity building approaches, including those that work with both girls and boys together, can also support AYRH-related empowerment. For example, Positive Youth Development engages young people together with their families, communities, and/or government to build capacities, assets and competencies; foster healthy relationships; strengthen the environment; and transform systems benefits.³⁴

➤ **Eliminate gender-based violence (GBV) against girls and young women.** Violence and harmful practices, driven by underlying power and gender inequalities, affect girls and women throughout their lives and directly influence their reproductive health. GBV responses within FP/RH programs can include:

- Strengthening health providers' capacity to screen for, and respond to, GBV—but only where services exist
- Helping to build a services infrastructure for survivors, including health services, psycho-social support, and legal services
- Working with communities to challenge and change harmful gender norms and practices and lower their tolerance to violence
- Engaging girls and boys to influence their attitudes about gender and nonviolence. In some countries and contexts, specific harmful practices, such as female genital cutting/mutilation and child marriage should also be addressed

➤ **Eliminate child/early/forced marriage.** In several countries, marrying before age 18 is allowed by law. Even in countries where early marriage is illegal, laws are poorly enforced. In some areas, girls are expected to marry and have children during adolescence, often before they are physically or mentally ready to do so. While establishment and enforcement of a legal minimum age of marriage is an important step to ending child marriage, it is just one part of a comprehensive child protection approach to ensuring the wellbeing of girls. Other necessary steps involve working with women and men,³⁵ community leaders, and other stakeholders to challenge and change social norms that encourage early marriage, engage in girls' empowerment activities, and disseminate information in all sectors of society about laws and policies that support the rights of children.



PHOTO : SARAH DAY

PARTICIPANT RESOURCE

SAMPLE ADVOCACY STRATEGIES

CHANGE MINDS AND CREATE NEW YOUTH ADVOCATES AND ALLIANCES

Have you considered all seven steps to advocacy? Complete this checklist.

STEP 1: WHAT NEEDS TO CHANGE?

- Identify an important problem you want to solve
- Identify root causes of this problem
- Determine what needs to change to address these causes
- Identify a specific and realistic result you expect from your advocacy
- Find ways to work with people who are most affected by this issue
- Collect as much data as possible to support your position

STEP 2: WHO CAN MAKE THIS CHANGE HAPPEN?

- Identify primary targets for your advocacy
- Identify secondary targets for your advocacy
- Identify potential allies
- Identify potential opposition

STEP 3: HOW CAN I INFLUENCE MY ADVOCACY TARGETS TO MAKE THIS CHANGE?

- Decide on an appropriate approach
- Develop a set of clear, concise messages
- Prepare appropriate tools
- Develop a plan on when and how to use each tool

STEP 4: HOW CAN I ENSURE MEANINGFUL PARTICIPATION OF YOUNG PEOPLE?

- Make sure young people participate in the design, implementation, and evaluation of your advocacy initiative
- Conduct a youth participation self-evaluation

STEP 5: WHO CAN I WORK WITH?

- Map out potential partners/allies
- Reach out to them

STEP 6: WHAT OBSTACLES MIGHT I FACE? HOW CAN I OVERCOME THEM?

- Brainstorm possible obstacles and risk factors
- Develop strategies to overcome them
- Prepare strategies to deal with the opposition

STEP 7: WHAT OBSTACLES MIGHT I FACE? HOW CAN I OVERCOME THEM?

- Brainstorm possible obstacles and risk factors
- Develop strategies to safely overcome them
- Prepare strategies to deal with the opposition, prioritizing safety

STEP 8: HOW WILL I MONITOR AND EVALUATE MY ADVOCACY TO PROVE IT'S WORKING?

- Decide who will make sure all planned actions are completed
- Develop indicators to monitor/evaluate outputs, outcomes, impact, and the process
- Develop a monitoring and evaluation plan to analyze these indicators and build on lessons you learn

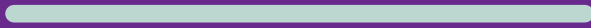
PLAN YOUR ADVOCACY

Now fill out this table to develop your own advocacy strategy. Brainstorm all possible answers for each step. List your answers in the 'strategy' column. After the initial brainstorm, review your answers and decide what points from each step to focus on.

STEP	STRATEGY
1. What needs to change?	
2. Who can make this change happen?	
3. How can I influence my advocacy targets to make this change?	
4. How can I ensure meaningful participation of young people?	
5. Who can I work with?	
6. What obstacles might I face? How can I overcome them?	
7. How will I monitor and evaluate my advocacy to prove it's working?	

PARTICIPANT RESOURCE

TARP COURSE EVALUATION



TARP COURSE EVALUATION

INSTRUCTIONS: Rate each of the following statements as to whether or not you agree with them, using the following key:

1 = Strongly disagree

2 = Somewhat disagree

3 = Somewhat agree

4 = Strongly agree

OVERVIEW

The objectives of the module were clearly defined.	1	2	3	4
The material was new to me.	1	2	3	4
The trainer understood the material being presented.	1	2	3	4
The time spent on the training was sufficient.	1	2	3	4
Time for discussion and questions was sufficient.	1	2	3	4
The material in this module has provided me with sufficient information to analyze FP plans and budgets.	1	2	3	4
The module has provided me with the skills to analyze FP plans and budgets.	1	2	3	4

TRAINING METHODS AND MATERIALS

The trainers' presentations were clear and organized.	1	2	3	4
I learned practical skills in the training.	1	2	3	4
Class discussion was helpful.	1	2	3	4
The trainers encouraged my questions and input.	1	2	3	4

COURSE LENGTH

The length of the course was (circle your answer):

Too long Too short Just right

What topics in this training do you think will be most useful to you in your work?

On which topics would you have liked more information or preferred to spend more time on?

What was the least useful aspect of this training?

On which topics would you have liked less information or preferred to spend less time?

How do you think you will put what you learned about TARP into practice?

FACILITATOR RESOURCE

HOW DO THEY ALIGN?



HOW DO THEY ALIGN?

THREE EXAMPLES OF ACTIVITIES FOR LARGE-GROUP ANALYSIS

In Session 5, before the small groups begin to analyze how well their plan's activities align with evidence-informed practices (EIPs), the facilitators should lead the group through two or three examples (below). This will help to get the groups started and give them a sense of what is expected.

Present the sample activities one at a time. For each one, ask the participants to determine whether it aligns with any EIPs. Each example activity includes background information for the facilitator. This information should be brought up, either by the participants or facilitators, during the course of the group discussion.

SAMPLE ACTIVITY 1:

Host small group education activities with youth to identify, examine, question gender norms related to contraception and reproductive health.

Background for the facilitator:

- ✦ **Research shows that small group curriculum-based education is an effective way to help change gender norms.⁴**
- ✦ **Gender-equitable relationships generally lead to better reproductive health outcomes.**
- ✦ **This activity is in alignment with at least two evidence-informed practices: (1) Family Life Education and (2) Promoting Gender Equality for Improved FP/RH.**

SAMPLE ACTIVITY 2:

Establish youth centers where young people can socialize while accessing information about contraception and reproductive health.

Background for the facilitator:

- ✦ **Even though youth centers are a popular intervention, research shows that—by themselves—they are not effective in achieving any significant reproductive health outcomes.**
- ✦ **Consequently, youth centers are not in alignment with any evidence-informed practice.**

The effectiveness of youth centers can be increased if: (1) they assure equity of access (in other words, not just one group or clique dominates the space), (2) they sponsor highly organized programming aimed at promoting specific reproductive health outcomes (e.g., small group curriculum-based education on contraception and reproductive health), and (3) they offer young people FP/RH services—such as contraceptive methods—on site.

SAMPLE ACTIVITY 3:

Train nurses to provide young people with voluntary, informed-choice counseling about contraception.

Background for the facilitator:

- + **The quality of counseling by a health provider is essential** for the provision of good contraceptive services.
- + **Providers who have been trained to actively listen** to the young people's concerns and respond without judgment encourage young people to seek care in the future.
- + **Offering young people information about the full range of contraceptive methods** so that they can choose the method that is right for them (or not choose a method at all) is an ethical imperative that is integral to quality contraceptive services.
- + **This activity is in alignment with at least two evidence-informed practices:**
(1) Providing age and developmentally appropriate health services and (2) Ensuring access to the full range of contraceptive methods.

ENDNOTES

- 1 Rosenberg NE, Bhushan NL, Vansia D, et al. *Comparing Youth Friendly Health Services to the Standard of Care through “Girl Power-Malawi”: A Quasi-Experimental Cohort Study*. *J Acquir Immune Defic Syndr*. 2018.
- 2 Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, et al. *Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission*. *Lancet*. 2018.
- 3 World Health Organization. *A standards-driven approach to improve the quality of health-care services for adolescents: Policy Brief*. Geneva: World Health Organization; 2015.
- 4 USAID et al. *The Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting and Reversible Contraception*. 2016.
- 5 Viner RM, Ozer EM, Denny S, et al. *Adolescence and the social determinants of health*. *Lancet* 2012; 379: 1641–52.
- 6 World Health Organization. *Health for the World’s Adolescents: A second chance in the second decade*. Geneva: World Health Organization; 2014. Accessed 4 May 2017. http://www.who.int/maternal_child_adolescent/documents/second-decade/en/.
- 7 West African Health Organization. *Orientation Guide for Developing National Strategies for Integrated Services for Adolescents and Young People in the ECOWAS Region*. 2015.
- 8 Haberland, Nicole A., Katharine J. McCarthy, and Martha Brady. *Insights and Evidence Gaps in Girl-Centered Programming: A Systematic Review*. GIRL Center Research Brief No. 3. New York: Population Council; 2018.
- 9 The Health Policy Project. *Resource Guide to Multi-Sectoral Coordination*. 2014. Accessed 13 August 2018. https://www.healthpolicyproject.com/pubs/272_MultisectoralCoordinationResourceGuide.pdf.
- 10 Ibid.
- 11 Ibid.
- 12 United Nations Secretary-General. *The global strategy for women’s, children’s and adolescent’s health (2016–2030): survive, thrive, transform*. 2015. Accessed 3 May 2017. <http://www.who.int/life-course/partners/globalstrategy/globalstrategyreport2016-2030-lowres.pdf?ua=1>.
- 13 Villa-Torres L, Svanemyr J. *Ensuring Youth’s Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs*. *Journal of Adolescent Health*. 2015; 56: S51eS57.
- 14 Patton, George C., et al. *Our future: A Lancet commission on adolescent health and wellbeing*. *The Lancet*. 2016; 387.10036: 2423-2478.
- 15 Ibid.
- 16 Katie Chau, Regina Benevides, and Ousseini Abdoulaye. *University Leadership for Change in Sexual and Reproductive Health in Niger: Project Report*. Washington, DC: Evidence to Action Project/ Pathfinder International; 2017.
- 17 World Health Organization. *A standards-driven approach to improve the quality of health-care services for adolescents: Policy Brief*. Geneva: World Health Organization; 2015.
- 18 Maticka-Tyndale E, Barnett JP. *Peer-led interventions to reduce HIV risk of youth: A review*. *Eval Program Plann* 2010; 33: 98–112.

- 19 Michelle J. Hindin et al. *Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low-and Middle-Income Countries: A Systematic Review of the Published and Gray Literature*. *Journal of Adolescent Health* 59, no. 3 (2016): S8-S15. <https://www.ncbi.nlm.nih.gov/pubmed/27562452>.
- 20 Ibid.
- 21 Chandra-Mouli V, Lane C, Wong S. *What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices*. *Global Health: Science and Practice*. 2015; 3(3): 333-40.
- 22 Keogh SC, Stillman M, Awusabo-Asare K, et al. *Challenges to implementing national comprehensive sexuality education curricula in low- and middle-income countries: Case studies of Ghana, Kenya, Peru, and Guatemala*. *PLoS One*. 2018;13(7):e0200513.
- 23 Biddlecom A, Awusabo-Asare K, Bankole A. *Role of parents in adolescent sexual activity and contraceptive use in four African countries*. *Int Perspect Sex Reprod Health* 2009;35:72e81.
- 24 Svanemyr, J. et al. *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches*. *Journal of Adolescent Health*. 2015; 56. S7-S14.
- 25 Denno, D. et al. *Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support*. *Journal of Adolescent Health*. 2015; S22.
- 26 Svanemyr, J. et al. *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches*. *Journal of Adolescent Health*. 2015; 56. S7-S14.
- 27 Kate Plourde et al. *Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health*. Washington, DC: USAID; 2016. Accessed 10 December 2016. www.fphighimpactpractices.org/sites/fphips/files/hip_cge_brief.pdf.
- 28 Harris, S, et al. *Youth Family Planning Policy Score Card*. April 2017. Accessed 3 August 2018. www.prb.org/Publications/Reports/2017/Global-Youth-Family-Planning-Index.aspx.
- 29 The Health Compass. *Gender Roles, Equality and Transformation (GREAT) Project*. Accessed 23 June 2018. <https://www.thehealthcompass.org/sbcc-spotlights/gender-roles-equality-and-transformation-great-project>.
- 30 High Impact Practices (HIPs) for Family Planning. *Educating Girls: Creating a foundation for positive sexual and reproductive health behaviors*. Washington, DC: USAID; 2014. Accessed 7 August 2018. <https://www.fphighimpactpractices.org/briefs/educating-girls/>.
- 32 Ibid.
- 32 Barker, G., C. Ricardo, and M. Nascimento. *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions*. Geneva: World Health Organization; 2007.
- 33 Population Council. *Building Girls' Protective Assets: A Collection of Tools for Program Design*. New York: Population Council; 2016.
- 34 Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. *A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries*. Washington, DC: YouthPower Learning, Making Cents International; 2017.
- 35 Girls Not Brides (2017). *The Case for a Minimum Age of Marriage of 18*. Accessed 13 August 2018. <https://www.girlsnotbrides.org/wp-content/uploads/2017/12/Why-a-minimum-age-of-marriage-of-18.pdf>.

REFERENCES

- Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. *A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries*. Washington, DC: YouthPower Learning, Making Cents International; 2017.
- Babalola S, Ramirez-Ferrero E, Muya A. *Survey on Sexual Attitudes and Behaviors among Tanzanian Youth: Baseline Assessment in Five Regions: Report of Findings*. Dar es Salaam: HealthScope Tanzania and the Johns Hopkins Center for Communication Programs; 2005.
- Barker, G., C. Ricardo, and M. Nascimento. *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions*. Geneva: World Health Organization; 2007.
- Biddlecom A, Awusabo-Asare K, Bankole A. *Role of parents in adolescent sexual activity and contraceptive use in four African countries*. *Int Perspect Sex Reprod Health* 2009.
- Centers for Disease Control and Prevention. *Effectiveness of Family Planning Methods*. 2014. Accessed 7 August 2018. <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Family-Planning-Methods-2014.pdf>.
- Centers for Disease Control and Prevention. *Principles of community engagement (2nd ed.)*. Atlanta (GA): CDC/ATSDR Committee on Community Engagement; 2011.
- Chandra-Mouli et al. *Programa Geração Biz, Mozambique: how did this adolescent health initiative grow from a pilot to a national programme, and what did it achieve?* *Reproductive Health*. 2015; 12:12.
- Chandra-Mouli V, Lane C, Wong S. *What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices*. *Global Health: Science and Practice*. 2015.
- Denno, D. et al. *Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support*. *Journal of Adolescent Health*. 2015.
- Every Woman, Every Child. *Technical Guidance for Prioritizing Adolescent Health*. 2017. Accessed 6 August 2018. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_EWEC_Report_EN_WEB.pdf.
- Family Health International. *Youth Participation Guide: Assessment, Planning, and Implementation*. 2005. Accessed 14 August 2018. https://www.unicef.org/adolescence/cypguide/files/youth_participation_guide.pdf.
- Fikree FF, Abshiro WK, Mai MM, et al. *Strengthening Youth Friendly Health Services through Expanding Method Choice to include Long-Acting Reversible Contraceptives for Ethiopian Youth*. *Afr J Reprod Health*. 2017. 21[3]: 37-48.
- Girls Not Brides (2017). *The Case for a Minimum Age of Marriage of 18*. Accessed 13 August 2018. <https://www.girlsnotbrides.org/wp-content/uploads/2017/12/Why-a-minimum-age-of-marriage-of-18.pdf>.
- Haberland, Nicole A., Katharine J. McCarthy, and Martha Brady. *Insights and Evidence Gaps in Girl-Centered Programming: A Systematic Review*. GIRL Center Research Brief No. 3. New York: Population Council; 2018.
- Harris, S, et al. *Youth Family Planning Policy Score Card*. April 2017. Accessed 3 August 2018. www.prb.org/Publications/Reports/2017/Global-Youth-Family-Planning-Index.aspx
- High Impact Practices (HIPs) for Family Planning. *Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health*. Washington, DC: USAID; 2016.
- High Impact Practices (HIPs) for Family Planning. *Educating Girls: Creating a foundation for positive sexual and reproductive health behaviors*. Washington, DC: USAID; 2014. Accessed 7 August 2018. <https://www.fphighimpactpractices.org/briefs/educating-girls/>.

International Planned Parenthood Foundation. *Young People as Advocates: Your Action for Change Toolkit*. 2011.

Kate Plourde et al. *Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health*. Washington, DC: USAID; 2016. Accessed 10 December 2016. www.fphighimpactpractices.org/sites/fphips/files/hip_cge_brief.pdf

Katie Chau, Regina Benevides, and Ousseini Abdoulaye. *University Leadership for Change in Sexual and Reproductive Health in Niger: Project Report*. Washington, DC: Evidence to Action Project/Pathfinder International; 2017.

Keogh SC, Stillman M, Awusabo-Asare K, et al. *Challenges to implementing national comprehensive sexuality education curricula in low- and middle-income countries: Case studies of Ghana, Kenya, Peru, and Guatemala*. PLoS One. 2018.

Marston C, Hinton R, Kean S, Baral S, Ahuja A, Portela A. *Community participation for transformative action on women's, children's and adolescents' health*. 2016; 94(5):376–82.

Maticka-Tyndale E, Barnett JP. *Peer-led interventions to reduce HIV risk of youth: A review*. Eval Program Plann 2010.

McGinn, E. K., and H. J. Connor. *SEED assessment guide for family planning programming*. 2011.

Michelle J. Hindin et al. *Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low-and Middle-Income Countries: A Systematic Review of the Published and Gray Literature*. Journal of Adolescent Health 59, no. 3 (2016). <https://www.ncbi.nlm.nih.gov/pubmed/27562452>.

Patton, George C., et al. *Our future: A Lancet commission on adolescent health and wellbeing*. The Lancet. 2016.

Population Council. *Building Girls' Protective Assets: A Collection of Tools for Program Design*. New York: Population Council; 2016.

Population Council. *Girl-centered program design: a toolkit to develop, strengthen, and expand adolescent girls program*. Accessed 7 August 2018. http://www.ungei.org/files/2010PGY_AdolGirlToolkitComplete.pdf.

Simon C, Benevides R, Hainsworth G, Morgan G, and Chau K. *Thinking outside the separate space: A decision-making tool for designing youth-friendly services*. Washington, DC: Evidence to Action Project/Pathfinder International; 2015.

Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, et al. *Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission*. Lancet. 2018;391

Svanemyr, J. et al. *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches*. Journal of Adolescent Health. 2015.

The Health Compass. *Gender Roles, Equality and Transformation (GREAT) Project*. Accessed 23 June 2018. <https://www.thehealthcompass.org/sbcc-spotlights/gender-roles-equality-and-transformation-great-project>.

The Health Policy Project. *Resource Guide to Multi-Sectoral Coordination*. 2014.

UNESCO. *Emerging Evidence, Lessons, and Practice in Comprehensive Sexuality Education: A Global Review*. Paris: UNESCO; 2015

UNFPA. *Adolescent Sexual and Reproductive Health*. Accessed 7 August 2018. <https://www.unfpa.org/resources/adolescent-sexual-and-reproductive-health>.

United Nations Secretary-General. *The global strategy for women's, children's and adolescent's health (2016–2030): survive, thrive, transform*. 2015. Accessed 3 May 2017. <http://www.who.int/life-course/partners/globalstrategy/globalstrategyreport2016-2030-lowres.pdf?ua=1>.

USAID et al. *The Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting and Reversible Contraception*. 2016.

Villa-Torres L, Svanemyr J. *Ensuring Youth's Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs*. *Journal of Adolescent Health*. 2015.

Viner RM, Ozer EM, Denny S, et al. *Adolescence and the social determinants of health*. *Lancet* 2012; 379: 1641–52.

West African Health Organization. *Orientation Guide for Developing National Strategies for Integrated Services for Adolescents and Young People in the ECOWAS Region*. 2015.

World Health Organization. *A standards-driven approach to improve the quality of health-care services for adolescents: Policy Brief*. Geneva: World Health Organization; 2015.

WHO. *Health for the World's Adolescents: A second chance in the second decade*. Geneva: World Health Organization; 2014. Accessed 4 May 2017. http://www.who.int/maternal_child_adolescent/documents/second-decade/en/.

WHO, Quality Assessment Guidebook. *A guide to assessing health services for adolescent clients*. Geneva, World Health Organization, 2009.

WHO/UNAIDS. *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents*. Geneva: World Health Organization; 2015.

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