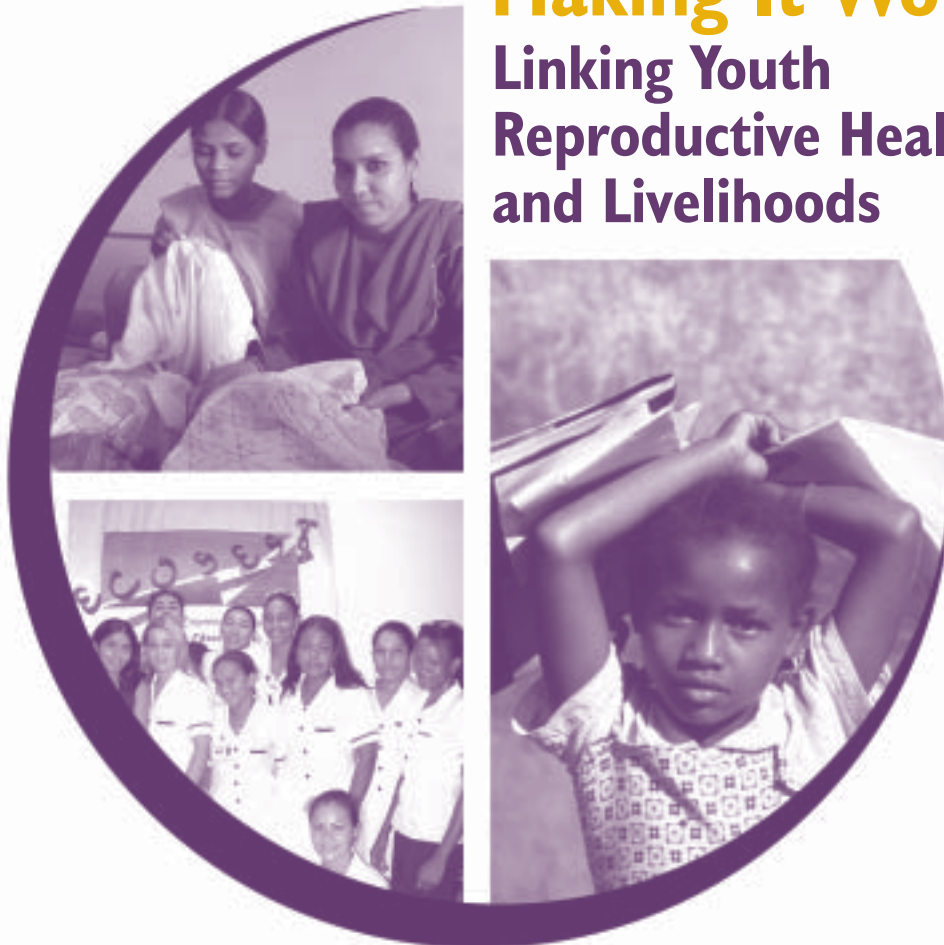


Making It Work: **Linking Youth Reproductive Health and Livelihoods**



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Contents

Acknowledgments	2
Executive Summary	3
Introduction	5
Data and Methodology	6
Analysis	7
Country Case Studies	
Colombia	9
India	13
Kenya	17
Findings and Recommendations	21
Findings	21
Recommendations	22
In Country Partners	27
References	28



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Executive Summary

Investment in healthy, viable futures for young people, the largest generation in human history, is likely to be the key to long-term progress and stability in much of the developing world. Donors and governmental and non-governmental organizations are recognizing that reproductive and sexual behavior for adolescents is closely linked with their educational and economic options and that youth may benefit from simultaneous attention. However, why reproductive health and livelihoods should be linked is clearer than how this linkage should be best achieved. To date, there are no comprehensive scientific assessments analyzing the structure, functioning, and value of linked programs, or providing clear guidance for future direction.

In order to address this critical gap in assessment, ICRW undertook an 18-month analysis of linked programs, with support from the Summit Foundation. The goal of the analysis was to assess the challenges and potential effectiveness of programs integrating adolescent reproductive health and livelihoods, highlight innovative approaches, and define gaps that exist in designing interventions. The analysis provides a clearer understanding of whether linked interventions have a significant potential for effectively and efficiently improving the lives of youth. This project involved the compilation of an inventory of “linked” programs in developing countries as well as a field-based assessment of selected programs in three countries: India, Colombia, and Kenya.

Conclusions

There are three main conclusions that emerged from ICRW’s analysis. First, and perhaps most significantly, is the realization that the need for linked programs is not driven solely by donor or professional interest, but is demand-driven, emerging from the grassroots. This provides perhaps the most important and compelling motivation for the continuation of efforts integrating reproductive health and livelihoods. A connection so fundamentally rooted in the lives of young people across three continents cannot be denied.

Secondly, no single program in its totality stands out as a “model” for other programs to emulate. The field of linked programming is clearly in its own adolescence, with a mixture of commitment, missteps, risk-taking, and optimism. Currently, most programs are not implementing linked strategies in an optimal fashion, often achieving only marginal effectiveness in meeting both the reproductive health and livelihoods needs of young people.

And thirdly, it is clear that organizations undertaking linked programming are among the most dedicated in their commitment to serving youth needs, frequently adopting a range of innovative and creative strategies. Jointly, these strategies provide a range of best practices upon which more ambitious linked programs can be built. Provided the right investments are made in building technical and institutional capacity, the field has the potential for maturing to a healthy and effective adulthood.

Recommendations

ICRW has formulated six recommendations to strengthen linked programs so that they can achieve optimal functioning and maximum impact:

- Develop technical capacity for linked programs to conceptualize, implement, and evaluate strategies that go beyond sectoral expertise.
 - Programs engaged in reproductive health and livelihoods work need to train staff to better understand the concept of “linkage,” and its specific relevance by gender.
 - Launching into work outside existing sectoral expertise requires a concerted strategy of staff development and alliance building.
 - Linked programs must be adequately equipped to document and evaluate their efforts if the impact and replicability of these programs is to be assessed.
- Strengthen institutional capacity for linked programs to better develop and manage human and financial resources.
 - In order to be successful, organizations that do linked work need to be dynamic in their structure and function, engaging staff at all levels in visionary thinking, program design, and marketing.
 - Financial resources for linked programs need to be provided, raised, and managed in non-traditional formats.
- Develop networks and alliances of linked programs to better share strategies and lessons learned and improve the level and depth of linkages.
- Integrate market assessment and outreach as an essential component of livelihoods interventions.
 - Translating livelihoods interventions into income-earning opportunities for youth requires a thorough evaluation of and interaction with market needs, contacts, and networks.
 - Livelihoods programs for youth need to build more effective toolkits that go beyond gender-based traditional skills and incorporate knowledge of market assessment and opportunities.
- Integrate high quality, affordable, and accessible services for youth as an essential component of reproductive health interventions.
- Develop approaches that link reproductive health and livelihoods beyond micro-level programmatic efforts to create institutional and policy change at the meso and macro levels.
 - Community mobilization and informed participation has enormous potential for creating legitimacy and a supportive environment for meeting the multiple needs of young people.
 - The nexus of markets, the private sector, and public sector health and educational systems needs to be better influenced to incorporate youth as an important constituency.



Introduction

As the largest generation of adolescents¹ in history, numbering more than one billion, makes the transition from childhood to adulthood, it is critical that development programs and policies understand and address the economic and health needs of young people. Since this is the generation that comprises the workers, parents, and leaders of the future, effective investment in healthy, viable futures for young people is likely to be the key to long-term progress and stability in much of the developing world.

Increasingly, donors and governmental and non-governmental organizations faced with the challenge of addressing and prioritizing adolescent needs are recognizing that various aspects of young people's lives are intricately connected and may benefit from simultaneous attention. In particular, there is increased understanding that reproductive and sexual behavior for adolescents is closely linked with their educational and economic options. Teen pregnancy, abortion, and exposure to HIV/AIDS and other sexually transmitted diseases (STDs) have enormous social and personal impact in terms of educational and work opportunities. Conversely, entry into the labor force and economic options during the teen years are critical in determining not only future opportunities for social and economic mobility, but also exposure to health risks, fertility outcomes, and overall well-being.

As a result, those interested in youth development are considering programs that integrate attention to reproductive and sexual health with a focus on *livelihood* options, which are defined as those options that aim to improve young people's capabilities, assets, and activities necessary for earning a living. The interest in linking reproductive health and livelihoods programs is motivated by both the overlap of these concerns in adolescent lives and the potential for "added value," so that addressing young people's needs in either reproductive health or livelihoods yields benefits not only in one area, but in the other as well.

However, *why* reproductive health and livelihoods should be linked is clearer than *how* this linkage should be best achieved, given that:

- Many linked programs are new and interventions are often designed using intuition and experimentation;
- Few efforts have been adequately documented or evaluated for impact; and
- Reproductive health and livelihoods emerge from sectoral program areas with different priorities, philosophies, expertise, resources, and intervention strategies.

¹This report uses adolescence, youth, young people, young women and men interchangeably to refer to the age group between 15 and 24 years.

To date, there are no comprehensive scientific assessments analyzing the structure, functioning, and value of linked programs, or providing clear guidance for future directions. How can we know if this is an approach worthy of further investment toward producing better life outcomes for adolescents?

In order to address this critical gap in assessment, ICRW undertook an 18-month analysis of linked programs. The goals of this analysis were to foster a better understanding of the mechanisms, challenges, and potential merits of these programs, and to provide a clearer understanding of whether interventions that link reproductive health and livelihoods can effectively and efficiently improve the lives of youth. This analysis will also, it is hoped, provide guidance to the many program managers, policymakers, and donors who have expressed the need for sharing lessons so that programs can be promoted, implemented, and funded more effectively.

Data and Methodology

With support from the Summit Foundation, ICRW's project team conducted the assessment and analysis between March 2000 and September 2001. The data were collected over two phases, and included: 1) an inventory of potentially linked adolescent programs, and 2) a field-based assessment of selected linked programs in three countries: Colombia, India, and Kenya.

Phase I

Given that the interest in integrated programming for adolescents is quite recent, there is little documented information on even the number of programs undertaking this approach, much less on what the approach actually incorporates. Thus, the ICRW project team began by inventorying the wide range of youth programs implemented since 1990 that could be classified as "linked,"

based on information accessible through publications, electronic materials, and direct contact with professionals in the field. ICRW contacted over 300 organizations, searched over 500 electronic and written secondary data sources, and interviewed 10 U.S.-based program experts on adolescent issues.

Two points are noteworthy with regard to this methodology. First, by its nature, the outreach emphasized programs known to and implemented by international and Northern-based organizations. These groups are more visible, better networked, and more accessible than those in the South. They also have a higher capacity for documentation and access to electronic communication. Second, defining "linkage" proved to be problematic because the initial pool of programs reflected a tremendous variety in approaches. Fully ascertaining the nature or level of linkage based on the limited secondary data available was often not possible. At this stage, therefore, ICRW researchers allowed for the widest possible interpretation of the word "linkage."

Phase 2

Following the review of linked programs in the inventory, researchers selected one country from each geographic region for in-depth field-based analysis. The research team selected Colombia, India, and Kenya based on:

- The relatively large number and varied nature of linked programs in these countries;
- The importance of key development issues in specific country contexts, including gender discrimination in India, HIV/AIDS in Kenya, and civil violence in Colombia;
- Availability of counterparts for the technical assessment; and
- Value added to the field along with follow-up potential.

In collaboration with in-country counterparts, ICRW began by assessing the broader policy and program environments in each of the selected countries. This involved a review of secondary sources as well as face-to-face interviews with a number of program and policy professionals. Furthermore, this ensured identification of linked programs that were not represented in the inventory, particularly programs originating indigenously and with limited outreach. From this expanded pool, each country team selected three programs for in-depth field analysis; programs representing different geographic areas, rural as well urban settings, a variety of types and levels of linkage, and a range of organizations, small and large.

The field assessment in each country used qualitative data collection techniques and took place over three-week periods from February to April 2001. These techniques involved interaction with and data collection from program personnel, organizational leaders, adolescents, and community members. Data collection focused on: **program specific issues**, including origins and objectives of integrated program, level and type of integration across sectors, specific activities and interventions in each area, nature of documentation, monitoring and evaluation of linked program, and plans for expansion and sustainability; **organization specific issues**, including provider perspectives on linked programs, leadership structure, organizational expertise, training mechanisms, and structure for implementing and monitoring linked programs; and **client specific issues**, including the type of adolescents served by the program, their involvement and perspectives, and the strategy for addressing gender

differences in linking reproductive health and livelihood issues.

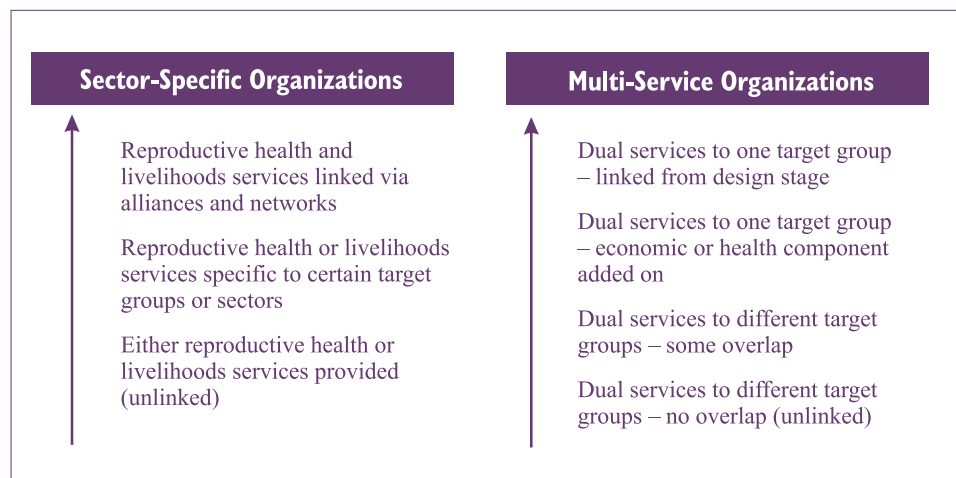
Analysis

ICRW’s review of programs in both phases found that the manner and level of “linkage” in programs varies dramatically. Further discussions with local and international partners, policymakers, and program professionals led to the conclusion that the concept of linkage is not fixed, and cannot be treated as such in future program and policy design. On the one hand, all forms of linkage are not necessarily equal or equally effective. On the other hand, effective linkage can be achieved through a range of sectoral and organizational connections.

Concept of Linkage

As represented in Figure 1, the findings indicate that linked programs take on a variety of forms within two leading organizational structures: sector-specific organizations, and multi-service organizations. Sector-specific organizations originate from a specific discipline, either economics or health, and implement work largely within their expertise (unlinked programs). One form of linked program undertaken by these organizations focuses

Figure 1. Forms of Linkage within Organizational Structures



on specific target groups of adolescents; for example, skills development programs with outreach to a high-risk group in terms of reproductive health, such as teenage mothers, or a sexual health program with outreach to a specific workplace, such as garment factory workers. A different form of linkage for sector-specific organizations would involve meeting the multiple needs of youth through alliances and networks with organizations with expertise in other sectors. Such linkages are usually established through referral systems.

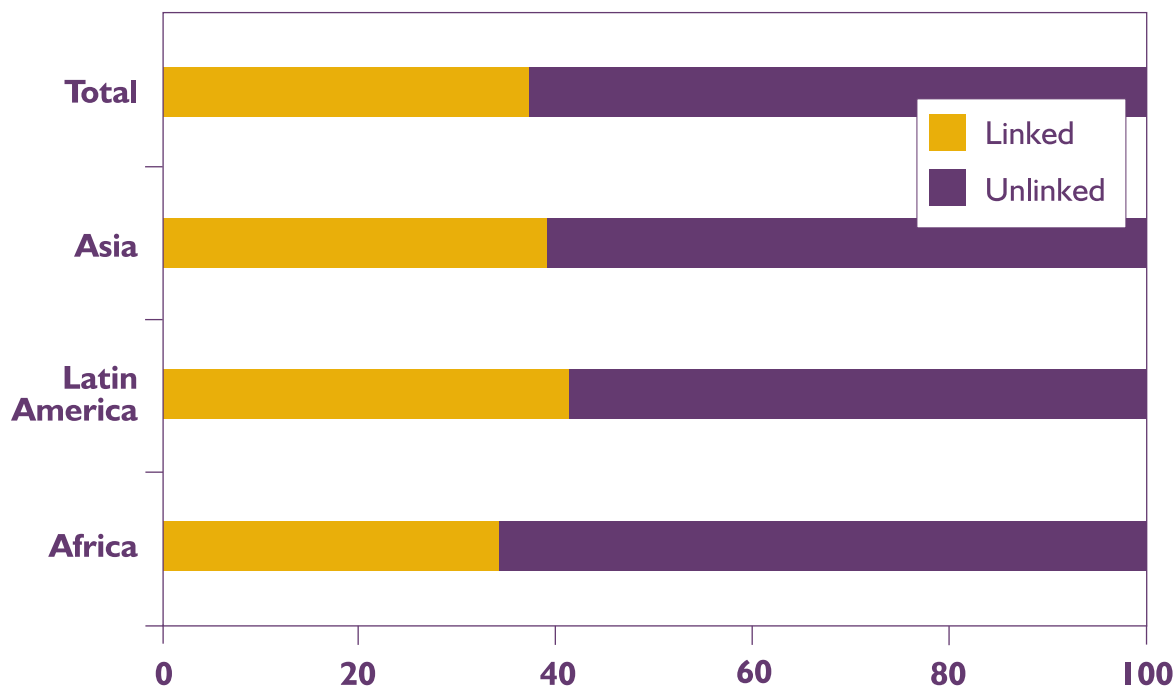
In contrast, multi-service or community-based organizations are not sectorally limited, and provide multiple programs and activities for their target population. However, not all programs are necessarily linked within these structures. For example, a program may offer both vocational training and reproductive health information, but to disparate target populations. At times, linkage may be established unintentionally with target populations overlapping by chance. Typically, multi-

service organizations “add-on” components of reproductive health or livelihoods as the need arises. Rarely do such organizations design and offer “truly linked” programs where both reproductive health and livelihood components are actively incorporated in program design and goals from the very beginning to serve a defined population.

Linked Programs in the Inventory

Based on the above criteria, only 89 (37 percent) of the 239 on-going adolescent programs in the inventory could be classified as linked in some way. While program specifics from secondary data were not always available to allow for a full categorization according to the above framework, 16 percent of all the programs fell into the top two categories of programs implemented by multi-service organizations, 13 percent into the bottom two categories, and 8 percent were programs undertaken by sector specific organizations that target particular groups. Figure 2 shows the distribution of programs in the inventory, overall and by geographic area.

Figure 2. Percent Distribution of Adolescent Programs in Inventory



Colombia is a Latin American country rife with civil, political, and economic upheaval. Violence, in particular, significantly impacts the lives of Colombian youth. Especially in urban areas, large proportions of young people live in the context of street violence, delinquency, and gangs. In fact, violence related homicides represent 76 percent of all deaths among young people.²

Colombia's status as a "middle income" country (GDP per capita, 2000 at US\$2350) and its political instability limit support from international donors for development programs. Additionally, the shrinkage of the local welfare state in the early 1990s has resulted in decreased funding for social programs, including health and economic activities for youth. All of the linked youth programs that ICRW researchers visited in Colombia are struggling to survive under these cuts.

One notable mechanism for sharing scarce resources among Colombian youth programs is that of networks. Youth networks result from local initiatives, governments, or from international organizations, including the German Technical Cooperation (GTZ), and the International Youth Foundation (IYF). Locally prompted initiatives began as ad-hoc working groups in specific sectors, such as youth employment, and later matured into alliances offering multi-services and broadening the public policy discourse on youth issues. The main government branch responsible for youth affairs, Colombia Joven, has embarked on a Youth Development Project funded by the World Bank. This project aims to strengthen the institutional capacity of Colombia Joven to implement participatory multi-service programs for youth in select regions throughout the country.

Table I. Colombia Youth Health and Economic Indicators

Total Population	42.5 million
Youth aged 15-24 (Percent of total population)	8 million (18.9%)
Young women b/w ages of 20-24 who have given birth by age 20	36.0%
Modern contraception use among 15-19 year olds	
Single	42.6%
Married	36.7%
Prevalence of HIV/AIDS among 15-24 age group	
Males	0.35-0.53%
Females	0.08-0.12%
Enrollment in secondary school	
Males	64.0 %
Females	69.0 %
Economically active	
15-19 Males; 20-24 Males	44.0%; 81.0%
15-19 Females; 20-24 Females	29.0%; 55.0%
Unemployment rate	
15-19 Males; 20-24 Males	7.5%; 15.0%
15-19 Females; 20-24 Females	11.0%; 29.7%

Sources: ILO 1999; PRB 2000; PRB 2001 Briefing Packet Colombia; UN Programme on HIV/AIDS 2000; and UN DESA 1998.

² www.worldbank.org/pics/pid/co50576.txt

Description of Colombian Cases

The three linked youth programs reviewed in Colombia originate from a philosophy of addressing poverty and violence using a social and human development approach. This approach promotes better lives for youth by focusing on personal growth, social organizing, and life skills. Of the three programs described below, two are situated in the urban context of extreme violence and poverty—Ecosesa and Project Fenix—and the third case study, Project Youth Manizales 2000, documents a youth network initiative.

ECOSESA

Program Information

ECOSESA (*Empresa Cooperativa de Servicios en Salud y Educación*) is a women's cooperative that provides job training to urban and rural youth (16-25 years old) in various health disciplines, including nursing, pharmaceuticals, oral hygiene, midwifery, and rural health work. It was founded in 1996 by a group of women health professionals in response to government cuts in health spending. Currently operating in five of the eight districts in the Antioquia Region, ECOSESA offers one-year health practitioner training to approximately 350 to 500 youth per year (95 percent of whom are women). The training includes a three- to six-month unpaid internship at health posts and is structured with a strong commitment to securing the participants a job in these health centers.

ECOSESA has a three-tier leadership structure consisting of one director, five regional directors, and four or five program staff per district, the majority of whom are nurses.



Nursing students at ECOSESA

Program design and implementation are decentralized within this structure and activities are adapted to suit local circumstances at the district level.

ECOSESA does not receive any government or international monetary assistance and program activities are funded solely through user fees.

Evaluation of Linkage

In running a job training program with a reproductive health content, ECOSESA offers a unique model for linkage: young people receive skills training in sexual and reproductive health as a professional and social development tool. Participants said that the training in health influenced their own and partners' sexual behavior, decisionmaking, and contraceptive use. The program is also remarkable for structuring training according to the demands of the labor market, allowing for a high rate of job placement. At least 50 percent of ECOSESA graduates have secured longer-term positions after their internship, allowing them to meet their immediate income generation needs.

As a model to be emulated, ECOSESA offers an effective way of meeting labor market needs and at the same time infusing quality of care into reproductive health services. However, the effort remains small in scope and program impact, outreach, and visibility are limited due to the leadership's lack of exposure and experience in fundraising, networking, and marketing as well as the lack of data on best practices or impact assessment. The potential for expansion and replication are also constrained by these factors.

PROJECT FENIX

Program Information

Project Fenix was founded in 1997 by a regional government organization known as COMFAMA (*Caja de Compensación Familiar de Antioquia*), in response to the dire situation of young men in the local community who were growing up in an environment of gang violence and poverty. This left them with little or no education, and with no safe, healthy, or productive outlets for social interaction. Employing a human development approach, Project Fenix promotes healthy life skills for youth through leadership training, empowerment, self-esteem, job skills, and reproductive health education. It currently involves approximately 100 youth (14-25 years old) in the town of Medellín. Activities are centered around extensive one-on-one mentoring, carried out through weekly meetings where issues ranging from self-esteem to reintegration into the community to health are discussed. Additional outside counseling is provided as needed and requested by the youth. Project Fenix uses COMFAMA's infrastructure, where the project is housed, to conduct a series of other activities, including sports and leisure and continued schooling. The youth also receive job skills training in motorcycle mechanics at Corporación San Luis and Fundación La Visitación through a



Nursing students demonstrating their local dances for visitors

collaborative agreement between COMFAMA and these organizations.

Project Fenix is solely supported by COMFAMA, which is funded through a social tax paid by the labor force of the Antioquia region. A coordinator housed in COMFAMA oversees this and other similar projects. Direct project personnel include a program manager with psychology training, a mentor with sociology training, and three or four field staff. The overall design, conceptualization, and implementation of the project are the responsibility of the program manager.

Evaluation of Linkage

Project Fenix is an excellent example of programs that take into account the context of violence and poverty in addressing youth needs, a context that may not be unique to Colombia, but applicable to many developing and developed country settings. The human development approach which forms the basis of this program may be significant in engaging young people in crisis situations and in helping them develop positive and forward-looking life strategies. Reproductive health or livelihoods may not be possible without first instilling a sense of self-worth and value of life.

At the same time, the effort expended over the basics of human development leaves the livelihoods and reproductive health components of the program comparatively weak and ineffective. For example, the motorcycle mechanics program does not provide a skill for which there is an adequate market. For girls, it also does not address existing gender norms. Similarly, only basic biological facts are the focus of the reproductive health component of the program, without much attention to more problematic issues such as negotiation in sex, risk of HIV/AIDS, violence within relationships, motivations for and the consequences of teen pregnancy. As a result, the basic facts alone carry very little meaning for young people in a context where a young girl may see sexual connection with a gang leader as a status symbol, or a young man surrounded by violence may see a child as his immortality.

YOUTH MANIZALES 2000

Program Information

Youth Manizales 2000 is an integrated, multi-service initiative implemented through an alliance of 11 public and private institutions—including universities, hospitals, NGOs, and the local government—called GIPA (*Grupo Interinstitucional de Programas para Adolescentes*). The project was initiated in 1997, with the support of the Kellogg Foundation, with the expectation that the alliance would be self-sustaining after 2001. The target population is poor youth, male and female, within two urban neighborhoods of Manizales in northwest Colombia. The range of services offered includes reproductive health, life skills, and business development. Each participating organization provides services within its own expertise and makes referrals to other services if and when requested. Youth have access to services through an informal referral system of the organizations participating in the alliance. GIPA has hired a consultant to address the vocational training, marketing, and business development needs of youth.

The organizational approach is to pool resources and build the institutional capacity of programs working on youth through its inter-institutional referral system. Each



Adolescent girls using the Internet at COMFAMA

member organization implements its programs through its own structures and staff while project monies are managed and disbursed through an external private institution. Affiliates meet every two weeks to discuss the development of the project.

Evaluation of Linkage

Youth Manizales 2000 is an experiment in meeting the multiple needs of youth without straining the capacity or overextending the expertise of any given program or organization. The referral system employed by Youth Manizales 2000 has increased and diversified health coverage for youth and enabled member institutions to shift in their focus from adolescents as a “problem” to adolescents as active managers of their own development. The livelihood strategy, too, is innovative because it involves comprehensive business development training for youth and because the member institutions refer the youth to an expert to acquire this training.

However, the alliance is donor imposed rather than emerging through motivations and needs of grassroots programs. This leads the participating organizations to invest more in organizational and technical learning from each other rather than in developing an efficient and systemized referral system that coordinates and addresses youth needs. For example, no systematic process has been developed to ensure that all youth are aware of the multiple services available to them or to monitor if the youth who have requested specific services are actually able to access them. There is greater potential for alliances if they can demonstrate improvements not only in institutional capacity building, but also in meeting the multiple needs of youth.

With national per capita income at \$450 in 2000, the vast majority of young people in India make the transition from childhood to adulthood under conditions of poverty. For girls, these conditions are often compounded by early marriage and gender-based inequalities and restrictions in education, employment, mobility, sexuality, and health care. Politically, socially, and economically, the needs of young women and men are invisible.

At the same time, there have been several positive developments in the Indian economy, in the commitment of grassroots community organizations to youth needs, and in their potential influence on government policy. The past decade has been one of economic growth in India, with accompanying improvements in indicators of literacy, health, life expectancy, and fertility. Community-based development groups have expanded greatly in their outreach and influence during the last decade, and youth needs are increasingly on their agenda. Governmental programs are also expanding, but slowly, and continue to be limited in size and scope. Only one of these programs, the Integrated Child Development Scheme, is experimenting with extending services beyond reproductive health to livelihoods. Innovation in linked programming is coming from a handful of NGOs supported by external donors from the reproductive health field. Such organizations as CEDPA (The Centre for Development and Population Activities), the Population Council, and CARE, with local NGO partners, are currently testing linked or integrated approaches among various subsets of adolescents across India.

Table 2. India Youth Health and Economic Indicators

Total Population	1,018 million
Youth aged 15-24 (Percent of total population)	190 million (18.7%)
Young women b/w ages of 20-24 who have given birth by age 20	49.0%
Modern contraception use among 15-19 year olds	
Single	Not Available
Married	7%(any method)
Prevalence of HIV/AIDS among 15-24 age group	
Males	0.14-0.58%
Females	0.40-0.82%
Enrollment in secondary school	
Males	59.0%
Females	39.0%
Economically active	
15-19 Males; 20-24 Males	56.0%; 87.0%
15-19 Females; 20-24 Females	35.0%; 42.0%
Unemployment rate	
15-19 Males; 20-24 Males	25.8%; 44.1%
15-19 Females; 20-24 Females	24.6%; 46.2%

Sources: ILO 1999; PRB. 2000; PRB 2001 Briefing Packet India; UN Programme on HIV/AIDS 2000; and UN DESA 1998.

Description of Indian Case Studies

The review of three programs in India suggests that community-based social service and health organizations are among the first to recognize and establish programs that meet the multiple needs of their constituents. Often the demand for linked program efforts – health information with income-generating activities or vocational training with family life education (FLE) – emerges from the community itself. In the following case studies, the three organizations (from northern, central, and western India) that are reviewed use different approaches to fund, implement, and sustain linked programs for youth.

SUSTAINABLE EMPOWERMENT FOR WOMEN IN ACTION (SEWA), LUCKNOW

Program Information

Established in 1984, SEWA is a women's cooperative that runs an income-generation project in producing garments and linens with *chikan* embroidery. The cooperative currently involves over 5,000 women and girls from urban and rural areas of Lucknow, over 24 percent of whom are aged 10-24. Working in different parts of the garment production

chain (such as embroidery, sewing, and printing) women earn between Rs. 600-1500 (US\$13-32) per month. In 1994, after increased demand from its members to address their health needs, SEWA established a health clinic,³ weekly meetings on reproductive health and women's rights, and condom distribution to its members.

The institutional structure of SEWA/Lucknow includes 5 mid-level managers and one secretary (chair) of the organization. While the managers oversee multiple production sections, accounting, retail, and some fundraising or grant writing, the secretary of SEWA represents the organization and oversees the designing of garments, networking, and fundraising. SEWA is a self-sustaining institution, re-investing into the organization profits from the sale of garments. With these monies, and some sporadic external funding, SEWA undertakes secondary programs on health and hygiene, informal credit, education, and housing, among others.

Evaluation of Linkage

SEWA/Lucknow is a self-sustaining income-generation program that is able to generate sufficient profit to re-invest in organizational activities that extend beyond paid employment for women—activities such as providing credit, health information, and rights education. The organization is very successful in marketing a traditional craft to meet the quality standards and current fashion trends of its metropolitan customers. Anecdotal evidence shows that employment with SEWA has greatly impacted young women's lives by providing them greater opportunities to socialize and organize with their peers, to have control over money for personal and household expenditures, and to have increased mobility and awareness.

Despite enormous dedication and effort, the organization is unable to fully meet the reproductive health needs of its young members. The frequency and intensity of the health education component has been hurt by the lack of health- or adolescent-focused funding and by the conservative community norms around reproductive health. Additionally, the lack of training and resources inhibits the transfer of management skills and fundraising knowledge from the leadership to the management staff, threatening the sustainability and innovative nature of the organization.



Family of embroiderers at SEWA Lucknow

³ Until recently, SEWA also ran a health clinic that provided at-cost treatment to SEWA members and their families. This has been closed down because the doctor left for financial reasons.

BHARTIYA GRAMEEN MAHILA SANGH (BGMS), INDORE

Program Information

Founded by a group of six social workers in 1961, *Bhartiya Grameen Mahila Sangh* (BGMS) is a state-level community development NGO in Madhya Pradesh that implements a wide range of programs on literacy, health, and livelihoods. Their adolescent programs work with 5,000 unmarried and married girls (aged 12-24), mainly from rural areas. Two main youth programs include CEDPA's Better Life Options and Opportunities Model (BLOOM) for girls and a Vocational Training Institute (VTI). BLOOM uses an integrated approach of non-formal education, family life/health education, vocational training, public awareness creation, and advocacy among rural adolescent girls aged 12-20. About 3,600 rural girls have benefited from this program. The VTI targets rural girls aged 15 to 25 years, with the aim of making them self-reliant. More than 250 girls have received vocational training in such areas as pre-primary teaching, fancy arts, sewing, tailoring, and embroidery. About 40 percent of these girls have either gained employment or become self-employed. Family life education is an essential part of the curriculum at VTI.

Currently, the activities of the two programs are being merged to use resources more efficiently. Moreover, building on its success, BGMS is now training and providing technical assistance on the linked programming



Reproductive health education materials at BGMS Indore

approach to other NGOs in Madhya Pradesh. It has trained 150 NGOs to date. The organization is supervised by board members who include some of the original founders. A program manager with social work and health experience leads the adolescent work with support from three or four field coordinators. Although BGMS is generally successful in retaining staff, there has been some discontinuity in the adolescent programs due to shortage of funds. Funding for the BLOOM project is through CEDPA and privately-funded individual student scholarships support girls at the VTI.

Evaluation of Linkage

The BGMS approach to linked programming is remarkable for its effectiveness in addressing key gendered constraints for girls in Indian society. The Better Life Option and Opportunities Model (BLOOM), implemented by BGMS through girls' forums, residential training programs, and peer educator strategies, has yielded great benefits for both girls and their communities. As a result of these interventions, girls appear to gain self-confidence and are more likely to continue schooling, delay marriage, increase political and civic participation, and show improvement in health knowledge and practices. Similarly, girls' involvement with the Vocational Training Institute (VTI) appears to enhance their self-esteem and improve their status within the family.

Equally important, BGMS sets an excellent example for replicating effective programs. By transferring its model, knowledge, and experiences to other NGOs in the state, the organization is ensuring continued expansion of linked programs.

However, BGMS faces two important challenges: 1) developing effective strategies for translating vocational training into viable means of employment for young women, and 2) ensuring continued funding despite shifts in donor priorities. Although girls are obtaining skills, the program does not currently incorporate components of marketing, product design and diversification, business development services, connections with the public and private sectors, or job placement and apprenticeship programs to ensure that these skills yield income-earning opportunities. BGMS's ability to raise funds for such expansion or for continued maintenance of existing activities is in large part dependent on its ability to effectively market itself.

DEEPAK CHARITABLE TRUST (DCT), BARODA

Program information

Deepak Charitable Trust (DCT), a corporate trust established in the state of Gujarat in 1981, is involved in a variety of community development projects (such as dairy co-ops and antenatal care clinics) in the areas surrounding the petro-chemical plants of Deepak Nitrate Ltd. In March 2000, with funding from the UN Population Fund (UNFPA), DCT began a linked program for 500 boys and 500 girls (15-24 years old), with the goal of improving their socio-economic status with particular emphasis on health, education, and vocational skills, as well as improved self-esteem and quality of life. Sex-differentiated livelihoods skills, such as tailoring, motor rewinding, wiring, and hairdressing, are taught for a period of 3 to 6 months. Additionally, DCT has initiated savings and credit groups for a small number of married and unmarried adolescent boys and girls. Within the vocational training time frame, a health awareness component on reproductive, nutritional, and childcare issues is included in the training curriculum in the form of group discussions, seminars, and practical case studies. Deepak Medical Foundation (DMF) also maintains a small privately-funded hospital and arranges for rotating monthly visits by a physician specializing in obstetrics and gynecology to the remote rural sites.



Project participants of the Better Life Options program at BGMS

DCT's management staff is unusually well-trained and able to actively and adequately support and implement the organizational vision. The chair of the organization continues to conduct the majority of fundraising and networking activities and also provides continued technical guidance on projects. The organization faces a challenge of high turnover among its male field staff, who leave as soon as they find permanent government jobs. In addition to the core support from the private sector, DCT has expanded its program portfolio with external funding from international donors.

Evaluation of Linkage

DCT is in the rare and enviable position of implementing a "truly" linked program in that the program was designed from its inception to provide both livelihood options and health information and services to young men and women in rural Gujarat. The livelihoods component provides training in a wide variety of gender-differentiated areas, and is strengthened by a savings and credit component. The reproductive health component is also relatively strong in focusing on both services and information. Much of the innovation and comprehensive nature of the DCT linked program is due to the availability of core, non-programmatic support from a private sector source.

Despite its strengths and private sector origins, the livelihood component of DCT's program is not market oriented or market relevant. Skills training for young people needs further strengthening and connection with markets to create viable employment opportunities, not only in traditionally gender-segregated occupations, but also in newer areas with less gender definition. Equally necessary is the expansion of these programs to include business development services and training on job search and networking. DCT also needs to focus on staff retention.



Country Case Studies Kenya

With a current per capita income of US\$360, Kenya trails many countries in this region where the average per capita income is approximately US\$490. Kenya is a relatively stable country, in terms of major ethnic and civil conflict, and from the time of its independence until the 1970s enjoyed strong economic growth. In the last two decades, however, Kenya has experienced a steady decline in economic growth and political stability. Additionally, Kenya has been severely impacted by the HIV/AIDS epidemic, with approximately two million children and adults currently living with HIV/AIDS.

Young people find themselves marginalized in a society where there is no national youth policy that would provide legitimacy to many of youths' concerns and needs. The majority of Kenyan youth who earn an income do so in the *Jua Kali* (informal) market or in areas of weak economic performance, e.g. tailoring or carpentry. However, these options are increasingly constrained as demand for such services has fallen off and competition for even those few opportunities increases. The competition comes principally from the entry of retrenched formal sector employees and youth heads of HIV/AIDS-affected households who must now work to ensure family survival. Youth are greatly disadvantaged in that they are often unskilled, inexperienced, and do not have legal support for their job seeking below the age of 18. The declaration of AIDS as a national disaster gave legitimacy to the efforts of government and a wide variety of economic and health NGOs (such as K-Rep Development Agency, AMREF, CARE International, and Family Planning Association of Kenya), who have begun to recognize the multiple needs of youth and the impact of the HIV/AIDS epidemic on this segment of the population. The response is still in its infancy and is hamstrung by religious and moral controversy, with the result that youth reproductive health programs are characteristically small and discrete. Donor organizations play a major role in supporting projects that address the health needs of youth and, to a lesser extent, their livelihoods.

Table 3. Kenya Youth Health and Economic Indicators

Total Population	30.2 million
Youth aged 15-24 (proportion of total population)	6.8 million (22.6%)
Young women (20-24 years old) who have given birth by age 20	46.0%
Modern contraception use among 15-19 year olds	
Single	20.0%
Married	24.0%
Prevalence of HIV/AIDS among 15-24 age group	
Males	4.26-8.52%
Females	11.07-14.98%
Enrollment in secondary school	
Males	26.0%
Females	22.0%
Economically active	
15-19 Males; 20-24 Males	73.0%; 91.0%
15-19 Females; 20-24 Females	66.0%; 73.0%
Unemployment rate	
15-19 Males; 20-24 Males	Not Available
15-19 Females; 20-24 Females	Not Available

Sources: ILO 1999; PRB 2000; PRB 2001 Briefing Packet Kenya; UN Programme on HIV/AIDS 2000; and UN DESA 1998.

Due to the weakness of the economic and social sector, Kenyan youth depend on informal employment for their economic needs, the NGO sector and other civil society groups for reproductive health and vocational training, and social networks for care and support. While these alternatives meet some of the demand, they are small scale and cannot substitute for the public sector. Thus, Kenyan youth, especially those living in or near poverty, have increasingly restricted options for meeting their immediate social and economic needs not to mention opportunities for building their human capital.

Description of Kenyan Cases

The three Kenyan cases reviewed illustrate the strong presence of faith-based organizations in efforts to meet youth livelihood and reproductive health needs. Livelihoods is an explicit and important focus of all three organizations because they believe that improvements in economic status will have a positive impact on the reproductive health options and choices of young people. Two of the reviewed programs are urban – Mukuru Promotion Centre and Teenage Mothers and Girls’ Association of Kenya (TEMAK)—while Ena Catering College is located in a rural community.

MUKURU PROMOTION CENTRE

Program Information

The Mukuru Promotion Centre, founded in 1984, has four sites in the slums of Nairobi. The visited site provides a combination of services, including a primary school program, vocational training, public health training, primary health care, and a rehabilitation

program. The vocational training includes courses in masonry and carpentry for boys, and hairdressing, tailoring, art and design, and food technology for girls. Youth and trainers have formed an informal savings club to support micro-entrepreneurial startup. Orphans are given priority in job placement. The Centre established the School of Public Health in 1998 to provide alternative livelihood options for graduates from the Mukuru Centre.

The local clinic is staffed by professional health care providers and student volunteers from the School of Public Health. Reproductive health education is provided one week a year in Standard 6 and 7 of the primary school and includes one day for parents and one for teacher training. Mobile educational groups frequently perform plays and other educational presentations that contain AIDS messages. Reproductive health needs, including care and treatment of sexually transmitted infections (STIs), are met through referrals.

The centers are managed by the Sisters of Mercy. Financial and in-kind support for the Centre and its projects comes from external sources, including the Government of Kenya, European Union, Rotary, private supporters, Outreach, and World Food Program. Parents and clinic users pay a minimal fee for the services if they are able.

Evaluation of Linkage

The Mukuru Promotion Centre developed its adolescent programs in direct response to youth and community needs. Due to the limitations in the Centre’s technical and financial capacity, the added-on reproductive health component has been limited largely to providing information and referrals. This approach is based on the belief that with the fundamentals of basic education and a decent living, young people will be able to exercise greater control over their reproductive health.

However, the potential for fully developing these linkages is severely hampered by the Centre’s limited human, financial, and technical resources. For example, the Centre is unable to maintain a stable staff to provide reproductive health services and vocational training, expand its vocational training curriculum to include business education, or offer loans. The strong emphasis on vocational training in its programs is only partially effective without a market analysis of trades that are most viable for employment or enterprise. Furthermore, without effective monitoring and evaluation or documentation of impact, the organization is not in a good position to promote itself for much needed funding support.

ENA CATERING COLLEGE

Program Information

Located in a rural community 160 kilometers north of Nairobi, the Ena Catering College provides training in food services and tailoring to out-of-school boys and girls, aged 18 and above. Established by Kamuthuwago Christian Women Group (KCWG) as a means of providing a livelihood and well being for rural youth, the College trains young people for entry-level positions in hotels and restaurants, working in private homes, or starting their own businesses. The training session lasts seven months and includes some exposure to business education, and health education (including reproductive health). A two-month apprenticeship and job placement

Evaluation of Linkage

Ena Catering College has a successful and well-developed livelihoods initiative that not only provides its students with catering skills, but assists them in finding gainful employment at hotels and restaurants throughout Kenya. This approach has served the students well in providing them options, and raising their self esteem. It has also built strong rapport with and support from the local community. Community members have remarked that the students are no longer idle and that crime in Ena is down since the College was founded.

The biggest constraint facing this program is financial security. Despite its best efforts to go beyond a charitable approach to service delivery and recover some of its costs, the College is financially insecure. In a weak economy, any plan to increase student fees could adversely affect enrollment and further threaten sustainability. Additionally, while motivated by client needs, the reproductive health component of this program is relatively weak, relying on whatever limited resources and expertise are available.

support is also provided, but there are no credit provisions for start-up capital.

Students' reproductive health needs are addressed through referrals to a nearby public clinic and to private practitioners, as well as through daily counseling sessions, religious instruction, and support from foster parents. KCWG members are selected to serve as "foster parents" to provide students with adult role models and sources of information and support. The paid professional staff consists of two full-time and four part-time teachers, with additional support from community volunteers and organizations such as the Red Cross. Sixty percent of costs is generated from student fees, sponsors' contributions, and income-generating activities. Contributions are also made by the KCWG, the National Council of Churches in Kenya and other faith-based groups in and outside of Kenya, the University of Nairobi, and some development institutions, such as GTZ.



Young girl headed to school

TEENAGE MOTHERS AND GIRLS ASSOCIATION OF KENYA (TEMAK)

Program Information

Founded in 1993, TEMAK is a community-based project located in Kisumu, western Kenya. It serves the livelihood and reproductive health needs of teenaged girls in especially disadvantaged situations—including teenage mothers, out-of-school girls, and housemaids—many of whom are HIV-positive. Working with about 40 girls at a time, TEMAK provides 6-12 months of training in tailoring, hairdressing, typing, and computer literacy. Students receive some instruction in business education, assistance with job placement, and limited facilitation with loans. The students also make crafts and keep a percentage of the profit for TEMAK.⁴ The reproductive health needs of the girls are addressed through information and education, counseling, testing for HIV, and treatment for

skin infections. TEMAK provides condoms at no cost as well as access to clinical services through referrals.

Staff includes a full-time, salaried Director, four vocational education teachers, four teachers for the vocational classes, and a part-time administrator. Girls who have completed the tailoring class may become tailoring instructors. Volunteers from the community, the Family Planning Association of Kenya, and the U.S. Peace Corps provide technical expertise. Support for TEMAK comes from income-generating activities including the sale of the students' crafts and skin infection medications, client commissions, and course fees for some students. TEMAK also receives financial and in-kind support from international donors including the Global Fund for Women, World Vision, CARE International, and GTZ.

Evaluation of Linkages

TEMAK's program for young mothers and out-of-school girls is extremely well-integrated in addressing both the livelihoods and reproductive health needs of a disadvantaged group. All students receive business and reproductive health education and counseling as well as vocational training. Emphasis on counseling, communication, community outreach, and job placement, as well as the opportunity to earn income while in training are all components that are especially important in meeting the needs of girls facing difficult psychological, social, and economic circumstances.

However, limitations in technical expertise and financial resources constrain TEMAK. For example, lack of dependable professional staff makes reproductive health education an occasional rather than constant intervention, and lack of a market assessment prevents assurances that training is being done in activities that have high market demand. Moreover, there is no monitoring and evaluation system to document the lessons learned from TEMAK's creative approach. There is only anecdotal evidence that the girls' ability to earn a decent living leads to greater control over their reproductive health choices.

⁴ A cloth doll is sold for 500 k shillings; of that, 150 (US\$2) are remitted to the doll maker.

Findings and Recommendations

Findings

ICRW's analysis shows that youth-serving programs are attempting to link reproductive health and livelihoods interventions for young people in a wide variety of ways. Most linked efforts are small-scale, usually targeting a few hundred adolescents, and programs are often linked in order to address the most pressing concerns in their immediate community. In fact, one of the most significant findings of ICRW's analysis is that the need for linked programs is not being driven solely by donor interest or the theoretical possibility of added value in one sector through investment in the other. Fundamentally, the need for linked programs is emerging from the grassroots, from communities that clearly recognize that reproductive health and livelihood concerns for young people are interrelated and must be addressed in unison.

The demand-driven nature of linked programs provides a significant and compelling motivation for the continuation of efforts to develop and implement programs that integrate reproductive health and livelihoods. A connection so fundamentally rooted in the lives of young people across three continents should be reinforced. The community-based demand for linked programs also suggests that if the constraints facing these efforts can be effectively addressed, the programs could be more viable in the long term than many top-down programs. With deep community commitment, linked programs may also be more successful than single sector programs in placing youth concerns at the forefront of national and international policy agendas.

The field of linked programming is clearly in its own adolescence, with a mixture of commitment, missteps, risk-taking, and optimism. In this review, no single program in its totality stands out as a “model” for other programs to emulate. Nor are most programs implementing linked strategies in an optimal fashion, often achieving only marginal effectiveness in meeting both the reproductive health and livelihoods needs of young people. Almost universally, across Africa, Asia, and Latin America, these programs face significant constraints and challenges in providing young people with a depth of services in both sectors, or in building a sustainable enabling environment for youth interests to be served within the community, health systems, educational sys-



Young women who took part in vocational training with a bicycle at DCT Baroda

tems, and markets systems. Furthermore, while several programs are serving youth needs in both the economic and reproductive health areas, few are achieving a direct or effective linkage that allows for inter-sectoral leverage, or a multiplier effect.

It is also clear, however, that the field has the potential for maturing to a healthy and effective adulthood, provided the right investments are made in building technical and institutional capacity. This case study analysis indicates that organizations undertaking linked programming are among the most dedicated to serving youth needs. They are also frequently cutting-edge, adopting a range of innovative and creative strategies toward linkage, from a market-oriented focus on health sector occupations to broad-based referral systems to well-integrated, comprehensive services. Independently, these innovations are often limited in impact because they must break existing barriers. Jointly, these strategies provide a range of best practices upon which more ambitious linked programs can be built.

Recommendations

ICRW has formulated six recommendations to strengthen linked programs so that they can achieve optimal functioning and maximum impact:

I. **Develop technical capacity for linked programs to conceptualize, implement, and evaluate strategies that go beyond sectoral expertise.**

- **Programs engaged in reproductive health and livelihoods work need to train staff to better understand the concept of “linkage” and its specific relevance by gender.**

ICRW’s review indicates that most programs are merely multi-service and not truly linked in terms of potential added value or a multiplier effect across sectors. On the ground efforts are mostly motivated by the multiple needs of youth, rather than by a clear understanding among program staff that meeting adolescent needs in one area has a potential pay-off in the other. Moreover, the pathways through which the economic and reproductive health aspects of adolescent lives are connected are likely to differ substantially for boys and girls. Clear delineation of these pathways is important in designing programs that are gender appropriate. Program personnel need to be better equipped to understand these pathways and translate them into feasible programmatic action where investment in one sector provides significant leverage in the other.

- **Launching into work outside existing sectoral expertise requires a concerted strategy of staff development and alliance building.**

As reproductive health or livelihood programs undertake activities outside their specialty, they face the challenge of adequately filling the technical gap in staff capabilities. Potential solutions include: a) building organizational capacity in the new sector internally through hiring or training; b) taking advantage of individuals with expertise by contracting consultants as needed; c) establishing alliances and referral systems with programs already engaged in complementary activities. Each strategy has its own advantages and disadvantages and an organization’s choice should depend on location, resources, circumstances, and available options.

- **Linked programs must be adequately equipped to document and evaluate their efforts if the impact and replicability of these programs is to be assessed.**

While the linked programs assessed are doing pioneering work, the full implications and impact of their work are not being captured for their own benefit or that of the field. Innovation in programs requires innovation in the development of monitoring and evaluation systems that can address the inter-connected components of linked programs, as well as the technical capacity among staff to implement such systems. Lack of consistent, high quality, and reliable assessments that measure the impact of linked programs remains one of the largest gaps in advancing the field of linked programming.

2. Strengthen institutional capacity for linked programs to better develop and manage human and financial resources.

- **In order to be successful, organizations that do linked work need to be dynamic in their structure and function, engaging staff at all levels in visionary thinking, program design, and marketing.**

Linked programs tend to emerge in organizations that have visionary and charismatic leaders who are sophisticated in their understanding of the multiple and emerging needs of young people. They are open to innovation and have the courage to develop and implement new and untested initiatives. Leaders, however, face considerable challenges in transferring their vision to staff and building a second tier of leadership that is capable of fully implementing and sustaining this creative flexibility. The need to develop staff skills in management, fundraising, networking, and translating vision to reality is apparent and well articulated by the organizational leaders interviewed. However, they are constrained by lack of funds for organizational development, limitations in their own management skills, and the constant demands of program work.

- **Financial resources for linked programs need to be provided, raised, and managed in non-traditional formats.**

Innovation in linked programs is constrained by lack of innovation in financial resource development and management by the organizations conducting this work as well as by the donors funding them. Relatively few donors are investing in this area and their grant amounts are small relative to the extensive scope of work needed. Most grants tend to be sector specific and short term whereas linked programs are inter-sectoral and require continuity in support. Funds from national and local governments are spread too thinly across a large number of organizations to have substantial impact. They are also unreliable given shifting political and economic realities.



Project Fenix participants at a focus group interview

Organizations doing linked work need to strategize creatively to overcome their funding constraints. Internally, they need to develop mechanisms for pooling project funds to leverage program effectiveness and impact. Externally, they need to expand their resource base by building public and private sector partnerships, by more effectively marketing successful experiences, and by providing a more active role for youth in resource development.

3. Develop networks and alliances of linked programs to better share strategies and lessons learned and improve the level and depth of linkages.

While integrated development approaches have a long history, linking reproductive health and livelihoods for *adolescents* is a new and emerging program strategy. Many programs are developing initiatives spontaneously and on an ad hoc basis, in response to community needs and donor expectations. As such, program personnel are often isolated in facing logistical, management, and technical challenges. Well-functioning networks and alliance systems can facilitate shared learning and eliminate the need to reinvent the wheel. They also allow for efficient use of donor resources in joint capacity building of institutions conducting linked programs, and may be the most effective strategies for taking such programs to scale.

4. Integrate market assessment and outreach as an essential component of livelihoods interventions.

- **Translating livelihoods interventions into income-earning opportunities for youth requires a thorough evaluation of and interaction with market needs, contacts, and networks.**

Most linked programs are highly motivated to provide sustainable livelihood options for young people. However, their efforts often meet with limited success due to lack of information and knowledge about the skills and products that are most viable in the local and national economies. Program personnel are also limited in their understanding of how to best commercialize and market the training, skills and products that youth develop. A major constraint in incorporating such market assessments and links in program design is the lack of a sufficient pool of qualified experts with an overlap of programmatic experience and an understanding of labor markets. Government and donor investment in developing such a pool of experts would be well rewarded.



Youth Manizales 2000 micro-enterprise participants during a focus group session

- **Livelihoods programs for youth need to build more effective toolkits that go beyond gender-based traditional skills and incorporate knowledge of market assessment and opportunities.**

While some linked programs are experimenting with a range of training and income-generating tools, the vast majority of efforts are focused on education and vocational skills in traditional gender-based areas such as sewing or beauty parlors for girls and mechanics or electrical wiring for boys. As a result, only a small percentage of young people transition from training to realistic or profitable income-generating options. Integrating business development services, self-help

groups with saving and credit components, incubation of youth businesses, cooperatives, and viable microfinance mechanisms would greatly expand the vision and scope of livelihoods interventions. Choice of training or investment based on market viability rather than gender norms would enhance success rates.

In addition to investing in human capital, livelihoods programs need to invest in building systemic capital among young people, enabling them to effectively conduct a job search or fill out an application as well as to understand markets, assess opportunities, and tap networks.

5. Integrate high quality, affordable, and accessible services for youth as an essential component of reproductive health interventions.

The reproductive health components of linked programs appear to be most successful at imparting information and education to adolescents, but more limited in their ability to provide services that respond to the pressing and priority needs of youth in a timely manner. The effective provision of services is constrained for most programs by financial, personnel, and cultural challenges. Many community-based organizations do not have the resources or infrastructure to set up clinics or provide supplies. Youth-oriented services need to be administered by well-trained, non-judgmental professionals who can communicate with and reach out to young people. The pool of such professionals is limited, especially for serving disadvantaged groups, remote locations, or organizations with funding constraints. A potential approach to overcoming some of these constraints is through the effective use of referral systems or partnerships with better-equipped organizations.

Parental reluctance and community norms about marriage, sexuality, and reproductive matters also constrain programs from providing adequate services to young people, especially in rural areas. Thus, adolescent reproductive health programs must focus not only on the target age group, but also on integrating parents and adults who have significant influence and decision-making power over adolescent lives.

6. Develop approaches that link reproductive health and livelihoods beyond micro-level programmatic efforts to create institutional and policy change at the meso and macro levels.

- **Community mobilization and informed participation has enormous potential for creating legitimacy and a supportive environment for meeting the multiple needs of young people.**

ICRW's research overwhelmingly confirms that the reproductive health and economic needs of young people are rooted in their community and social contexts, whether it is HIV/AIDS in Kenya, civil violence in Colombia, or early marriage of girls in India. In addition to current programmatic efforts, the broader approach to effective solutions for these concerns must create a shift in social systems and community outlook, whether that means changing parental attitudes and social norms or developing safety nets for crisis situations.



Health clinic

The context of poverty in all these settings means that the livelihoods initiatives in particular are demand driven, often emerging from the grassroots. Recognizing and harnessing the demand-driven nature of youth economic initiatives can provide a strong and legitimate base for policy advocacy and influence in this area. At the same time, it is important that programs effectively inform and influence community members by providing them with better information and understanding of the larger market realities to make their participation truly valuable and self-sustainable.

- **The nexus of markets, the private sector, and public sector health and educational systems needs to be better influenced to incorporate youth as an important constituency.**

Linking reproductive health and livelihoods for young people as individual actors is only one side of an equation. Appropriate attention to the needs and interests of young people is equally if not more heavily dependent on the functioning of larger economic, educational, and health systems and institutions. Reshaping these systems and institutions to effectively interconnect adolescent economic and health needs is a major challenge, but one that must be undertaken if programmatic efforts are to be sustainable in the long run. Certainly, an important step would be to advocate for youth with governments, and to ensure from the beginning that creative multi-sectoral initiatives are not limited to the non-profit sector. Another potentially effective strategy would be to invest in developing expertise and organizations that can not only give youth a political voice, but also benefit and represent it in labor markets and bureaucratic processes.

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