HIV/AIDS and SRH Minimum Service Package for Youth Centers

Federal HIV/AIDS Prevention and Control Office

In Collaboration with Ministry of Women, Children and Youth Affairs

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List of Acronyms

ABC	Abstinence, Be faithful, Condom use
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARC	AIDS resource center
ART	Anti-Retroviral Treatment
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CBO	Community Based Organization
DHS	Demographic and Health Surveys
EDHS	Ethiopian Demographic Health Survey
FBOs	Faith Based Organizations
FHAPCO	Federal HIV/ AIDS Prevention and Control Office
FMoH	Federal Ministry of Health
FP	Family Planning
HEWs	Health Extension Workers
HIV	Human Immuno deficiency Virus

HC T	HIV Counseling and Testing
IEC	Information Education and Communication
IEC	Information Education Communication
IFHP	Interim Federal Health Policy
IGA	Income Generating Activities
M & E	Monitoring and Evaluation
MARPs	Most At Risk Populations
MIS	Management Information System
MoWCYA	Ministry of Women, Children and Youth Affairs
MoYS	Ministry of Youths and Sport
NGO	Non Governmental Organization
PEs	Peer Educators
PIHCT	Provider Initiated HIV Counseling and Testing
PMTCT	Prevention of Mother to Child Transmission of HIV
RH	Reproductive Health
RHAPCO	Regional HIV/ AIDS Prevention and Control Office
SPM II	Strategic Plan and Management II

SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on AIDS
UNFPA	The United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and Testing
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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1. Introduction

Global reports show that youths face greater reproductive health risks for many reasons, including involving in activities with greater risks such as having unprotected sex, unwanted pregnancy, childbearing at an early age, a greater vulnerability to sexual pressure, coercion and exploitation and many others. With regard to HIV, only a portion of youths know they are infected with HIV along with increased exposure to STIs and unintended pregnancy. These and many other situations have put youths vulnerable to situations like social stigmas, conflicts with family and higher risk to unsafe abortions and its complications, among others.

The problems faced by youth are more magnified in youths living in Sub Saharan Africa. In the year 2008 alone, of the total 14.3 million births to adolescent women occurred in the developing world, five million was occurred in Sub-Saharan Africa and each year adolescent women account for 16% of all births in Sub-Saharan Africa. There are an estimated 2.2 million unintended pregnancies among adolescent women living in Sub-Saharan Africa.

Adolescents and youths in Ethiopia are also highly affected by HIV and SRH related problems. Various studies show that these segments of the population in Ethiopia are prone to various forms of SRH problems such as: early marriage, sexual coercion, female

genital mutilation, unwanted pregnancies, abortion and sexually transmitted infections including HIV. Despite high awareness of HIV/AIDS, about one in four girls of age 15-19 year old do not believe there is a way to avoid HIV/AIDS. The demographic and health survey report of 2011 indicates that the proportion of women who are sexually active is 16 percent among those aged 15-19, which pronounces the seriousness of the situation. Additionally the report indicates that the percent of teenage women who have begun childbearing is 12%.

Aware of the seriousness of the situation faced by youth, the Government of Ethiopia has ratified several international agreements related to youth and developed various legislations, policies and strategies that paid special attention to adolescent and youth in general and HIV/AIDS and sexual reproductive health in particular.

As part of implementing these and putting in place national youth development programs, the government has established more than 800 youth centers in the different regions of the country. One of the major objectives of the youth centers is to enable the youths access Health services including SRH and HIV AIDS. In recognition of the critical roles that the youth centers could play in addressing the overall issues concerning the youth in general and mitigating problems associated to HIV and SRH in particular, a service delivery standard was developed by the Ministry of Youth and Sports). The service delivery standard has incorporated key HIV/AIDS and

SRH services like HIV/AIDS and pregnancy counseling and testing, provision of information on family planning, condom promotion and distribution, STI prevention, referral linkage and behavioral change communication.

Thus, to complement and strengthen the implementation of the interventions specified in the standard service delivery guideline and to include uncovered interventions such as a combination prevention approach, outreach activities, mini-media, it was found necessary to prepare this minimum service package. The minimum service package also intends to harmonize and integrate the interventions across the youth centers as well to promote the available services to achieve the maximum effect and to enhance service seeking behavior of the youth. It will also be used as a technical handbook for the centers and guides the HIV/AIDS and SRH services rendered in the centers. Therefore, the major objective of preparing the document is to reduce HIV/AIDS and SRH problems facing youths using the centers.

1.1. HIV/AIDS and SRH Situation among youth

Most youths face greater reproductive health risks than adults for many reasons, including involving in activities with greater risks such as having unprotected sex, unwanted pregnancy, childbearing at early age, greater vulnerability to sexual pressure, coercion and exploitation, unsafe abortion and suffer the complications it endangers (UNFPA, 2004). In addition, the adolescents don't receive

adequate information and services on reproductive health. With regard to HIV/AIDS, only a fraction of them know they are infected with HIV along with increased exposure to STIs and unintended pregnancy. This situation has made the problems associated with adolescent reproductive health serious and complex like social stigmas, conflicts with family, and higher risk to unsafe abortions (UNICEF, UNAIDS and WHO, 2002). In addition, even if services are available they don't utilize them. Stigma, service costs, and provider bias pose formidable barriers to Ethiopian young people's ability to access HIV/AIDS and sexual reproductive health (SRH) services (IFHP, 2012).

About three in ten unmarried adolescent women in Sub-Saharan Africa have ever had sex. Adolescent women in the developing world had an estimated 14.3 million births in 2008. Of these births, five million was occurred in Sub-Saharan Africa and each year, adolescent women account for 16% of all births in Sub-Saharan Africa. In Sub-Saharan Africa, slightly more than half of all people living with HIV are women and girls and young women aged 15–24 years are as much as eight times more likely than men to be HIV positive. Since most of these pregnancies and sexual activities are expected to be un-safe, the vulnerability of youth and adolescents to HIV is unquestionable. Many young women report that their first sexual experience was not consensual with considerable health implications.

1.2. Youth and HIV/AIDS/SRH in Ethiopia

Adolescents and young people 10-29 years of age constitute 42% of the total population in Ethiopia. Problems related to HIV infection and SRH have been recognized as some of the critical challenges of public health in Ethiopia. Various studies show that adolescents and youth in Ethiopia are widely engaged in sexual activities which lead to sexual and reproductive health problems. Ethiopian youth are prone to various forms of SRH problems such as: early marriage, sexual coercion, female genital mutilation, unwanted pregnancies, abortion and sexually transmitted infections including HIV.

Despite high awareness of HIV/AIDS, about one in four girls of age 15-19 year old do not believe there is a way to avoid HIV/AIDS. Besides, knowledge about condoms and its role in preventing the transmission of HIV is limited. To date, 60% of young women and 30% of young men are unaware that using a condom during sexual intercourse can reduce the risk of contracting HIV/AIDS (EDHS, 2011). Adolescents and youth reported to have much more limited knowledge on other STIs as compared to HIV. Only about half of the adolescents of age 15-19 years old, had some knowledge of STI and the symptoms. Young girls of age 15-19 years who are sexually active are three times (1.4%) more likely to report an STI than sexually active men in the same age group (0.5%) (EDHS, 2005). Thus, young girls are at increased risks of contracting STI, including HIV.

Behavioral surveillance survey (BSS) and Ethiopian Demographic and Health Survey (EDHS) of 2005 reported that comprehensive knowledge among 15-24 years of age group was 20.5% among females and 33.3% among males. The recent EDHS report documented that 24% of female and 34% of male respondents aged 15-24 reported to have comprehensive knowledge about HIV and AIDS (EDHS, 2011). This shows that young people are yet poorly aware of HIV. Based on the analysis done on the three demographic and health surveys conducted in the country (in 2002, 2005 and 2011) indicated that the SRH related problems of the youth in Ethiopia are still significantly high.

The median age at first marriage for Ethiopian youth age 25-49 is 16.5 and 23.1years for women and men respectively. The report has also indicated that women in Ethiopia marry at a much younger age than women in all other sub-Saharan African countries. Additionally The EDHS 2011 reported the median age at first sexual intercourse for women and men to be 18.8 and 21.2 years respectively; the median age at first sex for men to be about six years later than for women. It is also indicated in the report that the proportion of women who are sexually active is 16 percent among those aged 15-19. The percent of teenage women who have begun childbearing is12%, according to the EDHS 2011 report.

1.3. HIV/AIDS and SRH Responses in Ethiopia

Understanding the situation, the government of Ethiopia, has developed different policies and strategies to mitigate the problems of youth and adolescents. The national youth policy and strategy, the national health policy, and the HIV/AIDS policy and its strategic plan and managements/SPM I and II) can be mentioned among others. The national youth policy specified the needs to address interests of specific groups of youth such as those out of school, youth with special needs (female youth, pastoralist youth, youth infected and affected by HIV/AIDS, physically and mentally impaired youth and orphans) (MoYS, 2004). Following the policy, youth development package was developed. The package among other things come up with youth centers that serve as a space where young people could come together and engage in their own development endeavors (MoWCY, 2010). The Ethiopian Health policy has specified the need to provide SRH services for the youth and the Health Sector Development Plans have given due attention for issues related to adolescents and youth.

The National Adolescents and Youth Reproductive Health Strategy also recognizes the diverse needs and vulnerabilities of adolescents and youth in Ethiopia and calls for tailored approach to those aged 10 - 24 years of age. Recognition of diversity, adoption of developmental and holistic approach to the needs of adolescents and youth, paying attention to gender differences and integration of interventions to vertical and horizontal programs were some of

the key foundations of the policy (FMoH, 2006). This particular strategy reflects government commitment to improve the sexual and reproductive health of adolescents and youth.

The HIV/AIDS policy, the two National Five Years Strategic Plans for multi-sectoral HIV/AIDS response (SPM-I and SPM-II) and the Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support (2007–2010) have identified young people as one of the most affected and infected segment of the population and committed to give due emphasis for programs targeting young people (FHAPCO, 2009).

The current SPM II identified young people, specifically out of school youth, to be prioritized by HIV prevention program. The document considers youth as most vulnerable population groups to HIV infection. It is clearly indicated in this document that youth centers are strategic places to deliver the HIV/AIDS related services for the youths in general and out of school youth in particular. Key programmatic interventions and activities identified by the SPM for out-of-school youth include the three components of combination prevention approaches like peer education, youth friendly SRH services, leadership development training, income generating schemes for vulnerable youth and others.

Furthermore, federal Ministry of Health /FMoH/ has also developed minimum package of adolescent and youth sexual and repro-

ductive health services to standardize service provision and quality at different levels and by different actors (FMoH, 2008). In order to ensure the provision of the minimum package of services, an additional guideline was developed to facilitate SRH service provision by community health workers which were later shared with health extension workers/HEWs (FMoH, 2003).

2. Rationale

As stated earlier most Ethiopian youth and more particularly out of school youth are exposed to various problems including HIV/AIDs, gender inequalities, sexual coercion, rape and substance abuse.

In this regard, the Ministry of Women, Youth and Children Affairs has made very imperative responses including the development of a standard service delivery guideline for youth centers, among other things, to provide HIV/AIDS and SRH services in a standardized and uniform manner. The document identifies major HIV intervention services like HIV/AIDS and pregnancy, counseling and testing, provision of information/education on family planning, condom promotion and distribution, STI prevention, referral linkage, IEC/BCC resource centers, peer education and others.

This group requires a comprehensive and all inclusive intervention strategy that deal with problems affecting them. Thus, to complement and strengthen the implementation of the interventions specified in the standard service delivery guideline and to include uncovered interventions such as a combination prevention approach, outreach activities, mini-media, it was found necessary to prepare a minimum service package. The minimum service package also intends to harmonize and integrate the interventions across the youth centers as well to promote the available services to achieve the maximum effect and to enhance service seeking behavior of the youth. The document also will be used as operational guide for the centers for HIV/AIDS and SRH services provision at the centers.

3. Objectives

3.1. General objective

To reduce HIV/AIDS and SRH related risks and enhance service utilization among youths who make use of the different services at the centers.

3.2. Specific objectives

- To reduce risks of HIV/AIDS and SRH problems among youths,
- To promote HIV/AIDS and SRH service use by youths at the centers,
- To guide youth centers and implementing partners in the design of HIV and SRH prevention programs to be provided in the youth centers;
- To enhance the level of synergy and coordination among partners in the implementation of HIV/AIDS and SRH interventions in the youth centers;

4. Implementation Guide

This package recommends the implementation of this minimum HIV and SRH service package at the youth center to be with the understanding of combination prevention approaches and linking other necessary services for the youth. Currently, a wide range of partners are involved in supporting the implementation of HIV and other health related efforts at the youth centers. However, lack of strong coordination effort coupled with lack of pre set combined standard on HIV and SRH program made the contribution of the actors involved less efficient and less effective. The key implementation guides are presented as follows:

Planning: Set program goals, objectives, key outcomes and estimate the resource requirements (human, materials and financial) of the services by involving all stakeholders.

Capacity building: provide technical assistance and conduct capacity building workshops and trainings on HIV and SRH program design, implementation and evaluation to the youth center coordinators, staff and volunteers.

Monitoring and evaluation: follow up of activities and providing timely feedback is essential to continually guide and/or redirect the inputs and the overall direction of the program to reach program goals.

4.1. Guiding Principles

Combination prevention: Effective prevention strategies are distinguished by relying not on standalone intervention approach, but also on using a combination of **behavioral**, **structural and biomedical interventions** coordinated to achieve maximum effect.

Linkage to other services: As youth centers are places for young people to entertain and get required health services, provision of clinical services appropriate to the capacities of the centers like STI management could be made available at the centers. Additionally other services must be provided from nearby facilities by establishing appropriate referral and linkage mechanisms.

Need based approaches: HIV prevention services should prioritize interventions that are based on need of the youth and available resources

Coordination: Implementation and coordination of HIV/AIDS and SRH services among partners should be harmonized to avoid duplication of efforts and increase efficiency.

Partnership: All partners including public, private, NGOs, CBOs and civil societies should be involved in designing and implementing HIV/AIDS and SRH programs to maximize the coverage, scale up and intensity of the services.

Participation: At all levels of HIV/AIDS and SRH planning, programming and implementation, the participation of the youth and

the community should be integral to achieve program impact.

Non-discrimination: Promotion, protection and respect of human rights including gender equality and addressing HIV/AIDS and SRH problems of persons with disability should always be integrated in HIV and SRH programming at the youth centers. All youth have the right to access information and health services.

Sustainability: HIV/AIDS and SRH services should be designed based on long term goals that foster and maintain sustainability at the centers**.**

Ownership: The Ministry of Women, Children and Youth Affairs will be responsible for the overall coordination and the youth centers will own the programs. All levels of the structures of the HIV/AIDS Prevention and Control Offices will be responsible for the technical assistance required in the respective levels.

Proactive response: The responses to be given at the youth centers must be practical and responsive to the area specific problems or evidence based.

4.2. Roles and responsibilities

4.2.1. National level

MoWCY A

- Oversee the implementation of HIV/AIDS and SRH inter-

vention Package in the youth centers

- Ensure the presence of policies and strategic documents in place and implemented in the youth center
- Ensure the quality of interventions
- Regularly monitor and supervise the implementation of the intervention package
- Mobilize and coordinate partners to assist the implementation of the intervention package
- Review periodically the implementation of the HIV/AIDS and SRH service delivery.

FHAPCO

- Participates in the capacity building of the youth centers and partners on areas of HIV/AIDS and SRH,
- Provides technical assistance to the centers on areas of HIV/AIDS and SRH,
- Participates in mobilization of resources for the implementation of HIV/AIDS and SRH programs in the centers.

4.2.2. **Regional/Zonal level**

BoWCYA (Youth and Sport Bureau)

- Coordination and leadership of HIV/AIDS and SRH ser-

vices targeting youth at the centers in the region.

- Ensure linkages between different HIV/AIDS and SRH interventions and services implemented at the centers by partners
- Lead and coordinate resource mobilization efforts to address the program needs
- Advocate, promote and monitor HIV/AIDS and SRH activities at the centers,
- Make sure whether the HIV & SRH services are linked to other health facilities through referral linkages,
- Ensuring partnership between the youth centers and different implementers in the region.
- Review periodically the implementation of the HIV/AIDS and SRH service delivery.

RHAPCO/Regional Health Bureau/

- Participate in mobilization of resources for the implementation of HIV and SRH issues according to the minimum package,
- Gives technical assistance in the planning, implementation and monitoring of HIV/AIDS and SRH programming of the centers.

4.2.3. Woreda level

WoWCYA /Woreda Office of Youth and Sports/

- Coordinate and implement the HIV/AIDS and SRH interventions in the youth center
- Coordinate the initiatives of different partners within the youth center
- Ensure the presence of strategic documents such as policy, strategic plan, intervention package and others are in place
- Prepare periodic reports and communicate to the concerned bodies
- Conduct proper documentation and dissemination of best practices and lessons learned
- Ensure linkages between different HIV/AIDS and SRH interventions and services implemented by partners
- Closely monitor and follow up the implementation of HIV/AIDS and SRH
- Review periodically the implementation of the HIV/AIDS and SRH service delivery

Woreda Health Bureau/

- Participate in mobilization of resources for the implementation of HIV and SRH issues according to the minimum

package,

- Gives technical assistance in the planning, implementation and monitoring of HIV/AIDS and SRH programming of the centers.

Charity organizations /CBOs

- Design and Implement programs that ensure the implementation of this package,
- Provide Financial, Material and technical support for the implementation of the Package,
- Participate in building the capacities of implementers,
- Participate on planning, monitoring and evaluation,
- Participate in mobilization of the youth at community level,

Youth and Women Associations

- Actively participate in the overall process of planning, monitoring and evaluation of the youth centers regarding HIV/AIDS & SRH programs
- In collaboration with other government institutions and implementers, the youth and women associations shall play a role in mobilizing resources
- Support and strengthen the youth centers through capacity

building trainings, workshops and other similar technical as well as financial supports

- Mobilize the community, especially the youth at grass root level to utilize HIV & SRH services in the youth centers.
- Shall perform other activities to make youth centers provide the youth with full HIV/AIDS & SRH services & build the capacities of youth centers.

Youth centers

- Conduct the regular evidence based need assessment
- Own HIV/AIDS and SRH Program Interventions
- Prepare comprehensive strategic and operational plan of HIV/AIDS and SRH Programs
- Allocate appropriate and adequate resources for the implementation of HIV/AIDS and SRH Programs
- Proactively involve in forums and experience sharing events
- Work closely with partners to create an enabling environment
- Ensure the referral linkage with different health facilities
- Monitor and follow up the day to day implementation of HIV/AIDS and SRH programs

- Regularly send their HIV & SRH performance reports to the women , children & youth affairs structures, HAPCOs and other concerned bodies
- Review periodically the implementation of the HIV/AIDS and SRH service delivery

Youths

- Participate in planning, implementation and monitoring of the HIV/AIDS and SRH programs
- Shall demand and use the services at the centers
- Participate in capacity building and awareness creation programs
- Ensure equitable distribution of interventions and access to services
- Ensure the involvement of youth structures in the implementation of the HIV/AIDS and SRH intervention.

5. Interventions

Effective HIV/AIDS and SRH programming focuses on the critical relationship between the epidemiology of HIV infection and SRH problem, the risks associated to the issues, and the cultural, institutional and structural factors that drive the behaviors. Risk behaviors are enmeshed in complex webs of economic, legal, political, cultural and psychosocial determinants that must be analyzed and addressed by polices that are also effectively implemented and scaled-up.

Efforts targeted to HIV/AIDS and SRH problems for youth should primarily focus on measures that directly support risk reduction by providing information and developing skills as well as access to services/commodities like condoms, IEC materials, VCT etc for the young people. The programs should also address the collective social and institutional factors such as sexual norms, gender inequality, and stigma related to sexual behaviors, that will otherwise continue to fuel the problems of HIV/AIDS and SRH.

Most importantly, a comprehensive approach to HIV/AIDS and SRH must address not only risk but also deep-rooted causes of vulnerability which reduce the ability of individuals and communities to protect themselves and others from the problems.

Effective HIV/AIDS and SRH programming that enables people to

adopt safer behavior requires not only just knowing who is at risk, but also understanding why they engage in risk behaviors, motivating them to reduce their risk, developing their knowledge and skills, improving their access to means of protecting themselves in ways that are appropriate to them and providing a supportive social and policy environment for behavior change.

5.1. Behavioral Interventions

Behavioral intervention strategies involve comprehensive knowledge, stigma reduction, increase health service seeking behavior, delay of onset of first sexual intercourse, decrease in number of sexual partners, increases in condom use, increase in use of family planning services etc.

Behavioral strategies attempt to motivate behavioral change within individuals, peer groups and youth in general through range of educational programs, motivational activities, skills-building trainings and programs though different approaches that are based on youth center community normative approaches.

Components of Minimum Behavioral Intervention Package

A. Peer Education

Peer education is a popular approach for promoting reproductive

health and HIV prevention among young people around the world. Well-designed and well-implemented peer education programs can improve young people's health-related knowledge, attitudes, and skills and ultimately improves access to health services. Peer education is defined as the process by which well-trained and motivated individuals lead organized educational and skills-building activities with their peers to support and improve skills to make an informed decision about HIV/AIDS and SRH through activities undertaken in one-to-one counseling or small group setting.

Activities

- Adapt training curricula to train ToTs and (PEs),
- ToT for peer educators,
- Recruit Peer Educators(PEs) based on the selection criteria,
- Train and supervise the peer educators,
- Create linkages and referral systems with local youth friendly service providers,
- Develop a program of rewards and incentives for Peer Educators,
- Conduct refreshment training.

B. **Life skills**

Life skills education is an approach that develops "life skills" as "abilities for adaptive and positive behaviors that enable individuals to deal effectively with the demands and challenges of everyday life." Life skills program is a comprehensive behavior change approach that concentrates on the development of the skills needed for life such as communication, decision making, critical thinking, managing emotions, assertiveness, self-esteem building, value clarification, peer pressure resistance and relationship skills for youth. While participating in life skills programs, young people will have knowledge and skills to make use of all types of information, whether it is related to HIV/AIDS, STIs, reproductive health, safe motherhood, other health issues, and communication and decision making skills. Life Skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant fully involved in the sessions.

Activities

- Training of Trainers (TOT) based on the curriculum developed for Life Skills Education.
- Recruit facilitators based on the selection criteria,
- Train and supervise the facilitators,

- Adapt training curricula to train ToTs and facilitators,
- Create linkages and referral systems with local youth friendly service providers,
- Develop a program of rewards and incentives for facilitators,
- Build the skill of the youth to abstain, faithful and 100%consistent and proper condom use

C. Abstinence Plus

This is an intervention to address the needs of both sexually active and those who are not active. Abstinence plus interventions provide information about abstinence and other options for self-protection including condoms.

Activities

- Provide strong messages and sound information on abstinence and other self-protection options like use of contraception methods, abortion care, prevention of STI and HIV,
- Promotion of abstinence and faithfulness,
- Promotion of 100% correct and consistent use of condoms,
- Produce and distribute IEC/BCC materials designed as per the context of the youth.

D. **Outreach programs for the surrounding community:**

The HIV/AIDS and SRH programs that are intended to be provided at the youth centers must be implemented with full involvement of the surrounding community, as they are cores in identifying the HIV/AIDS and SRH problems associated with the youth. The surrounding community and the gatekeepers can be used as sources for HIV/AIDS and SRH related information and promoters for the use of the services by the youth.

Activities

- Establish network with the surrounding community including government bodies, charity organizations, Idirs, hotels, bars, FBOs, etc,
- Organize awareness creation/sensitization programs through workshops, events in collaboration with the surrounding community,
- Form task forces that facilitate coordination and follow up of the implementation of the HIV/AIDS and SRH related services at the youth centers,
- Conduct edutainment, experience sharing, film show and other programs to enhance the contribution of the youth centers in the awareness creation of the community in areas of HIV/AIDS and SRH,
- Conduct mass mobilizations for HIV/AIDS and SRH service promotion and VCT campaigns,

E. Radio, Mini Media and Edutainment Program

These programs should be prepared targeting young people by using highly interactive formats, sound and appropriate messages about HIV/AIDS and SRH and using mix of methods.

Activities

a. Establish mini-media and edutainment committee,

b. Strengthen the center's mini media to channel HIV/AIDS and SRH related messages,

c. Produce HIV/AIDS and SRH related programs to be disseminated by the mini media,

d. Monitor the programs.

F. Youth Dialogue

Youth dialogue is a forum that draws participants from as many groups of youth as possible to exchange information face-to-face, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and develop solutions to youth concerns. It develops common values and allows participants to express their own interests. It expects that participants will grow in understanding and may decide to act together with common goals. In dialogue, participants can question and reevaluate their assumptions.

Through this process, youth are learning to work together to alleviate HIV/AIDS and SRH problems mainly affecting them.

Activities

Getting Started:

- Identify and conduct training for facilitators,
- Identify an Issue for Discussion,
- Establish a Vision of Success,
- Define “Your Community”,
- Decide How and Where to Meet,
- Create Discussion Questions.

Conducting an Effective Dialogue

- Define the Problem within “Your Community”,
- Discuss Possible Solutions,
- Build Consensus on Recommendations,
- Commit to Next Steps,
- Wrap-up and Adjourn,
- Evaluate the Dialogue and Provide Feedback,
- Use locally available stationary materials,

5.2. Biomedical Interventions

Biomedical intervention is a medical approach to prevent HIV infection and treat opportunistic infections, decrease infectiousness or reduce infection risk among individuals, families and communities. Make sure that all bio medical services provided at the youth centers should be Youth friendly, very attractive, maintain confidentiality and privacy and respect client. In addition to availing youth friendly HIV/AIDS and SRH services, should address the following areas: functional referral and linkage system, provision of information and counseling for the clients and strengthening the capacity of service providers in the centers.

Components of Biomedical Interventions

A. Condom promotion and provision

- Condom is the only contraceptive method that can protect against both pregnancy and sexually transmitted infections including HIV.

- All youth centers should set-up the possible condom outlets which are appropriate for the youth to collect such as in the clinics, toilets, cafeterias, and around indoor games.

Activities

- Make demand analysis and avail condoms continuously
- Identify condom outlets and make condoms continuously available at the outlets,
- Promote for consistent and proper use of condoms,
- Arrange demonstration events on correct use of condoms through training and other appropriate opportunities,
- Promote proper disposal of condoms.

B. Providing HIV Testing and Counseling (HTC) Services

HTC services can be given through voluntary counseling and testing (VCT) and Provider Initiated Testing and Counseling (PITC). It could also be conducted through campaigns. HTC can be made available to all the youth center staffs, the young people and the surrounding community. VCT and PITC give the client an opportunity to confidentially explore and reduce risks of acquiring or transmitting HIV. Periodic HTC campaigns tend to elicit positive responses and result in an increase in the number of youth seeking to know their HIV status and seek care and treatment if test HIV positive.

Activities

- Promote HTC,
- Train Health Workers on VCT,PITC, STI management and other SRH issues,
- Promote one stop-shopping for SRH services including HTC,
- Avail youth-friendly HIV/AIDS and SRH services including HCT, condom and contraceptives etc,
- Establish referral systems to the relevant services.

C. Sexually Transmitted Infections/STIs/ prevention, diagnosis and treatment

An individual can be exposed to STI from having unprotected sex with an infected sexual partner. A person with STIs has a higher risk of HIV infection. On the other hand HIV infection aggravates the signs and symptoms and complications of STIs. HIV/AIDS can also complicate the management of STIs. Provision of education and information on prevention and importance of early diagnosis and treatment of STIs has dual benefits for HIV and STI prevention and control

Activities

- Train Health workers on syndromic management of STIs,
- Avail the national STIs treatment protocol and job aids,
- Facilitate referral linkage with Health facilities for treatment and care of Voluntary Medical Male Circumcision (VMMC)
- Avail IE/BCC materials
- Provide risk reduction counseling and condoms

D. Prevention of unintended pregnancy

Unintended pregnancy and subsequent unsafe abortion are among main problems faced by young people. Availing access to Family Planning services to prevent unintended pregnancy and refer complications that may arise from unsafe abortions could highly benefit youth. Youth centers should provide counseling and avail services to address menstruation related issues, physical growth and other developmental changes that occur on the young people as part of SRH services.

Activities

- Promote use of contraceptives and dual protection to prevent unintended pregnancy and HIV/AIDS,

- Avail Family planning methods with appropriate method mix,

- Train Health Workers/volunteers on family planning /counseling and service provision/,

- Facilitate referral and linkage to services available at other health facilities.

E. Facilitate and Refer for ANC & PMTCT services

The purposes of Ante Natal Care/ANC/ and Prevention of Mother to Child Transmission/PMTCT/ are to prevent, identify and treat pregnancy related conditions including HIV/AIDS and support a woman approach pregnancy and birth as a positive experience. Youth centers should make the necessary counseling for the clients and referee the cases to the nearby health facilities for efficient management.

Activities

- Promote the use of ANC and PMTCT services by those who are eligible for the service,

- Provide in-service trainings for the clinic staff,

- Facilitate referral and linkage for ANC and PMTCT services.

5.3. Structural Interventions

Structural interventions are designed to implement or change laws, policies, physical structures, social or organizational structures or standard operating procedures to affect environmental or societal change. Structural factors include the physical, social, cultural, organizational, community, economic, legal, or policy features of the environment that affect HIV/AIDS and SRH related problems. These factors operate at different societal levels and different distances to influence individual risk and to shape social vulnerability to infection. The approach for Structural intervention focuses on the reduction of vulnerability factors that impair the ability of individuals and communities to avoid HIV/AIDS and SRH related problems; which will have great contribution to curb the spread of HIV and halt SRH related challenges

Components of Structural Interventions

A. Legal support system and partnership

Strategies to make legislation and service provision more accessible to youths at the centers need to be designed by the relevant authorities and staff at the centers.

Activities

B. Community Engagement

HIV/AIDS and SRH interventions implemented in the centers should target the community in and around the institution. The aim

is to secure support from the community in addressing HIV and gender based violence; and maintains and strengthens available "Social Capital" for support of young people.

Activities

- Conduct community sensitization,
- Organize taskforces and committees,
- Organize events/campaigns involving community members,
- Organize regular consultative meetings with the taskforces and representatives of community members(religious and community leaders, NGOs, local administration etc) to address HIV/AIDS SRH and gender based violence,

C. Capacity Building

Building capacities of the youth centers is critical to sustain the gains achieved in the intervention of HIV/AIDS and SRH

Activities

- Training on HIV/AIDS mainstreaming and leadership development program.
- Training on planning, M&E on HIV/AIDS and SRH, youth friendly service and advocacy.

- Experience sharing practices
- Establishment and/or strengthening of AIDS Resource Center (ARC/SRH) considering disabled groups
- Infrastructure (supplies and materials, good office setup, supply of recreational materials, strengthening Library)
- Mobilize the community to participate in the activities of the youth center's HIV/AIDS and SRH issues.

D. Addressing Economic Issues

Risk and vulnerability to HIV/AIDS and SRH are mainly related to the economic situation of the young people. Hence, youth centers should create structures which will address the economic needs of vulnerable youth in order to address HIV/AIDS and SRH related issues.

Activities

- Establishment and /or strengthening of Income Generating Activities (IGA)

6. Monitoring and Evaluation

As a part of monitoring and evaluation (M&E) of the youth center HIV/AIDS & SRH intervention package, all intervention activities need to be systematically collected, recorded by responsible experts using specifically designed formats. Monitoring data must be analyzed to track the progress of the program; and to generate strategic information for program improvement, re-planning and decision making. The output of monitoring data should be disseminated to the Beneficiaries/community, implementers, and policy makers for effective utilization.

Furthermore, HIV/AIDS & SRH control and prevention program need to be evaluated (process, outcome and impact evaluation) to see whether the intervention has brought any change, effective; and met its objective.

Suggested indicators for monitoring

- Number of Life skill and SRH training manuals and implementation guidelines developed and distributed,
- Number of Life skill and SRH facilitators trained,
- Number of youth dialogue facilitators trained,
- Number/type of BCC materials developed and distributed for youths in the center,

- Number of centers established mini-media,
- Number/type of mini-media materials supported for the centers,
- Number of Peer Education training manuals and implementation guidelines developed/distributed,
- Number of Peer Education facilitators trained,
- Total number of condoms distributed to youth centers during the last 12 months,
- Number of centers conducted Life skill and sex education weekly sessions regularly,
- Number of centers conducted peer education sessions weekly,
- Number of centers conducted youth dialogue sessions weekly,
- Number of centers with functional mini-media program
- Number/type of BCC messages communicated or aired via mini media or other methods
- Number of centers conducted weekly Peer Education sessions regularly
- Number of centers conducted regular/weekly youth dialogue

sessions,

- Number of youths received condom during the last 12 months
- Number of youths reached in Life skill and sex education HIV/AIDS and SRH programs,
- Number of youths reached with BCC materials and mini media
- Number of youths reached in Peer Education on HIV/AIDS and SRH programs,
- Number of youths reached in Youth dialogue on HIV/AIDS and SRH programs,
- Number of youths reached in life skill education on HIV/AIDS and SRH programs,
- Number of youths used condom consistently and correctly,
- Number of youths used HTC Services,
- Number of youths used STI diagnosis and Treatment services,
- Number of youths Referred and linked to other services,
- Number of BC messages developed & aired through radio
- Types of BC messages developed & aired through radio

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