



**Youth-friendly Sexual and Reproductive Health Care
Pilot projects to define services**

Adolescent Working Group

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Executive summary

Most organizations working on adolescent sexual and reproductive health (SRH) agree on the importance of efforts to prevent early and unwanted pregnancies among adolescent and young adult women. However, Ipas recognizes that such pregnancies continue to occur due to factors such as lack of knowledge about reproduction, lack of access to contraceptives, contraceptive failure and sexual violence. Because Ipas works with health-service staff who provide postabortion care (PAC) and elective abortions, the organization believes it is important to sensitize them to the particular needs of their adolescent and young adult patients. Accordingly, three pilot projects were undertaken to determine the feasibility of interventions in which young people and providers of abortion-related care work together to define youth-friendly services (YFS).

Two elements were of particular importance in the pilot projects: the *active participation of youth in defining and creating YFS* and the *incorporation of a gender and human rights perspective* by including these topics in educational sessions and ensuring that the youth and health-service provider participants included both women and men.

Pilot project strategies

Two strategies were developed for involving young people and health-service providers in such projects. One strategy, carried out by Ipas-Ethiopia, was based on workshops with young people and health-service providers. Twenty-nine young people participated in two workshops: one on SRH and one on YFS. Twenty-six health-service providers from their community also participated in a separate workshop on YFS. The two groups were then brought together to present their ideas to one another and to make recommendations on how to make SRH services more appropriate and accommodating to young people.

The second strategy, carried out by Ipas-Nigeria and Ipas-Vietnam, involved 22 and 21 young people, respectively, in SRH education and the creation of a drama. They first participated in sessions on SRH and drama skills led by a theater expert. Then the youth developed a drama script about unwanted pregnancy and abortion care, subsequently performing the play for health-service providers and others interested in adolescent SRH. This was followed by a discussion between the young people and health-service providers to define YFS and suggest how SRH services could be improved.

Pilot project outcomes

Overall, the pilot projects were quite successful, especially given the short timeframe (5–6 months) within which they were carried out.

In all three countries the young people participated in educational sessions that included the topics of reproductive rights, pregnancy, unsafe abortion and abortion. Their ages ranged from 18–26 years. In Nigeria, this was the first opportunity for many of them to receive targeted SRH education. In Ethiopia and Vietnam, the SRH education deepened the knowledge available to the young people who also serve as peer health educators.

In Ethiopia, the joint workshop with young people and health–service providers offered the two groups a chance to hear one another's perspectives on SRH and YFS and to find common ground for improving services.

The drama performances in Nigeria and Vietnam led to enthusiastic discussions with providers about how to make their services more youth–friendly. In both countries, the teams videotaped the dramas so that they can be used in future discussions with young people and health–service providers about YFS. In addition, the two teams involved opinion leaders and policy–makers in discussions on YFS by inviting them to a formal performance of the young people's plays.

A major point of the projects was to show that YFS should be defined locally, so that appropriate changes can be made to improve services. Nevertheless, comparing the results from the three countries showed that many of the same issues arise in different contexts.

Important elements for YFS from young people's perspective included:

- provider attitudes should be non–judgmental, non–critical, respectful, patient
- the service environment should be friendly and warm and guarantee privacy and confidentiality
- providers should be skilled in both clinical procedures and counseling
- service provision should be based on the availability of proper equipment and sufficient bed space
- services should be open at hours convenient to young people, including provisions for emergencies; prices should be subsidized, at least for poorer people
- information on SRH should be adequate, easy to understand, provided by trained providers; young clients should also be given IEC materials, preferably in the local language.

Important elements from the service providers' perspective included:

- provider attitudes should be non–judgmental and respectful
- the service environment should guarantee privacy and confidentiality, also be open to male youth, be friendly, and provide music
- providers need more training, especially in IEC and counseling

- services do not need to involve separate facilities for youth but special provisions for YFS within existing facilities; waiting times for youth clients should be reduced; there should be a possibility for making appointments by telephone.

Strengths of the pilot projects

The major strength of the pilot projects was that the young people were able to participate actively and creatively in affecting an issue of direct relevance for their own lives: SRH services. While many projects reach out to youth in implementing YFS, for example by training them as peer health educators, very few actually give them the opportunity to engage in direct dialogue with service providers regarding how services should be organized and offered. These projects attempted to put the young people on an equal footing with the service providers and to ensure that their concerns and needs become the basis for envisioned improvements to service delivery.

The inclusion of a gender and human rights perspective in the projects was also of major importance. The youth groups included both female and male young adults and their equal participation was encouraged. The project evaluation among the young people in Vietnam showed that inclusion of SRH rights was particularly important since it was a new topic for about half of them.

Giving the youth participants the chance to help determine how the projects were implemented contributed to their overall satisfaction. In Nigeria and Vietnam, the projects offered the youth a chance to try out additional skills: carrying out a client satisfaction survey in Nigeria and acting as investigative "mystery clients" of SRH services in Vietnam. Providing the youth with individual copies of IEC materials (and in the case of Vietnam, certificates) was an added incentive for enthusiastic participation.

Challenges

The pilot projects indicated a number of challenges to be overcome if such projects were to be repeated.

All project team members should recognize that young people must take the lead in their parts of the project. The SRH educational sessions should be as participatory as possible, avoiding too many lectures and utilizing quizzes, role-plays, games and active exercises where possible. The drama portion of a project should not focus primarily on producing a "high-quality play" but a production that expresses the youth's concerns and creativity.

In the case of the education and drama strategy, the young participants and project team members would benefit from learning how to integrate basic components of health education with entertainment activities. Project teams should receive resources on

"edutainment" that can help illustrate how to balance education and entertainment in a drama.

Not all education and drama projects would be able to include the phase of actual drama production given the expense and time involved. It might be tempting for program managers to simply show a videotape of a previously performed youth drama to health-service providers so that they can draw their own conclusions about what YFS should be. However, the elements of YFS could vary from place to place. Moreover, one of the most important components of this strategy is having the young people and health-service providers talk with one another about YFS. As the comments from providers showed, it is the direct communication with the youth that made such a great impact on the adults. An alternative strategy could therefore be to show a taped drama to young people and health-service providers separately so that they can use it as a basis for defining YFS and to then bring them together for a joint screening and discussion.

In Ethiopia and Vietnam, many of the youth participants were already active as peer health educators. The teams noted that it would be beneficial to extend such a project to youth who are not already playing such a role in their communities, as well as to secondary school students. This might be more time-consuming as it could require obtaining parental permission; however, this approach would also provide another venue for advocacy concerning the problems of unwanted pregnancy, unsafe abortion and the need for establishing YFS.

1. INTRODUCTION

Quite often the same risk factors and situations put young people at risk for sexual and reproductive health (SRH) problems: lack of comprehensive sex education, gender- and age-based biases and discrimination, lack of access to condoms and other contraceptives, and a lack of access to appropriate health services. Inspired to some extent by HIV/STI programs targeting young people, organizations and health-care systems are increasingly devoting efforts to the development of SRH services that will attract adolescents and young adults. It is considered important that such adolescent- or youth-friendly services (YFS) offer a combination of services – health education and counseling, HIV/STI prevention and treatment, contraception, prevention of unwanted and too early pregnancies, and assistance and referrals for survivors of violence.

"...health services can play an important role in helping adolescents to stay healthy and to complete their journey to adulthood; supporting young people who are looking for a route to good health, treating those who are ill, injured or troubled and reaching out to those who are at risk."

World Health Organization, 2002 [1]

Given such developments, in 2001 Ipas established an Adolescent Working Group (AWG) to address how its programs could more effectively integrate a youth-friendly perspective into their policy and training strategies. One activity undertaken in 2002–2003 was the implementation of three pilot projects to define YFS in partnership with young people and providers of abortion-related care. While Ipas believes that all efforts must be undertaken to prevent unwanted pregnancies among young women, the organization also recognizes that unwanted pregnancies will occur due to factors such as lack of knowledge about reproduction, lack of access to contraceptives, contraceptive failure and sexual violence. It was therefore considered important to work with health-service staff who provide postabortion care (PAC) and elective abortions to sensitize them to the particular needs of their adolescent and young adult patients. It was also considered essential to involve young people in this process so that it was based on their own concerns, perceived needs and wishes.

"The legacy of unsafe and unprotected sex is also seen in the number of adolescent girls who undergo abortions both outside or within marriage. Many pregnancies are terminated at great risk to the young women, including pelvic infection, infertility or even death. Safe abortion services are needed because, where they are not provided, girls seek unsafe illegal abortions which put their health and lives at risk. It is believed that the majority of abortions for adolescents are carried out by unskilled staff in dangerous conditions."

World Health Organization, 2002 [1]

2. STRATEGIES TESTED

The AWG began the project by collecting information on YFS interventions carried out by other organizations. Two strategies were then developed for pilot projects in which young people would define from their perspective what YFS should be, thereafter discussing their ideas with health-service providers. The strategy documents included:

- a description of the strategy
- suggestions for weekly educational sessions with the young people
- a sample time-line
- suggestions regarding budgetary implications
- resources for the projects such as a sample project participation agreement for the young people, a sample memorandum of understanding for the partner organization, a quiz about pregnancy facts and myths, exercises for defining youth-friendly services, YFS guidelines from IPPF, sample session monitoring and evaluation forms, and a sample client satisfaction survey for implementation in health services.

Three Ipas offices – in Ethiopia, Nigeria and Vietnam – agreed to participate in piloting one of the strategies in partnership with another organization that works with young people. Each office was authorized to spend up to \$9200 on the project. Overall coordination was carried out by the AWG; the in-country teams were asked to submit monthly reports on project progress so that they could receive feedback and suggestions.

Three indicators linked to the Ipas results framework were chosen to help measure project achievements:

1. Number of (new) partners identified with formal agreements for collaboration (including sub-grants) in efforts to extend access to abortion care and related reproductive health services
2. Number of significant education or advocacy activities on reproductive rights, violence, abortion issues conducted
3. Number of health and other professional groups taking significant action (with Ipas inputs) to influence abortion regulations or service guidelines, including integration of abortion care in adolescent programs and in scopes of practice for midlevel providers

The *active participation of youth* was the central focus of the project – while many projects reach out to young people in implementing services, very few seem to include adolescents and young adults *in defining and creating YFS*.

A second important element in the pilot project was the *incorporation of a gender and human rights perspective*. This was reflected in two ways. The young adult and health-service provider participants included both women and men, and education on gender discrimination and SRH rights was made part of the project contents. A training curriculum and training-of-trainer notes for adolescents and adults who work with young people – *Gender or sex: who cares?* – were among the resources provided for the project [2–3].

Other resource materials given to the project teams during the preparatory phase included:

- *Choose a future! Issues and options for adolescent boys* [4]
- *Choose a future! Issues and options for adolescent girls* [5]
- *Healthy Relationships: a violence-prevention curriculum* [6].

The young people who participated in the Nigeria project were given individual copies of a workbook produced by Family Care International and the Straight Talk Foundation entitled *You, Your Life, Your Dreams* [7]. The Ethiopia team translated some of this material into Amharic for handouts. The participating health-service providers in all three countries received copies of *Meeting the needs of young clients: a guide to providing reproductive health services to adolescents* [8]. A number of them also received manual vacuum aspiration (MVA) equipment.

Workshop strategy

One strategy for defining YFS was based on workshops with young people and health-service providers. It was designed to include four parts. In the first part, about 20 young people and about 15–20 abortion-care service providers would participate in separate one- or 1.5-day workshops based on *Gender or sex: who cares?* In the second part, the two groups would participate in shorter separate workshops focused solely on defining YFS.

In the third part, a meeting would be held in which the young people and service providers presented to one another their definitions of, and strategies for making, YFS. The fourth part would include implementing changes, measuring youth and service provider responses and reporting on whether any changes made to improve health services were successful. The possibility of having the young people carry out a client survey on satisfaction with SRH services was also included, provided that enough time was available.

Education and drama strategy

The second strategy for defining YFS was based on involving young people in SRH education and the creation of a drama. It was envisioned that the project would include three parts. In the first part, a group of about 20 young people would receive educational sessions related to pregnancy prevention, unwanted pregnancy, unsafe abortion and abortion-related care. They would also receive some instruction in basic drama skills, develop a story and turn this story into a play.

In the second part, the young people would present the play to a group of 10–20 health-service providers and have a discussion with the providers about the play. In the last part, Ipas would hold a meeting with the health-service providers to discuss whether any changes to improve health services for adolescents could be implemented based on what emerged from the play and discussion. Again, the possibility of having the young people carry out a client survey on satisfaction with SRH services was included, provided that enough time was available.

3. ETHIOPIA: THE WORKSHOP STRATEGY

Ipas–Ethiopia chose to pilot the workshop strategy with young people and health–service providers in Addis Ababa [9].

Project participants

Ipas sub–contracted the local NGO Multi–Purpose Community Development Project (MCDP) to carry out the project. MCDP was established in June 1998 to help improve the lives of women and children through integrated community development programs. MCDP has implemented programs including library services, non–formal and tutorial education for working children, savings and credit schemes for poor women, construction of sanitary facilities, and programs on HIV/AIDs and to prevent unsafe abortion. They have worked with Ipas–Ethiopia for two years through a small grants program in sensitizing their community on prevention of unsafe abortion. Ms Mulu Haile, MCDP's director, Ms Wudasse (nurse), and Mr Desta (project officer) participated in the pilot project.

The gender and SRH workshop for young people was facilitated by Dr. Dehab, a consultant and gender specialist. Dr. Solomon Kumbi, a gynecologist and lecturer at Black Lion Hospital, Addis Ababa University, facilitated the YFS workshop for the youth. He also facilitated a YFS workshop for health–service providers and co–facilitated a joint YFS workshop for youth and service providers together with Takele Geressu, an Ipas staff–member.

The 29 young people who participated in the project – six men and 23 women – were members of youth groups from MCDP's operational areas. They were drawn from one of Addis Ababa's 25 Woredas (administrative units equivalent to districts). Four were youth leaders; four were peer educators with the Family Guidance Association of Ethiopia; three were community promoters, and three were community educators for MCDP. The other 15 young people came from local youth associations and the community.

Their ages ranged from 18–26 years; three were younger than 20 years and 20 were 20–22 year olds. Two of the participants were in the eighth grade, 25 were attending or had –completed secondary school and two had attended college/university. Two of the female participants had already given birth.

The 26 health–service providers, including 19 women, were drawn from facilities that serve the Woreda from which the youth were recruited. These participants included two obstetricians, two general practitioners, two registered nurses, two midwives, five MCH nurses, 11 family planning nurses, and two sociologists. Twelve of the providers worked

at government services, seven at private institutions and seven represented NGOs. Three of the providers had been trained on PAC through Ipas programs; three others had received up-to-date information on PAC and MVA equipment from Ipas for their health institutions.

Project implementation

The young people first participated in two Amharic-language workshops. The first focused on educating and informing them about how gender affects SRH; the second workshop centered on defining what YFS should be. At the end of each workshop, the participants evaluated what had gone right and wrong during the day.

The health-service providers did not participate in a workshop about gender and SRH but did complete a workshop on YFS that was held in English.

In the last phase of the project, the young people and health-service providers were brought together for a third workshop to discuss their mutual ideas about YFS. This workshop was held in Amharic and utilized materials that had been translated into that language.

Gender and SRH workshop for young people

Held on 23 May 2003, the first workshop included parts of the curriculum *Gender or sex: who cares?* Additional material was included so that the participants covered topics such as: the human reproductive system, concepts of gender and sex, misconceptions about SRH, and application of gender concepts to SRH. An icebreaker session was used to inform the youth about basic concepts regarding reproductive health services in order to prepare them for defining YFS during the second workshop.

YFS workshop for young people

On 25 May 2003, the youth group discussed the problems and challenges that young people face in acquiring SRH services during an 8-hour workshop. The following topics were first covered in presentations taking into account the participants' ages and educational levels and to create a common understanding of the issue of YFS:

- SRH issues
- sexual and reproductive rights
- client rights
- a rights-based approach to SRH services
- barriers to utilization of services and exercising youth rights.

Two male and two female participants then participated in a role-play with particular emphasis on family planning counseling and service provision. Some specific issues

were worked out in two small-group exercises. One group discussed prevention of unwanted pregnancy, unsafe abortion and its treatments, and future measures, while the second group talked about their experiences regarding service providers' attitudes and approaches toward young people. Quite a bit of time was given to a group discussion to assess the young people's experience with particular SRH issues, the types of services available, challenges in gaining access to existing services and other options being used by the youth.

YFS workshop for health-service providers

On 29 May 2003, the service providers came together to define YFS from their perspective. The morning session dealt with introductory issues concerning SRH and gave them a chance to share their experiences regarding existing SRH services for youth. During the afternoon session, group discussions centered on questions that had arisen and been categorized into four major topics:

- set up of service premises and time
- personnel and approaches/treatment
- type of services and price
- information.

The providers' suggestions and recommendations were compiled so that they could be presented at the final joint workshop.

Joint YFS workshop for young people and service providers

On 30 May 2003, the young people and health-service providers participated in a joint workshop to exchange their ideas concerning YFS. The day started with two icebreaker activities.

First, a flipchart was displayed with the sentence: "The ostrich that has buried its head in the sand." The participants were then requested to give their interpretations of the phrase in a short sentence. This exercise laid the ground for the realization that the youth and providers have their own ways of looking at something, be it simple (the single-color drawing) or complex (the reality of life).

A follow-up discussion was held on: "What do women commonly discuss when they come together, what do men commonly discuss when they come together?" This activity showed that different groups can have a common understanding regarding certain issues.

These exercises helped demonstrate that people have both similar and different feelings, thoughts, beliefs and opinions. In addition, they helped the participants realize that there are no "right" or "wrong" opinions, so that it is important to respect the

opinions of others. Above all, these exercises paved the way for lively, open and honest expressions of feelings and good discussion.

During the second half of the day, the young people and service providers presented to one another their ideas about YFS, particularly emphasizing issues such as: distance of the service (location), age of the staff in charge of providing services, integration of services for disabled people, approaches for illiterate youth, and price (service charges).

The young people received translations of some materials from the resource book *You, Your life, Your dreams?*, while the service providers each received a copy of the manual *Meeting the needs of young clients: a guide to providing reproductive health services to adolescents*.

Project results

Written reports on the separate youth and service provider workshops were not produced; the results are based on information given by Dr. Kumbi.

Definition of YFS by young people

Based on the discussions held during the YFS workshop, the project team learned that:

- Existing SRH services do not meet young people's best interests.
- Young people see inadequate and inaccessible services and a lack of conducive service environments as major problems.
- The youth were hesitant to admit to visiting any health worker, even though they seemed familiar with the service delivery system.

The youth group did not reach agreement about whether YFS should be provided near their living area or somewhere else.

Definition of YFS from the joint workshop

The young people and service providers reached a common understanding concerning YFS on the following points:

Service location

- The participation of various stakeholders, including youth, is very important in the process of setting up a center.
- The service should be located at a youth center rather than within a health institution. Preferably, it would be in an area where human traffic is at a minimum.
- Clear signboards should be put up at the main gate to provide information and lead service users to the right location of the services of their interest.

- Opening hours should take into consideration the needs of employed youth and students. This means that YFS should be available during the evening and some hours during the weekend.
- The service should be clean and provide some recreational activities.
- The reception and waiting rooms should be well equipped with adequate information and qualified personnel.

Quality and type of personnel

- The staff should be aged 25–35 years old. The participants felt that younger staff would be emotional and less experienced, while older staff may not use appropriate language and have different life experiences, so that youth might not be comfortable disclosing all their questions and concerns to them.
- Each staff–member should have adequate knowledge about SRH in general and about his/her area of work in particular.
- Staff should be familiar with the local culture, language and way of life of the community.
- Staff should be loyal to the clients, cooperative, patient, interactive, and free from any type of addiction.
- The participants did not think that the sex of staff–members was an important consideration.

Service content

The service was expected to address a wide array of SRH issues, including:

- physical and psychological changes during adolescence
- family life education
- family planning
- HIV/AIDS and STIs
- violence
- PAC
- counseling on social and educational services
- recreation and entertainment
- skills training and information center.

The participants also felt that YFS should also include the needs and interests of disabled youth.

Price

The participants did not feel that YFS should be offered free of charge. The reason given was that sustainability can never be ensured unless the service costs something. In addition, they said that free services would lack ownership and result in a waste of property/commodities, whether provided by the government or an NGO.

They did believe that fees should take into consideration the income of the family and the community at large. They suggested that poor people who could not afford YFS could provide some voluntary service at the youth center as a form of paying an indirect fee.

Other issues

The participants said it would be advisable to utilize adequate audiovisual materials and informal education/discussions to address illiterate youth at any YFS. IEC materials should also be designed with full participation by youth.

Creating awareness about the types of services available and the location of YFS was considered important. Youth should be made aware of the services through leaflets, signboards, mass media advertisements, etc.

Additional activity

As the project team had funds remaining at the end of the project, they took on an additional task: printing and distribution of an Amharic translation of the *Safari of Life: Sexuality Game*, a publication produced by PATH for adolescents.

Lessons learned

The project team noted the following lessons learned during the project:

- Female and male youth participated equally in the project. However, the youth who had some active role in their community participated more than those who had no or lesser active community roles.
- Young people's knowledge about SRH and rights is poor. Much work needs to be done in this regard.
- Young people know what they want and what they don't want.
- Given the opportunity, young people will air their feelings freely.
- Young people may be familiar with the health-care delivery system even though they do not admit to previous experiences.
- With proper, precise and relevant messages, youth can be familiarized with different SRH and rights issues.
- Service providers are willing to admit their own and their institutions' shortcomings.

Follow-up

As follow-up to this project, Ipas-Ethiopia began talking about mechanisms that can be used to determine whether the participating service providers are ensuring that agreed-upon improvements to services are put in place. In addition, Ipas will talk with organizations that already have client-friendly services to find out whether there are lessons to be learned from them.

Dr. Kumbi was asked to provide feedback on points that should be taken into consideration if such a project were repeated. He found the overall project to be original in approach and commented that involving both clients (youth) and providers in planning how best to provide services is highly commendable.

Dr. Kumbi said that it became apparent from the issues raised and opinions put forward that the participating youth knew what was best for them and could define how best it should be provided. On the other hand, he also commented that it was good to work with enthusiastic and energetic young people who honestly admitted their ignorance and who were willing to learn and become able to pass messages along.

Based on a 9-question survey completed by the young people at the end of the project, Dr. Kumbi said that the youth participants were happy to see people who were concerned about their needs.

He acknowledged that there was some bias in the selection of the youth participants. The majority were already experienced in delivering services as promoters, counselors, peer educators and youth leaders. Their recommendations therefore might not reflect what 'lay' youth would have suggested if they were given the chance.

Recommendations

The project team provided a series of recommendations for similar projects.

- The materials provided by the pilot project for the young people were relevant, informative and well-illustrated. However, Dr. Kumbi felt that the information was not tailored to the comprehension level of the majority of youth in his community. He remarked that, where there is no or minimal basic family life (sex) education in schools or youth centers, the materials could be counterproductive in the sense that information might be misinterpreted. In addition, the cases described in the material were from other countries, which could make the material hard to understand. In hindsight, he thought that replacing the names and locations in examples with local names would have been better. He also recommended translating the IEC materials into Amharic and emphasized the importance of involving young people in modifying the materials.
- Taking the process a step down to the next level – lay youth in the community – could help better define YFS. The participants from the pilot project could be divided into groups of four or five and conduct similar workshops with the 'ordinary youth' in their communities, assisted by a supervisor.
- It would be advisable to collaborate with organizations that provide services to youth.
- It would be useful to conduct a baseline assessment of existing youth centers by developing a checklist based on the recommendations made during the joint

workshop in the pilot project. YFS could then incorporate missing activities and facilities and changes could be assessed by a subsequent assessment after one year's implementation.

- Dissemination of the findings/results of the workshop project to organizations working in relevant areas could help improve their services. Involving the youth and provider participants (or at least the four participants who presented the group reports at the joint session) can widen acceptance of the recommendations by the organizations.

4. NIGERIA: THE EDUCATION AND DRAMA STRATEGY

Ipas–Nigeria used the education and drama strategy to work with young people and health–service providers in Abuja [10]. Ejike Oji coordinated the project with assistance from Jemila Yussuf.

Project participants

Ipas–Nigeria partnered with BAZIKS THEATRE ABUJA to carry out the project. Founded in 1993, BAZIKS THEATRE has worked on reproductive health and environment–related issues as they affect women and children for the past 10 years. One project on which BAZIKS THEATRE worked previously was a 30–minute play, *CLARA*, about a 13–year–old girl whose parents were too busy pursuing contracts from public and private organizations to notice the changes she was undergoing. Clara became pregnant and underwent an abortion by a charlatan that almost killed her. At the end of the play, doctors confirmed that her womb had been affected and she would never be able to give birth. Mr. Awritoma Agoma, a drama expert, instructed the young people in drama skills and helped them produce a new play, which was directed by Mr. Eze.

In addition to Dr. Ejike Oji of Ipas, two other physicians participated in providing sessions to the young people on the more medical aspects of SRH. Dr. Brian Adinma is a professor of obstetrics and gynecology (ob–gyn) at the College of Medicine of Nnamdi Azikiwe University Teaching Hospital in Nnewi. Dr. Adinma has worked on reproductive health issues for the past 15 years and presently is the project coordinator for the Women's Sexual and Reproductive Health Rights Project, sponsored by FIGO/SOGON (Society of Gynecologists and Obstetrics of Nigeria). Dr. Dah is a senior resident in the Ob–Gyn Department at the National Hospital in Abuja. He is also a member of PACNet North East zone (a network of PAC providers).

The 22 young people involved in the project included 11 young women and 11 young men; their ages ranged from 19 to 24 years. Fifteen were university students (mostly first– and second–year) but a few were also recent university graduates. They came from six universities and one polytechnic institute and were recruited by word of mouth among university students who were at home due to a national strike by university academic staff. Only three of them had been exposed to an SRH educational program before this project. Almost all said they had never received any IEC materials from health workers on SRH issues and they also confirmed that they had never used reproductive health services designated for the youth because none were in existence.

The team decided to include 24 health service–providers in the project who were employed in public or private hospitals. The 13 male and 11 female providers included

15 physicians, a pharmacist, a records clerk from one of the public hospitals and 7 nurse–midwives. The nine institutions they represented included: Sauki Private Hospital, Abuja; Asokoro Hospital, Abuja; National Hospital, Abuja; Maitama Hospital, Abuja; Kubwa General Hospital, Abuja; Amana Hospital area 11, Abuja; Grace of God Hospital Kubwa, Abuja; Wuse General Hospital, Abuja; and Jilf Clinic, Kado. Ipas had previously trained 10 of the clinical participants on provision of PAC.

The team was also successful in gaining support from other organizations for the project. For example, they were able to show the organization that provided meeting facilities for the adolescent group's educational session and drama rehearsals that this project would greatly benefit the community. As a result, the organization's manager gave them a huge discount on the facility rental price.

Project implementation

Motivating youth involvement

During the young people's first session Dr. Oji gave a 30–minute presentation on Ipas's mission and presented statistical data related to unsafe abortion, comparing statistics from different regions of the world and the West African subregion. They then discussed the project timeline, the project's expectations of them and what they could expect from the project. This interactive session also focused on determining the best times for sessions during the week. The group agreed to have 4–hour sessions (2:00–6:00 p.m.) four times a week. They also agreed to make changes to the schedule if it was found to be unsuitable to their collective purpose.

To qualify for a weekly payment to cover transportation and incidental costs, the youth were required to prove their participation by signing an attendance register. To qualify for a certificate of attendance, they had to have attended at least 85% of the project sessions. Their enthusiasm was so great that there was almost 100% attendance throughout the duration of the project. They showed a great deal of commitment and were quick to understand the subject matter as they were taken through the SRH and drama instruction sessions.

SRH education

The educational portion of the project began by having the young people take a quiz about facts and myths related to pregnancy. On the first day, a baseline assessment was also conducted to find out their level of knowledge about SRH issues; this showed that they had a high level of understanding of some aspects of SRH. After open discussion with them to determine the level of SRH information that should be passed on, it was

decided that it would be best to start with the basics on reproductive anatomy. The youth thus participated in about 12 sessions that focused on: basic reproductive anatomy, preventing pregnancy, unwanted pregnancy, contraceptive methods, unsafe abortion, PAC, abortion permitted by law, STIs, HIV/AIDS, alcohol and drug abuse, sexual violence, and SRH rights. The young people responded very well and positively to the resource book *You, Your life, Your Dreams*. This material formed a very good basis for the lectures given to them on SRH.

Each session began with a recap of the previous lesson and a chance to ask lingering questions. The sessions were very interactive and a lot of time was given for questions and discussions.

Drama education and development

The young people started off the process of developing a play by participating in some exercises on YFS included in the Ipas drama strategy. Mr. Agoma then trained the young people in drama presentation for several weeks. They were next divided into four groups and asked to come up with a good storyline or script for the play they would present to the providers. It was suggested that they focus on unwanted pregnancy, PAC, other reproductive health issues and their personal life experiences. Care was taken to harmonize different shades of opinion in developing the play.

The youth group ultimately developed a script, *Maria*, about a university student who is pressured by her friends into consenting to have sex with her boyfriend, Kay. When she confronts him with the fact that she has become pregnant, he first refuses to acknowledge paternity. Later he declares that it is her problem and that he cannot be bothered with the responsibility of being a father. Maria receives very unsympathetic and judgmental treatment from the physician who confirms her pregnancy. Her friends take her to have an abortion but it is very unsafe and she suffers severe complications. When they take her to a hospital for PAC, the physician who sees her tells her to leave when she denies that she had an abortion. When Maria's mother, Bridget, comes to the hospital at the request of Maria's friend, she sees the doctor and begs him to take care of Maria. When it turns out that Maria is actually also the doctor's daughter (he had turned Bridget away when she became pregnant with his child many years before), he tries to treat Maria but she dies.

The play, which was true to life in its use of vernacular language used by young people today, had seven major and eight minor roles for the students. The remaining participants served actively as stagehands and the female and male youth participated equally under the director's supervision.

A trial performance was given to some Ipas staff-members; the audience and youth collectively critiqued the play. The final rehearsal took place two days before the official performance.

Client satisfaction survey

Six female and four male participants volunteered to carry out a trial client satisfaction survey to assess the "youth friendliness" of hospitals in Abuja. Using the sample survey provided in the strategy document,¹ they worked in pairs at five hospitals: Nyaya General Hospital, Gwarinmpa General Hospital, Wuse General Hospital, Asokoro General Hospital and Maitama General Hospital. The teams succeeded in having 246 people complete the surveys.

Project results

SRH education

The quiz on facts and myths related to pregnancy was completed by 19 youth participants at the start of the project and by 16 young people at its end. They showed the greatest improvement in knowledge concerning the fact that youth younger than 18 years can gain access to contraceptive methods through family planning clinics. Improvements in knowledge were also shown regarding the facts that it is possible for a young woman to become pregnant without actual intercourse taking place (i.e., during foreplay if pre-ejaculate comes into contact with the vagina) or when a couple is practicing withdrawal.

Drama performance

On 14 May 2003, the play was presented to an audience of 52 people at the Pioneer Hotel. The audience included the project's 24 service-providers, 20 members of the National Council for Women Societies of Nigeria (NCWS), three members of the National Association of Women Journalists (NAWOJ), and seven members of the International Federation of Female Lawyers (FIDA). Ipas had previously funded the three organizations to carry out an advocacy and awareness-raising workshop on unsafe abortion and women's SRH rights. A videotape of the performance was also made for future dissemination and use in other projects.

The play was well received; the service providers and women's organization representatives enjoyed it immensely. They all agreed it was very educational and very

¹ The survey was adapted from one prepared by IPPF entitled *Your Comments Count* [12].

graphic in the way it brought issues out. The team commented that a very wonderful discussion session immediately followed the play's presentation; this set the stage for deliberations with the women's groups on further collaboration.

The young people gave a second presentation of the play on the 21 May 2003 to a larger group of women and some other service providers; this performance was done mainly for advocacy purposes.

Youth and service-provider discussion

On 15 May 2003, the day following the first performance of the play, the young people and service providers returned to discuss the drama and YFS, based on questions provided in the strategy document. The videotape was first played back to them to refresh everyone's memory.

The young people defined a number of elements that YFS should comprise:

- no discrimination based age or on social status
- warm reception – friendliness
- amicable environment
- tolerance and patience
- secrecy/confidentiality
- privacy in location of services/center
- qualified providers
- counseling unit with trained staff
- relevant equipment and bed space
- subsidized costs for services and drugs
- there should be shifts and emergency services.

The health-service providers were overwhelmed by the play and expressed a commitment to be part of the vanguard that will establish and improve YFS in Abuja. They all agreed that the play had brought forth many issues about which they had never thought or that they had not felt were very important. Some of the elements for YFS listed by the service providers corresponded with the young people's suggestions, while others reflected their concerns from a health-facility management point of view. It should be noted that the providers felt it would be difficult to set up separate services for youth in private hospitals.

- Providers' attitude should be friendly.
- Providers should be trained to provide education and services to youth.
- There should be general training to improve communication.
- Health workers should be properly trained especially in counseling.
- Services should include confidence building for young people to promote psychological attachment and stress reduction.

- Services should be open to youth and adults, male and female.
- Services should be confidential.
- Services should have proper timing (opening hours) for youth.
- 24-hour services should be provided.
- Youth should be attended to promptly.
- Have telephone services for easy communication, making appointments.
- Services should be accessible and affordable.
- Services should be cost effective.
- There should not be specially designated areas for youth services.
- Males are also affected and should be encouraged to speak up.
- The physical environment should be conducive; clean, air-conditioned, friendly, have music.

Ipas and PAC provider meeting

Ipas held a separate meeting with the PAC providers to discuss whether it would be possible to implement any of the suggested changes to improve health services. The service providers gave a number of reactions during this follow-up discussion, both regarding the play itself, the needs and problems of adolescents in general, and problems encountered among their own group in providing YFS.

Regarding the drama presentation, they commented that the play did not reflect young people's lack of information on sexuality education. They nevertheless felt that the play should be widely disseminated, also to secondary school students.

Concerning the SRH needs of adolescents, the health-service providers gave the following observations:

- Peer pressure influences youth.
- There should be a policy on sex education in secondary schools and universities, which should be offered according to age of the youth.
- Teachers sometimes make the students pregnant.
- There is inadequate knowledge on sexuality among teachers and youth – there is need to educate both.
- There is need for peer health educators.
- The time for consultations is not suitable for youth as they are in school during hospital/clinic hours.
- Young people do not seek help at the right time or place – they go to quacks instead.
- Patients come in too late and end up with complications.
- Secondary school girls have more abortion complications than university students – there is a need to target them with the drama and to provide health education to them.

- All stakeholders in the community should be involved, including parents (especially fathers), community and religious leaders.

The service providers' comments on problems within their own professional group were direct and honest:

- There is a need for providers to show more concern to patients.
- There are hostile, judgmental providers with poor attitudes.
- Providers should avoid why questions.
- There is a need for privacy at service delivery points.
- The service site for adolescents should be strategically located within facilities to ensure some privacy and lessen the risk that young people will meet their guardians or parents there.
- The providers have failed to consider the possibility of providing YFS.
- Providers should know their limits and refer when necessary.
- The waiting time in hospitals and clinics is too long.
- In Abuja, there is a problem of lack of adequate beds which leads to referrals and some patients die in the process.
- There is a need to change the policy on abortion.
- There is a need to involve policy-makers.

Second performance discussion with women's organizations

The project team commented that this project contributed immensely to focusing attention on the issue of unsafe abortion and subsequent mortality. The representatives of the women's organizations had twice before opposed revision of the country's abortion laws. After seeing the young people's play, however, they agreed that the law must be changed. In a communiqué, the women's organizations did not ask for complete abrogation of the abortion law but said that the law should make abortion legal if pregnancy threatens a woman's loss of health and not only in the case of a threat to life. The organizations also agreed that youth should be regarded as a special group and accordingly receive information and services.

Client satisfaction survey

The survey used by the young people was copied from the strategy document without adding information that would be needed for monitoring purposes such as: name of the institution, location of respondents when completing the survey (e.g., clinic waiting rooms, exit from the hospital), respondents' sex and ages. It was therefore not possible to distinguish which responses pertained to a particular hospital.

There was no time to analyze the survey responses before the end of the project. Nevertheless, a quick tally of responses to five questions provided some interesting

information on hospital clients' ideas concerning services. For example, half the respondents either did not think (or were perhaps unsure, as indicated by non-responses) that health facility staff explain which contraceptives are most convenient for young people, indicating that improvements can be made in that area. Only 36% of respondents affirmed that PAC services are available to all young women, which means that much more community outreach should be done to ensure that it is known all women can access PAC.

Survey question	Yes	No	No answer
Opening hours are at times when young people can attend (before and after school, in the evenings and at weekends)	159 (65%)	59 (24%)	28 (11%)
The space is nice for young people. You feel comfortable and at ease.	179 (73%)	63 (25.5%)	4 (1.5%)
The staff explain which contraceptives are most convenient for young people in different situations	122 (50%)	47 (19%)	77 (31%)
Staff respect confidentiality – they are trustworthy and ensure privacy	187 (76%)	25 (10%)	34 (14%)
The postabortion care service is open to both married and unmarried young women	89 (36%)	63 (26%)	94 (38%)

In response to an open question concerning other thoughts about services, 33 people mentioned that hospital staff should be friendlier, more courteous and caring about patients' feelings. Twenty-two respondents felt that clinicians should come on time for appointments and not give preferential treatment to some patients. Fifteen complained that the hospital environment was dirty. Other points included a need to increase staff numbers, problems with accessing medications, a need for better facilities in waiting rooms, a need for a hospital generator and other equipment.

Final project evaluation by the young people

Nineteen young participants completed an end-of-project questionnaire.

Asked which SRH educational sessions they found most interesting, the topics mentioned most often were:

- Contraception: 6 responses
- unsafe abortion: 4 responses
- unwanted pregnancy: 3 responses).

Asked which sessions were most useful to them, 10 mentioned the information given on contraception and 5 named ways to prevent pregnancy (i.e., including abstinence).

All the young people but one said they had learned something new about SRH. The following topics were mentioned most often:

- contraception: 7 responses
- personal hygiene: 7 responses
- unsafe abortion: 3 responses
- the possibility of pregnancy occurring without intercourse: 2 responses
- foreplay: 2 responses.

"Almost all the things are not new to me but at the same time they are not clear. I mean I have been used to the words but not clear about what they mean. For example, I didn't know that [there] are other ways of contraception aside [from] condoms and pills..." – youth participant

Asked what they would do if a young woman they knew had suffered an unsafe abortion, all the participants said they would recommend a facility where she could obtain proper care. Some added that they would comfort her, explain the danger of the situation and perhaps accompany her to the hospital if necessary.

The young people all agreed that they had been free to develop the script on their own without adults influencing the contents, although one commented that it was experience with poor provider attitudes that formed the basis for the play.

The young people were quite positive about their discussion with the health-service providers; some sample comments:

- "I think the discussion was positively affected by the play which made the health-care providers see things in a different way and made them change their perspective of viewing the issue. Though some were still adamant on the issue of abortion, but in the long run, I know we're progressing."
- "I think the discussion with the health-care providers concerning youth-friendly services helped them to see things from a different view, and they know what the youths really needed from them to make the services friendly. The drama presented to them also had a positive influence on them concerning the issue."
- "It was beautiful. And necessary for the safety of youths before they become adults [and] experienced."
- "It was a mutual discussion and I know it will be a mutual resolution."
- "It was great and we need it in this country."

- "The discussion with the health care providers concerning youth friendly services was so interesting. We had the opportunity to interact with the providers."
- "I think the discussion was positive and affirmative."
- "I think the discussion was very good because with that discussion I know that they will know when they have gone wrong, and with that they will save more life."

Two youth participants also commented that the project highlighted the need for parents to talk with their children about SRH.

All of the young participants said they would recommend a project like this one to their friends.

"Definitely I will recommend such a project to my friends. In fact, some of my friends are waiting for such an opportunity."

"If such a thing could be repeated, I'll not recommend it to friends alone, but my siblings, my colleagues, neighbours, church members, course mates, everybody."

"If such project like that repeat itself, I will recommend it to my friend and brother, even to my relation because they need to know more about sexuality and sex."

Ten of the youth said they would not change anything if they were involved in designing a project like this. Those who proposed changes mentioned: changing elements in the script and making it available to a wider audience by using a different venue or involving radio and television.

Lessons learned

The lessons that the Ipas-Nigeria team learned from this project were the following:

1. Getting the youth participants properly grounded in the subject matter made it possible for them to dramatize the problem of unsafe abortion and its complications in a way that very strongly conveyed their messages.
2. The baseline survey showed a high level of understanding about SRH issues among the participants. The project team assumed that they had received at least some accurate information from peers and at school.
3. The interaction between the health-service providers and the youth provided a very good way of getting them all to the same level of understanding regarding the issues.
4. Drama is a very powerful medium of communication and a great advocacy tool.

Follow-up

The service providers agreed that they needed more training, especially in counseling young people. As there was insufficient time to draw other firm conclusions, the Ipas team scheduled a follow-up meeting with the service providers for the second week of July 2003. However, one provider from a public hospital started implementing a plan he had personally developed after participating in this project. This involves the records clerks filtering out adolescent clients by age so that they can be sent immediately to a designated physician who has been instructed to cater only to young persons.

Ipas's partner organizations believed that this was a very good project. They recommended that Ipas seek more funding so that the play could be showcased within a hospital setting. They also pledged their willingness to work with Ipas on other projects.

The women's organizations asked Ipas to present the videotape of the play to another larger and broader-based women's group that was meeting on 21 May 2003 in Abuja. Given high demand, the team intended to duplicate some tapes on a limited basis to share among hospitals and institutions in Abuja and beyond.

Recommendations

The team made a few recommendations for similar projects in the future:

1. The messages put forward should reach both female and male secondary-school students.
2. If the project were repeated, it would be useful to have the drama performance take place within a real hospital background, so that it would be very true to life when captured on video and disseminated.
3. A project like this would need a longer timeframe in order to bring out the best results possible.
5. If the sample client satisfaction survey is used for monitoring purposes in such a project, the project team should supplement the forms used to gain additional information.

5. VIETNAM: THE EDUCATION AND DRAMA STRATEGY

Ipas–Vietnam chose to pilot the education and drama strategy in Hanoi [12]. Ms. Do Thi Hong Nga coordinated the project; Dr. Phan Bich Thuy managed implementation. Ms. Que Nga provided important administrative assistance for the project activities, while Ms. Bach Thi Minh Hang provided valuable assistance in translating the questionnaires and final evaluation into English.

Project participants

Ipas partnered with three institutions during the project. Hanoi Youth House was founded in 2000 with financial support from EC/UNFPA and technical assistance from Marie Stopes International. Managed by Ho Chi Minh Youth Union, Hanoi Youth House provides reproductive health counseling and clinical services to adolescents. It also works with eight universities and colleges in Hanoi on reproductive health peer education and counseling. Dr. Nguyen Thu Giang, Hanoi Youth House Director and Director of the Youth House journal, has four years' experience working on adolescent reproductive health. Dr. Giang has also been involved in several mass media programs such as *Love Window*, *Travel With You*, and *RH Education Program* on the radio. Dr. Giang conducted the SRH education sessions together with Dr. Phan Bich Thuy of Ipas.

The Nation Ob–Gyn Hospital (formerly known as the Institute for the Protection of the Mother and Newborn, IPMN) has been involved in the Ipas Comprehensive Abortion Care (CAC) project since June 2000. Service providers from this institute have been trained in comprehensive MVA use, second–trimester abortion, counseling, and infection prevention. Dr. Nguyen Thi Ngoc Khanh, head of the Scientific Research Department, was the coordinator of the Hospital's part of the project. She is a member of the National Abortion Working Group that was charged with developing national abortion standards and guidelines.

Vietnam Feature Film Studio was represented by Mr. Banh Bac Hai. Mr. Hai has worked on family planning and HIV/AIDS prevention programs with DKT International and World Vision. He has also worked on a film about HIV/AIDS and street children sponsored by UNICEF. Mr. Hai served as the drama instructor for the project.

Twenty–one students from eight universities/colleges in Hanoi were selected to participate the project. Almost of these students were studying for their second or third year. The nine male and 12 female participants ranged in age from 19–26 years; their average age was 21.7 years. Eleven of the young people grew up in rural areas while 10 were raised in Hanoi. Almost all of the students had been involved in singing/drama

activities and had good communication skills. Thirteen were participating in the Youth House Safe Sex and HIV/AIDS Prevention Peer Counseling Program.

Eight female and two male health-service providers participated in the YFS pilot project. Five were medical doctors, four were midwives and one was social worker. Eight came from the National Ob-Gyn Hospital and had already undertaken changes in their services to improve the quality of care. However, they had not been trained specifically in adolescent SRH. The two health-service providers from Hanoi Youth House were very experienced in offering SRH services for adolescents; they were also managing the Safe Sex and HIV/AIDS Prevention Peer Counseling Program. The project involved providers from the two health institutions in order to give them an opportunity to exchange experiences regarding adolescent reproductive health services.

Project implementation

Project preparation

An orientation workshop was held on 28 February 2003 with eight service providers, 19 students, a representative of the Ministry of Health, the drama expert, the SRH expert and Ipas staff. During an introductory icebreaker exercise, each participant drew a picture about her/his thoughts, experiences and memories concerning adolescent reproductive health. Then s/he introduced her/himself using the drawn picture. The providers from the National Ob-Gyn Hospital acknowledged that they knew very little about the needs and expectations of adolescents regarding SRH issues and abortion in particular. Ipas then introduced the YFS project to all the participants. The roles of each project partner and the project timeline were discussed.

Motivating youth involvement

To encourage the students to actively participate in managing their training courses, they were divided into four groups that took turns in tasks such as session assessment, previous module review, class organization, and warm-up exercises. The results of the daily assessments were discussed among the students and trainers and applied to improving the quality of the training. The warm-up groups often guided the students in playing games, singing songs, or dancing. The class organization groups took roles in organizing the class and timekeeping. The students also developed ground rules at the beginning of the course and followed these throughout the training.

SRH education

The young people participated in seven 4-hour SRH education sessions in March 2003. The goal was to equip the students with knowledge of adolescent reproductive health,

gender, and some living skills:

- Module 1 (1 March 2003): Health, reproductive health, and adolescent reproductive health
- Module 2 (9 March 2003): Gender and sex, gender equality in society and in SRH
- Module 3 (15 March 2003): Sex and safer sex – contraceptive methods
- Module 4 (16 March 2003): the effects of unwanted pregnancy, safe abortion
- Module 5 (22 March 2003): STIs, HIV/AIDS
- Module 6 (23 March 2003): clients' rights, basic living skills
- Module 7 (30 March 2003): problems/barriers that adolescents often face when accessing SRH services

Training materials used for the sessions included:

- *Gender or sex: who cares?* by Ipas
- *Gender and gender equality* by the Center for Study of Gender, Family and Environment in Development
- *Reproductive Health National Standards and Guidelines* by Vietnam MOH
- *Adolescent reproductive health* by UNFPA and Vietnam Ministry of Education
- *Adolescent reproductive health: curriculum for trainers and motivators* by Vietnam Youth Union and UNFPA
- *HIV/AIDS counseling curriculum* by Vietnam AIDS Prevention Committee
- *Education on gender and RH for adolescents* by the Center for Study of Gender, Family and Environment in Development
- *Adolescent RH and model of living skills team – training manual* by Vietnam Youth Union and PDI
- *Reproductive health of male adolescents* by Hanoi Health Services and Path
- COPE exercise by Engender Health.

All of the modules used a participant-centered strategy. Numerous training methods were applied such as small-group discussions, brainstorming, role-playing, illustrated lectures, and training games. These diversified training methods provided the students with opportunities to fully participate and learn actively. Pretests and posttests were used to measure the effectiveness of the sessions.

Drama education and development

The drama portion of the project took seven weeks of project time (from 5 April to 24 May 2003). While studying clients' rights, basic living skills and problems/barriers that adolescents face in accessing services, the students began to think about what they wanted to write into their drama script. The drama and SRH experts and Ipas staff gave the students some guides for developing their scripts. The students then worked in three small groups to brainstorm for their draft scripts and role-played them. It became

apparent from these first plays that the students were not experienced in receiving SRH services; they had developed their scripts based only on their imagination.

To give the students a real picture about SRH services provided to adolescents, the project included a new element in which they visited five health institutions as mystery clients: National Ob-Gyn Hospital, Hanoi Ob-Gyn Hospital, Hai Ba Trung Maternity House, Hoan Kiem Maternity House, and the Obstetrics Department of Hai Ba Trung Hospital. The students gathered many interesting experiences when assessing the counseling and examination services. They found that two of the five health institutions provided quite good counseling on adolescent reproductive health – National Ob-Gyn Hospital and Hanoi Ob-Gyn Hospital. Both of them have RH projects going on. The main problems that the students found during their visits were the following:

- The providers were not friendly to adolescents. The manner of their conversation showed that they did not respect their adolescent clients. Some providers were very cold and others criticized young clients.
- The SRH services were not private and confidential.
- The providers did not care about the adolescents' needs, especially regarding information. They did not provide any information or gave very poor information.
- There were no IEC materials for adolescents.
- Health providers were not available for clients in the second half of the afternoon and late in the morning.
- Some students had to pay for the examinations but received no receipts.
- Providers spent very little time with their adolescent clients.

The students also became able to identify their own internal barriers to accessing SRH services, which included:

- fear of personal problems being discovered by others
- fear of being refused by health-service providers
- fear of being screamed at/criticized by the providers
- fear of unsafe services
- concern about time spent on accessing services
- concern about service costs.

The students shared their visit experiences with one another and discussed what YFS should be. They thought that YFS were services that cover young people's needs for counseling, examination and treatment. The service providers must treat young people in a friendly and respectful manner. The services must be easy to access and private/confidential. IEC materials should be provided to young clients.

The students then divided into small groups to brainstorm script ideas. After one week, they had come up with seven ideas. The drama and SRH experts offered them another idea. All eight ideas were presented to the whole group and the students selected one

without participation by adult project participants. Nevertheless, the students selected the experts' idea. The students next divided into two small groups; each group developed the script for one scene.

After the drama script was completed, the students practiced the play under the guidance of the drama expert. Fifteen students (nine women and six men) were actors; the other six students were involved in stage preparation. Four sessions were used for play practice. Service providers from the National Ob-Gyn Hospital were invited to the first practice and gave comments to the students on the performance.

The final practice was conducted on 31 May 2003 for an audience including 15 university/college students, three service providers from Hanoi Youth House, and Ipas Hanoi staff. The students were very enthusiastic and showed their talent in preparing the stage and acting. The audience appreciated the play highly, commenting that it was very creative and enjoyable. However, they thought that the messages to the health-service providers should be more direct, by showing service providers on stage so it would be easier to understand the meaning of the play and the providers would be more likely to change their attitudes and behaviors. The final practice of the play was videotaped.

Project results

SRH and drama education

To assess the students' knowledge gains from the SRH education sessions, they did pre- and post-session tests for all of the modules except that concerned with problems that adolescents face in accessing SRH services. The results, shown in the table on the next page, showed considerable improvements in their knowledge.

The SRH sessions that the students liked most were: STIs (12 students), basic health/SRH (10), gender equality in reproductive health (10) and sex and safer sex (10). Six students mentioned the following sessions as their favorites: sex and gender, safe abortion, clients' rights and problems encountered by adolescents in accessing SRH services. When asked which modules they liked least, no more than two students indicated any particular module and several modules were not mentioned at all.

Module	Number of questions	Pre-test average right answers/ participants	Post-test average right answers/ participants
Basic health, SRH	28	16/28	26/28
Gender and sex, gender equality in SRH	20	13/20	19/20
Sex, safer sex, contraception	32	17/32	31/32
Unwanted pregnancy, safe abortion	10	6/10	9.5/10
HIV/AIDS, STIs	24	15/24	23/24
Clients' rights, basic living skills	13	4/13	11/13

The students' overall evaluation of the SRH and drama education sessions indicated a high degree of satisfaction. They could answer using a scale, with 5 representing strongly agree and 1 representing strongly disagree:

- The trainers were well prepared: 5.00
- The trainers spoke in a clear voice and were easily understood: 4.89
- The trainers were knowledgeable about the topics: 4.94
- The trainers clearly expressed ideas and information: 4.67
- The trainers gave the group a chance to ask questions: 4.67
- The trainers understood the questions asked and answered them satisfactorily: 4.61
- The trainers were interesting and engaging: 4.78
- The activities the trainers used were enjoyable: 4.22
- The trainers provided information that will be helpful to you when you do training: 4.67
- The trainers used effective training methods and visual aids: 4.44.

All of the students thought that the workshop materials (e.g., handouts, visual aids, toys) were effective, that there was sufficient time for discussion, and that the physical facilities were conducive to learning and sharing.

Drama performance

The final two-scene, 30-minute play, *An injustice for Thi Mau*, takes traditional Vietnamese culture as its departure point. In the past, an unwed pregnant woman was not accepted by the community, even by her own family. In the villages, a leading group of elders had powerful rights to make decisions regarding both villagers' personal affairs and community affairs. In the drama, the students used the image of the elders' group to represent negative attitudes and behaviors shown by health-service providers

and counselors. These negative attitudes and behaviors included: *not listening to clients; not respecting clients' privacy and confidentiality; taking liberties with a female client; imposing decisions; and being greedy for gain.* In the second scene, the drama brings the audience to present-day life, where women are more liberated and respected in their society. Although an unmarried pregnant woman is not dismissed from her native village, she still faces many challenges and difficulties posed by her family, the general public and particularly health clinics. Due to the sensitive subject matter of the play, the second scene does not directly deal with health-service provider problems; they do not appear on stage but the problems are related indirectly through dialogues between their clients. These matters include: clients needing to spend a lot of time access health services; providers not respecting adolescent clients, providers not providing (sufficient) information, and a lack of confidentiality and privacy. The scene touches on “ideal health-care services” where providers are nice, adolescent clients are respected, necessary information is available, confidentiality is ensured, procedures are not painful and the process is less time-consuming. The drama closes with clients expressing joy because they have received their expected health-care services.

The official drama performance took place on 20 June 2003 at the Sofitel Plaza Hotel. A large audience included seven health-service providers from the National Ob-Gyn Hospital, two providers from Hanoi Youth House, staff of the Ministry of Health, Ipas staff, and representatives from WHO, Pathfinder International, Engender Health, World Population Fund, and The Royal Netherlands Embassy. Before the show, a brief description of the YFS project was presented, which gave the audience information about the whole project.

The actors and actresses were very confident in playing the drama. They creatively added some short improvised dialogues to the play, which made the drama more interesting and enjoyable. The audience watched with great interest and a lot of laughter. They commented that the drama was very interesting, thanks both to the script and the students' performances. The students' efforts were highly appreciated and the drama ended with a cheerful audience and happy actors and actresses.

Youth and service-provider discussion

A discussion on YFS between the health-service providers and the students followed the official drama performance. Many of the other attending organizations' representatives also participated in the discussion, which brought the number of the participants up to 51. During the discussion the actors/actresses sincerely shared their feelings with the audiences.

“Before this final show, we just played the drama among ourselves or for our friends but today we feel very special to play it for you, the providers and representatives from different organizations. We were a little nervous at the beginning, but when we heard your laughter we became much more confident and played the drama with joy. We are so happy because we understand that we have done something very meaningful. The drama gave us the floor to express our messages to adults in general and health providers, particularly.”

Do Lan Huong, actress in Thi Mau’s role

One student also shared results from her study about adolescents’ reproductive health information needs: “We found that adolescents want to hear this information from their mothers and health-service providers. They prefer to have the information from health-service providers because providers are knowledgeable and provide information which can be trusted.”

One actor asked the audience what messages they received from the drama. Several providers and organization representatives gave an answer. Some would have preferred to have providers appear on stage during the play. However, others thought that it was all right not to have providers appear since the drama’s messages are not meant for any specific doctor or midwife but for everyone who contributes to adolescent reproductive health services, including the hospital guard or cleaning staff.

The audience deeply recognized that young people really need information regarding adolescent reproductive health.

“I was shocked by recognizing that I didn’t teach my daughter much about reproductive health and didn’t pay enough attention to adolescent reproductive health services. Thanks to the students so much for expressing your needs and your designs for a dream service...The most important thing is how to make young people feel comfortable when they access our services. I deeply understand that only love from us, the parents and providers, for young people would attract them to our services.”

Dr. Nguyen Ngoc Khanh, National Ob-Gyn Hospital

The providers also expressed their commitment to improving the quality of services for adolescents.

“Not everyone could give appropriate information to adolescents. As health-care providers, we have responsibilities to satisfy your needs for reproductive health services and your needs for information.”

Dr. Phan Van Quy, National Ob-Gyn Hospital

The students greatly appreciated the chance to have the discussion; they thought it was very open and friendly, which gave them the chance to share their thoughts with adults, especially providers. They also hoped that the discussion points would help change the providers' attitudes and behaviors regarding adolescent SRH. After the discussion, all of the students received a Project Participation Certificate.

Final project evaluation by the young people

An overall project evaluation form was given to the students at the beginning of May. All 21 students completed it, except for a question concerning the drama performance discussion. Eighteen students were available at the end of the discussion to complete that question.

In responding to the question about which SRH sessions they found most interesting – about five weeks after the post-test they had done previously – the topics mentioned most often were: sex (9 students), safer sex (8), contraceptive methods (8) and gender (6). When asked which SRH sessions were most useful, the topics mentioned most were: contraceptive methods (7 students), STIs (7), safer sex (6) and safe abortion (6).

All of the students said that they had learned at least one new thing during the SRH sessions:

- Clients' rights: 10
- STIs: 5
- Living skills: 4
- Gender and sex: 3
- Gender equality: 2
- Structure and functions of reproductive organ: 3
- Safe abortion: 1
- HIV/AIDS: 1

When asked what they would do to help if a young woman they knew had suffered an unsafe abortion, all of the youth said that they would advise her to go to a good hospital for examination and treatment of any complications. They would also advise her about using contraceptive methods. Some added that they would comfort her, explain the danger of the situation and perhaps accompany her to the hospital if necessary.

Asked what they liked most about the play, several students mentioned its content, humor and combination of traditional and modern drama. Some respondents especially liked the chance they had to help develop the script and act it out.

When asked whether they felt that the script for the play was influenced much by the adults, 10 students said “No” while 11 said “Yes”. Some of the stronger comments from those who believed that the adults had intervened too much:

- "The script was influenced a little bit by adults. Adults are always concerned about how to make a script acceptable to important persons and other people. Therefore, many negative things were not performed or performed too indirectly. Scene 1 was too long and did not bring all necessary messages, hence it was difficult to understand. It also made the audience misunderstand the drama's purpose."
- "We wanted to make the drama more humorous by the youth way, but adults did not agree."
- "There were opinions that were not flexible, inhibiting our creative ability. Sometimes adults, who were not participating in the script-creating process from the beginning, gave many opposed ideas. That made it difficult for us to follow."
- "Yes, but adults only gave us the initial ideas. All its content and dialogues were created by youth."
- "Yes, but not much. Messages of the drama brought to audiences were too indirect. It made the drama's main contents become difficult to understand."
- "Adults sometimes forced us to follow their ideas. Therefore some episodes in the drama were not very flexible."

It was perhaps these feelings that led the young people to add improvised dialogue to the final performance, a creative solution!

Most of the students felt that the discussion after the drama performance was very straightforward and honest. They believed that both the actors and audience members expressed their own opinions. Many believed that the discussion could contribute to changes in providers' attitudes and behaviours.

All of the students indicated that they would be willing to recommend participation in a project like this to their friends. Asked if they would change anything if they could participate in designing a similar project, seven said no. Most of the other participants said that they would like the project time to be longer so that it could have more contents and more time for drama practice.

Lessons learned

The project team in Vietnam drew up a list of lessons learned:

1. The clear guidelines in the project strategy document contributed to the project's successful implementation. The tools provided were very helpful in monitoring and evaluating activities, while the periodic update reports gave the project management team an opportunity to review what had been implemented and what still needed to be accomplished. The update reports were also very useful for preparation of the final report.
2. It is important to select project participants, education modules/materials, and training methods carefully. Doing so contributed a lot to the success of the project's first stage. Participant-centered training helped the students learn actively and remember the knowledge that they learned.
3. Students' participation in organizing the SRH course (warm-up activities, session evaluations, reviewing previous modules, and classroom organization) made them become much more active and creative. This also created a very warm atmosphere.
4. Visiting health institutions as mystery clients helped the students learn about the real situation of SRH services for young people. Since they received actual services, they were able to deeply feel what young people think about providers' attitudes and behaviors and how the surrounding environment affects them. They were also able to figure out the good points and problems at the health institutions, which helped them design their dream services.
5. Talking about the problems of SRH services that are linked to providers' attitudes and behaviors is a very sensitive issue. Therefore, the project team and students tried not to hurt the providers by giving messages indirectly in the play. The dilemma posed by this solution was that the messages were not all clear for the audiences.
6. Giving the students ideas for the script limited their creativity. The students were very happy to choose the drama expert's idea but later on felt it was very hard to write the script. The drama expert did not intend to help the students much in editing the script but he had to do so because of the students' difficulties.
7. All of the project participants – including the students, health providers and project team members – learned a lot during project implementation.

The students learned about adolescent reproductive health, gender and sex, client rights and living skills, which can support them in changing their attitudes and behaviors regarding SRH. Since many of these students were SRH peer counselors/motivators, what they learned will benefit the community of eight universities/colleges in Hanoi. The students have learned effectively about drama skills by practicing scriptwriting, play acting, and stage decoration. Furthermore, the project created a forum through which the young people could express their SRH care needs, as well as their expectations of YFS. Their messages were not only sent

to the health-service providers but also to policy-makers, parents, and adults in general.

This project was the first chance for the health-service providers from the National Ob-Gyn Hospital to hear directly from their young clients what they have done well and what needs to be changed. Discussing with the young people helped these service providers understand adolescents' SRH needs and expectations so that they can improve the quality of SRH care for young people. Based on the young people's ideas concerning YFS, the service providers can develop an action plan to institute positive changes at their institutions.

The project also allowed participating adults to better understand how adolescents view things happening around them and what adolescents expect from adults. What the project participants learned from this project not only can be applied to their professional work but also to their daily lives.

Participating in the YFS pilot project allowed the project team members to learn both positive and negative lessons. The team members became much more competent in working with young people.

8. The play motivated the young people to visit public health institutions for SRH care rather than follow unscientific advice from unknowledgeable sources.
9. The young actors and actresses became more active and creative when they played the drama for real audiences. When they creatively added short improvised dialogues to the final show, the drama became much more vivid and interesting.
10. The final discussion between the providers and the students was a very important step in the project, as it gave both the young people and the adults an opportunity to exchange their thoughts. During this discussion the youth's needs and dreams regarding SRH services were discussed openly. We hope that this will guide the providers in changing their attitudes and behaviors regarding SRH services for adolescents.

Follow-up

Because of limited time for the project, the discussion between the young people and health-service providers could not go further; as a consequence, an action plan for the providers was not developed. However, it is envisioned that this may take place as part of the ongoing Ipas CAC project.

Recommendations

The Ipas-Vietnam team made a series of recommendations to be taken into account if the project is repeated in the future.

1. The project should include a step in which the youth participants visit health institutions as mystery clients. This is because many young participants will not have experienced accessing SRH services.

2. During the project preparation stage, all participating adults need to learn how to work with adolescents. This includes knowing what they should and should not do to encourage the adolescents to work creatively and with interest.
3. In order to produce a good drama, the young participants and project team members need to learn how to integrate basic components of health education with entertainment activities. Resources available on "edutainment" can help illustrate how to balance education and entertainment in a drama.
4. The project would be more effective if young people could participate in the project design stage.
5. Preferably, a project should be implemented during the summer when young people have more free time to participate. Alternatively, it could be scheduled during the school year but during a period when students do not have exams. If a project is carried out with out-of-school youth (e.g., in a rural area), attention should be given to implementing it during less intensive labor periods.
6. The project timeframe should be longer. Some project activities could be improved with more time, e.g., script selection, script editing, and adolescent-provider discussions.
7. A YFS project should be followed by several supporting activities for the health-service providers such as: training on specific counseling for adolescents, visiting the YFS model sites, and involvement in a YFS network.
8. The seven draft ideas developed by the students in this project that were not selected for the script should be collected. The students should be encouraged to develop drama scripts or short stories based on these ideas and a discussion guide could be added to these dramas/stories. Then they could become very valuable health education materials regarding YFS.
9. A drama produced by such a project should be brought to much broader audiences, for example through public theatres and television. A videotape can also be played for many different groups of providers.

6. CONCLUSION

Overall, it can be stated that the pilot projects were quite successful, especially given the short timeframe within which they were carried out. This was partly because the project strategy materials included resources that could be used by the teams so that they did not have to "reinvent the wheel." The creativity displayed by the teams in adding new elements to the project also contributed to the positive outcomes.

A major point of the projects was to show that YFS should be defined locally, so that appropriate changes can be made to improve services. Comparing the results from the three countries, however, showed that many of the same issues arise in different contexts.

Important elements for YFS from young people's perspective included:

- provider attitudes should be non-judgmental, non-critical, respectful, patient
- the service environment should be friendly and warm and guarantee privacy and confidentiality
- providers should be skilled in both clinical procedures and counseling
- service provision should be based on the availability of proper equipment and sufficient bed space
- services should be open at hours convenient to young people, including provisions for emergencies; prices should be subsidized, at least for poorer people
- information on SRH should be adequate, easy to understand, provided by trained providers; young clients should also be given IEC materials, preferably in the local language.

Important elements from the service providers' perspective:

- provider attitudes should be non-judgmental and respectful
- the service environment should be friendly, with music, guarantee privacy and confidentiality, and also be open male youth
- providers need more training, especially in IEC and counseling
- services do not need separate facilities for youth but special provisions for YFS within existing facilities; waiting times for youth clients should be reduced; there should be a possibility of making appointments by telephone.

Results according to indicators

Three indicators taken from the Ipas Results Framework, which underlies all the organization's work, were used to assess the pilot project's outcomes.

Number of (new) partners identified with formal agreements for collaboration (including sub-grants) in efforts to extend access to abortion care and related reproductive health services

In Ethiopia, Ipas was able to strengthen its partnership with MCDP. This organization was sub-contracted to carry out the project.

In Nigeria, the Ipas team established and strengthened partnerships with BAZIKS THEATRE ABUJA, the National Council for Women Societies of Nigeria (NCWS), the National Association of Women Journalists (NAWOJ), and the International Federation of Female Lawyers (FIDA).

In Vietnam, the team intensified its working relationship with the National Ob-Gyn Hospital and Hanoi Youth House. This was the first time that the team had formally carried out a project with the Vietnam Feature Film Studio.

Number of significant education or advocacy activities on reproductive rights, violence, abortion issues conducted

In Ethiopia, Nigeria and Vietnam, 29, 22 and 21 young people, respectively, followed educational sessions that included the topics of reproductive rights, pregnancy, unsafe abortion and abortion. In Nigeria, this was the first opportunity for many of them to receive targeted SRH education. In Ethiopia and Vietnam, the SRH education deepened the knowledge available to the young people who also serve as peer health educators. The project evaluation among the young people in Vietnam showed that inclusion of SRH rights was important since it was a new topic for 10 of the participants.

In Ethiopia, the joint workshop with young people and health-service providers offered the two groups a chance to hear one another's perspectives on SRH and YFS and to find common ground for improving services.

The drama performances in Nigeria and Vietnam led to enthusiastic and useful discussions with providers of abortion-related care about how to make their services more youth-friendly. In both countries, the teams videotaped the drama so that it can be used in future discussions with young people and health-service providers about YFS. In addition, the two teams took the opportunity to involve opinion leaders and policy-makers (and donors in Vietnam) in discussions on YFS by inviting them to a formal performance of the young people's play.

Number of health and other professional groups taking significant action (with Ipas inputs) to influence abortion regulations or service guidelines, including integration of abortion care in adolescent programs and in scopes of practice for midlevel providers

In all three countries, the health-service provider participants included nurse-midwives as well as physicians, reflecting the organizations' commitment to including midlevel providers in improving reproductive health services.

In Nigeria, 24 health-service providers made commitments to improve their services so that they would become more appropriate for young women, particularly in relation to PAC. In addition, three women's organizations publicly stated their support for revision of laws to expand the indications for legal abortion to cases in which a woman's health is threatened by pregnancy.

In Vietnam, the 10 service providers showed great enthusiasm for preparing action plans that will help them make their SRH and abortion services more youth-friendly.

Strengths of the pilot projects

The major strength of the pilot projects was that the young people were able to participate actively and creatively in affecting an issue of direct relevance for their own lives: sexual and reproductive health services. While many projects reach out to youth in implementing YFS, for example by training them as peer health educators, very few actually give them the opportunity to engage in direct dialogue with service providers regarding how services should be organized and offered. These projects attempted to put the young people on an equal footing with the service providers and to ensure that their concerns and needs become the basis for envisioned improvements to service delivery.

The inclusion of a gender and human rights perspective in the projects was also of major importance. The youth groups included both female and male young adults and their equal participation was encouraged.

Giving the youth participants the chance to help determine how the projects were implemented contributed to their overall satisfaction. Providing them with individual copies of IEC materials (and, in the case of Vietnam, certificates) is an added incentive for enthusiastic participation.

Combining the elements of SRH education with activities focused on defining youth-friendly services was essential. This provided the youth participants with correct knowledge and more ideas on what they would like to see YFS offer.

Finally, the periodic reports submitted by two of the teams provided them with a way to monitor project progress and solicit information and suggestions from the project coordinators.

Taking advantage of new opportunities

The project teams showed ingenuity in adding new elements to the strategies chosen.

In Ethiopia, the team used unspent funds to print and distribute an Amharic translation of resource material for adolescents, the *Safari of Life: Sexuality Game*.

In Nigeria, the team included representatives of important women's organizations in play performances and discussion; this led to a public expression of support for revision of the restrictive abortion laws in place to date.

In Vietnam, the team recognized that many young people actually do not attend SRH services and used this knowledge to give them the chance to act as "mystery clients" so that they could gain first-hand knowledge of SRH services within a "safe context" (the project).

Challenges and recommendations

The pilot projects indicated a number of challenges to be overcome.

All project team members should recognize that young people must take the lead in their parts of the project. The SRH educational sessions should be as participatory as possible, avoiding too many lectures and utilizing quizzes, role-plays, games and active exercises where possible. The drama portion of a project should not focus primarily on producing a "high-quality play" but a production that expresses the youth's concerns and creativity. This may be a particular challenge for drama experts, who must learn to "let go" and allow the young people to try out their own ideas. Allowing the young participants free rein in developing drama ideas can also lead to additional resources. As the Vietnam team suggested, the students whose ideas were not selected could be encouraged to develop drama scripts or short stories based on their suggestions. Combined with a discussion guide, such a collection could become a valuable IEC resource regarding YFS.

In the case of the education and drama strategy, the young participants and project team members would benefit from learning how to integrate basic components of health education with entertainment activities. Project teams should receive resources on "edutainment" that can help illustrate how to balance education and entertainment in a drama.

In Vietnam, a complaint voiced by the project participants was that the drama failed to show directly how poorly service providers may treat adolescents. While project staff may be reluctant to "hurt providers' feelings", it probably would be more effective to

address the issues head on. The Nigeria team's suggestion of having the play performed within a hospital setting would be an innovative way of dealing with this. Gaining support from hospital administrators for such a venture would also provide an additional opportunity for advocacy regarding YFS.

Not all education and drama projects would be able to include the phase of actual drama production given the expense and time involved. Both the Nigeria and Vietnam teams videotaped the plays and this could make implementation of similar projects in other cities easier. The temptation might be to simply show the videotape to health-service providers so that they can draw their own conclusions about what YFS should be. However, the elements of YFS could vary from place to place; moreover, one of the most important components of this strategy is having the young people and health-service providers talk with one another about YFS. As the comments from providers showed, it is the direct communication with the youth that made such a great impact on the adults. While the SRH education component would need to be retained, the videotapes from these projects could be shown to separate groups of youth and health-service providers to elicit their ideas about what YFS should involve. They could then be brought together for a dialogue and discussion to come to a mutual definition of YFS.

In Ethiopia and Vietnam, many of the youth participants were already active as peer health educators. The teams noted that it would be beneficial to extend such a project to reach youth who are not already playing such a role in their communities.

Many of the young people who participated in these projects had completed secondary school, yet such a project could be very beneficial for secondary-school students as well. Carrying out such a project with younger youth might be more time-consuming as it could require obtaining parental permission; however, this would also provide another venue for advocacy concerning the problems of unwanted pregnancy, unsafe abortion and the need for establishing YFS.

The teams carried out their projects within a short time span of 5–6 months. The fact that they accomplished most of the project goals demonstrated their enthusiasm and commitment, as well as that of the youth and health-service provider participants. Future projects should envision a longer timeframe, however, so that the participants do not feel rushed and are able to proceed to the phase of service delivery improvement and monitoring.

In summary, the challenges were real but ways of overcoming them can be devised. What the pilot project showed was that bringing young people and health-service providers together in an active manner can contribute greatly to making youth-friendly services more of a reality.

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Abbreviations

AWG	Adolescent Working Group at Ipas
CAC	Comprehensive Abortion Care Project in Vietnam
IEC	Information, education and communication
IPPF	International Planned Parenthood Federation
MOH	Ministry of Health
MVA	Manual vacuum aspiration
PAC	Postabortion care
SRH	Sexual and reproductive health
YFS	Youth-friendly services