



Questioning Boundaries: Linking Adolescent Reproductive Health and Livelihoods Programs

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ICRW is conducting an analysis of programs that integrate adolescent reproductive health and livelihood concerns, with a view to developing recommendations for more effective strategies and approaches. This effort involves 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, Kenya, and Colombia. The analysis aims to assess the challenges and potential effectiveness of integrated programs, highlight innovative approaches, and define gaps that exist in designing interventions.

BACKGROUND

As adolescents become a priority for donors and governmental and non-governmental organizations, there is increasing recognition that sexual and reproductive behavior for adolescents is closely linked with their educational, environmental, social, and economic options. Those interested in youth development are considering programs that integrate reproductive health and "livelihoods," a concept that broadly takes into account the capabilities, assets, and activities required for a means of living. However, *why* reproductive health and livelihoods should be linked is clearer than *how* this linkage should be best achieved, given that:

- Many program efforts are new and interventions are often designed using intuition and experimentation;
- Few efforts have been adequately documented or evaluated for impact;
- These two elements emerge from sectors with different priorities, philosophies, expertise, resources, and intervention strategies.

To better understand the mechanisms, challenges, and potential merits of these programs, ICRW has undertaken a two-year analysis of linked programs. There is an expressed need among program managers for sharing lessons so that programs can be implemented more effectively, and among policymakers and donors for knowing what kind of programs to promote and fund. ICRW's analysis aims to provide a clearer understanding of whether interventions that link reproductive health and livelihoods have ultimately greater potential than single focus interventions in reaching and improving the lives of youth.

With support from the Summit Foundation, the project began in March 2000 and consists of two phases:
1) a compilation of inventory on linked programs, and 2) a field-based assessment of linked programs.

PHASE 1

From March to September 2000, the project team inventoried and reviewed existing information on a wide range of programs that could be classified as "linked." At this stage, researchers allowed for the widest possible interpretation of the word "linkage." Experts on adolescence, mainly in the U.S., were interviewed and a large number of electronic and written secondary data sources were searched.

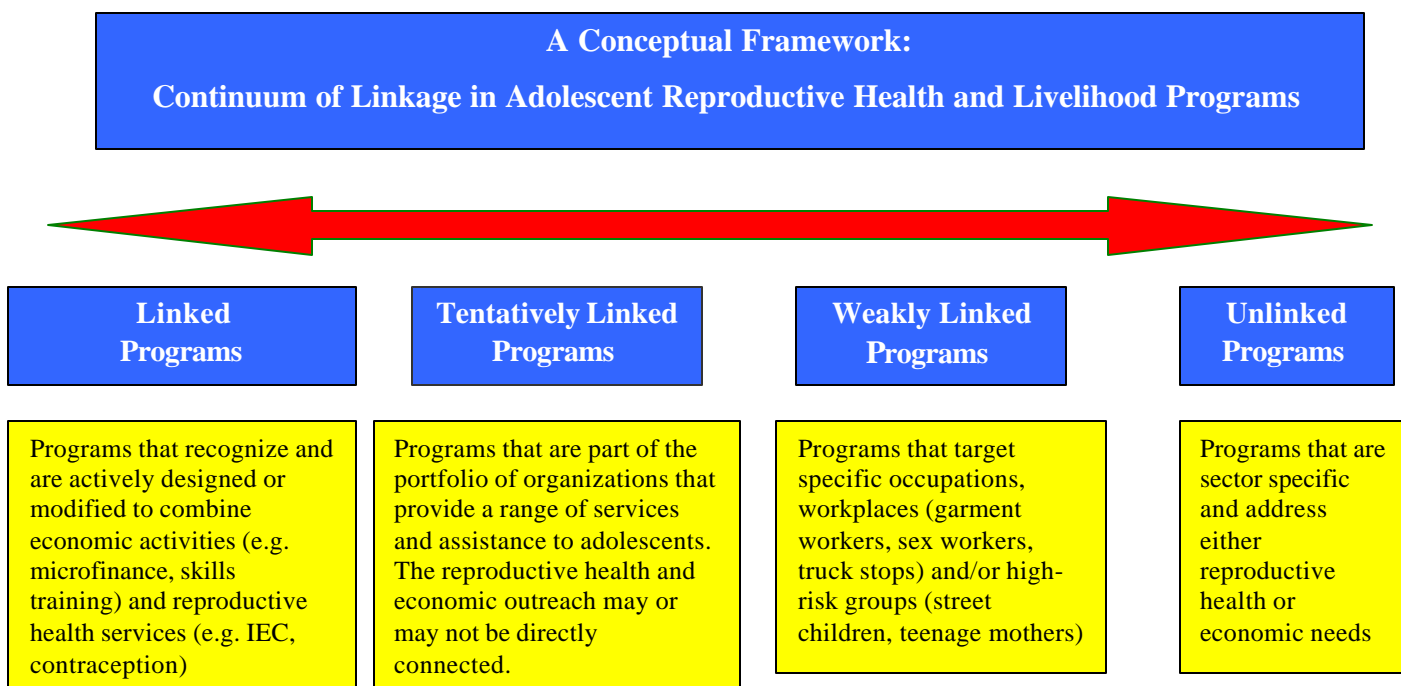
Outreach was biased in favor of greater representation of programs known to and implemented by international and Northern-based organizations, mainly because these organizations are more visible, better networked, and more accessible. They also have a higher capacity for documentation and access to electronic communication. Programs that were initiated earlier than 1990 were excluded in order to ensure that researchers could obtain specifics on program objectives, activities, target population, sectoral origins, and implementation period. In the end, only 239 programs that were on-going were reviewed and incorporated into the adolescent program inventory.

Table 1. Data Collection and Review for Program Inventory

Data Source	Number	Response & Success Rate
Organizations and individuals contacted via e-mail	~300	Very High (70%). Key organizations provided program information.
Websites and electronic databases searched	~100	High (50%). Websites provided important leads and links.
Individual experts interviewed	~10	High. Individuals provided rich detail and further contacts.
Secondary sources reviewed (published, unpublished and electronic documents)	500+	Moderate. Much of the documented information is on unlinked adolescent programs. A project library of these materials has been established.
Inquiries posted with online discussion groups	~10	Low. Inquiries to groups on regional and broader developmental issues yielded low response.
In-country NGOs contacted via letter and fax	~50	Very Low (5%). Individuals and organizations are either too busy, uninterested, or have discontinued their activities.

A Conceptual Framework of “Linkage”

It became evident that the manner and level of “linkage” in programs varies dramatically. In order to select or classify programs as linked, researchers needed to clarify this concept. Thus, a conceptual framework of linkage that stresses its distribution along a continuum was developed. **From an inventory of 239 programs, only 89 (37.2%) could be classified as linked in any form.**



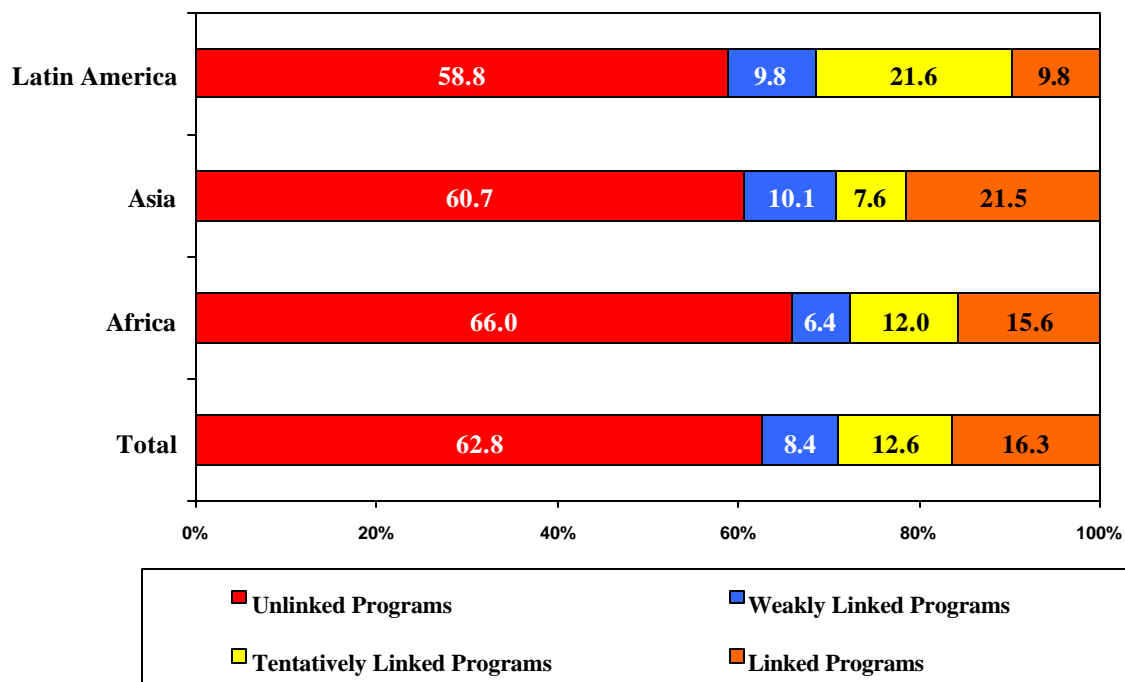
A Preliminary Analysis

Geographical distribution. The largest number of the programs in the inventory are from Africa (109). However, Africa has the smallest percentage (33.9) of programs that are linked, tentatively linked or weakly linked. Within Africa, the largest number of linked programs are in Kenya (11), Ghana (5), Uganda (4), and South Africa (4). Asia has the highest proportion of linked programs (21.5), and India (12), Bangladesh (6), Nepal (4), and the Philippines (3) have the highest representation of these programs. Latin America has the highest proportion of programs that are linked in any form (41.2) but many of these are only tentatively or weakly linked. Colombia (4) and Brazil (3) lead on linked programs.

Prominent activities. The linked programs in Africa and Asia include reproductive health interventions that focus more on education and awareness (e.g. sexuality, HIV, STDs, pregnancy) rather than provision of services (e.g. contraceptive distribution, antenatal care). In Latin America, reproductive health components in linked programs include both education and medical services for youth., and livelihood activities include vocational skills, job training, skills-building. In Asia, livelihood activities have a stronger emphasis on entrepreneurship (e.g. business skills, accounting skills, and income generation), while programs in Africa include a variety of interventions ranging from traditional vocational skills to micro-credit.

Sectoral origins. In all three regions, most of the linked programs originate from the reproductive health sector rather than the economic sector. In these programs, livelihood concerns are usually added on project components. Very few programs that are linked by design give equal weight to the two components. Programs with an integrated design are for the most part very recent in origin.

Chart 1. Percent Distribution of Adolescent Programs



Scale and target groups. Little information is readily available on specifics regarding scale and target groups. For example, it is often difficult to determine whether the program is reaching a few hundred or several thousand adolescents. Similarly, the age range, gender, and other characteristics of the

adolescents targeted are usually not documented. It is clear, however, that across the regions a significant proportion of linked programs target marginalized adolescents--those who are out-of-school, are street-based or working in exploitative conditions such as the sex industry.

Country Selection

Based on the review of linked programs in the inventory, researchers selected one country from each geographic region for field-based analysis. India, Kenya, and Colombia were selected, given the criteria in table 2.

Table 2. Country Selection Criteria

Number of Linked Programs: Presence of at least 3 strongly linked programs in our inventory
Technical Content: History of work with adolescents in the fields of reproductive health and livelihoods
Key Issues: Representative of the country on key issues affecting the region like HIV/AIDS in Africa
Counterparts: Availability counterparts with innovative approaches to youth programming
Level of Economic Development: Regional representativeness of social and economic indicators
Value Added to the Field: Potential to add value to knowledge on adolescent programming
Visibility: Country where study findings would be utilized by a large number of programmers
Follow-up: Potential for follow up pilot programs work

PHASE 2

In collaboration with in-country counterparts, from October 2000 to December 2001, ICRW will assess 3 to 5 linked programs in each country. The assessment will cover a range of programs including type of linkages, range of activities, and institutional origins and resources. Data will be collected and analyzed from secondary sources such as reports and documents, direct interviews with staff and clients, and observation of activities.

The data collection and analysis for Phase 2 of the project will focus on program-specific and organization-related issues as well as client-specific and adolescent related issues. The program-specific and organization related issues are as follows:

- Level of integration
- Origins and objectives of integrated program
- Organizational expertise, structure, capacity, resources and training mechanisms
- Approach adopted in linking adolescent reproductive health and livelihoods
- Provider perspectives on problems, advantages, and successes

The client-specific and adolescent related issues include:

- Types of adolescents the program serves -- gender, age, marital and economic status, need, etc.
- Strategy for addressing gender differences in linking reproductive health and livelihood issues
- Key stakeholder involvement
- Client perspective on program impact

The results of this assessment will contribute to more effective utilization of resources in addressing the holistic needs of adolescents.

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