



**PROGRAM: Sexual and reproductive health
Summary report
2003 - 2008**

SUMMARY

Fondation PH Suisse – Partnerships in Health together with UNFPA is realizing program on Sexual and reproductive health (SRH) since March 2006. This is the continuation of program which started in 2003 and will last until 2008.

UNFPA prepared first a Project, then a Programme, in a way to meet the need of youth in Bosnia and Herzegovina, with respect to SRH, including HIV/AIDS. Basic goal of the UNFPA Programme and Projects is to improve the quality of life of young people through enhancement of their SRH, including HIV/AIDS. Programme's strategic goals are:

- a) Increase youth participation in the free decision-making about sexual and reproductive health, including HIV/AIDS;
- b) Ensure access to SRH services dedicated and adjusted for young people;
- c) Increase access to effective information and education on SRH, including HIV/AIDS;
- d) Increase SRH public awareness.

Programme's main aim is to meet the need of BIH youth for access to better information on SRH and health services through: information, education, counseling and medical services.

UNFPA cooperated with International Rescue Committee first (2003-2004), CARE INTERNATIONAL (2005) and Foundation Partnerships in Health (FPH), in Bosnia and Herzegovina that operated as executive agencies for those parts of the Programme that would be carried out at the local level.

Conceptual youth friendly approach to SRH, including HIV/AIDS, of the Programme was performed through four Information Centers (ICs) in NGOs and Health Institutions that could implement the parts of the Programme at selected pilot locations (Banja Luka, Bihac, Mostar and Brcko). Basic method of the work with young people was, among other, Peer Education.

For **Monitoring** of activities in YFSRHS the indicators are developed and divided in two main groups:

1. Info Center **INDICATORS** (Youth Friendly SRH Info Services)
2. Medical Center **INDICATORS** (Youth Friendly Health Medical Centers)

The indicators are suitable for observing the access to services in YFC-type, frequency of services use, and for monitoring availability of effective information and education. Info Center indicators are related to the number of presentations, community events, and number of visits 2003-2008 at all four locations.

Goal : Educational and Health professionals, outreach workers and NGOs have strengthened their capacity to work with peer educators to address specific needs of vulnerable young women and young people (BIH1R205)

Four Youth Friendly SRH Information Centers (YFSRHIC) are designed as some kind of “meeting points” for all interested actors in the protection of youth sexual and reproductive health, where information, experiences and knowledge could be promptly shared. However, this model had to be locally adapted as youth sexual and reproductive health was culturally sensitive issue. Therefore, peer education was introduced as the basic method of work with young people in YFSRHIC, while the method of outreach presentation should inform and educate the wider community. It is necessary to note that until 2008 there was 4 YFSRHIs implementing the activities but in 2008 one of them – IC Brcko does not work anymore in implementation of UNFPA SRH project activities due to the fact that IC Brcko has been successfully transferred within the GFATM funds and programme.

Table 1: Peer presentations (IC)

Year	2003	2004	2005	2006	2007	2008
Total	19	261	129	289	154	305
Primary schools	7	71	No data	27	25	88
High schools	11	175	No data	235	111	200
Other Locations	1	15	No data	27	18	17

As it is visible from Table 5, numbers of Peer Presentations vary **frequently** from the beginning of the Programme implementation.

2003 was a starting year where YFSRHIC needed first to advocate and promote idea of SRH peer education with purpose to prevent negative public reaction within the local communities, there hence such a low number of presentations in primary schools as well as high schools.

In year 2004, there is a much higher number of peer presentations because of well organized and stimulated implementing partners. The number of peer presentations decreased in next years because of exchanging implementing agencies within the SRH programme (2005 CARE and 2006 FPH) who needed time to adjust and establish coordination management what influenced NGO’s to take a slower action in the implementation on the field.

As it is evident from the table, number of presentations in primary schools decreased from 2004 until 2006, which is not the case with high schools, where number of presentation increased constantly during this time period. In 2008, the IC mainly focused on work with school students through the peer presentations and establishing the School SRH peer clubs.

Table 2: Age of participants (IC)

Year	2003	2004	2005	2006	2007	2008
10-14	No data	2997	3409	802	509	246
15-19	No data	4846	4769	6943	2702	6003
20-25	3897	2203	113	11	0	0
25-	No data	2	No data	0	0	0
Total	3897	10 048	8291	7756	3211	6249

As it can be seen from the table above, there is no data in 2003 regarding age of participants. Reason for that can be that participants were not asked about their age in the form of age scale at that point of time.

Data about age of participants confirms facts from Table 1, as even here shareware between presentations primary/high schools is visible. According to numbers, presentations in ordinary and high schools were equally distributed in 2004 and 2005. In year 2006, number of participants in age 10-14 dramatically falls to 802 (10,3%), as the same number of participants in age group 15-19 increases to 6943 (89,5%). Reason for that is the main concentration on high school population because of easier access to that population. The trend tended to follow on in 2007. the great success in 2008 was to manage to provide peer presentations to almost a double population of students comparing with 2007.

Table 3:Peer counseling (IC)

Year	2003	2004	2005	2006	2007	2008	
Until 10	No data	17	117	0	0	0	
10-14	No data	2061	1665	53	55	22	
15-19	No data	367	424	424	459	444	
20-25	1031	351	69	164	52	64	
25-	138	149	32	17	89	71	
Total	1169	2945	2307	658	655	601	Total: 8335

Table indicates that years 2004 and 2005 are most successful when it comes to counseling at Info Centers. According to figures available, we can suppose that 2003 was as successful as two years to follow, but due to lack of data, we can not take it fully in to consideration. From totally 7734 young people who visited Peer Counseling, 67% of them attended it during two most successful years 2004 and 2005.

Highest percentage of young people came from primary school environment, all 68,4% indicating that the highest number of peer presentations took place in primary schools at that point of time.

Imposing decrease of Peer Counseling in 2006 (8.5%) is noted compared with 2004 and 2005.

During 2006 and 2007 highest age group was from 15-19 (high school population) with 64%.

Gender proportion of clients which were provided with peer counseling is about even. In 2008, the three info centers provided 601 youth counseling mainly providing the general SRH information and condoms.

Table 4: Source of referrals

	2003	2004	2005	2006	2007	2008
Friends	No data	412	245	82	106	150
Media	No data	197	73	164	28	32
PE	No data	612	393	50	73	121
Parents	No data	41	51	13	16	114
Teachers	No data	78	133	No data	44	20
Own initiative	No data	20	No data	72	No data	-
Info material	No data	42	38	0	74	164

Even in this table activity and success in years 2004 and 2005 is evident, due to the fact that peer educators were given as a source of referral in 43,6% of cases of those asked in year 2004 (first place) and 42% in 2005 (first place). Figures show even more active involvement of parents and teachers during those two years (in 2005 teachers are on third place with 13%) It is interesting figure that media is on the first place as a source of referral with 43% in 2006 as a result of IC-s more active work with media.

Table 5: Community events and participants organized by IC-s

Year	2003	2004	2005	2006	2007	2008
No. Event	70	115	149	60	70	43
Particip	67290	46742	32322	39006	50883	12625

This table shows quantitative number of outreach activities of IC-s during their work on SRH Programme and participants attended to it. It is interesting that in year 2005 there was the highest numbers of out reach activities. Even though number of activities in 2007 is much more decreased comparing to 2005, higher number of participants attended to activities. As in 2008 there was less implementation partners and more limited available funds ICs achieved also great success with organizing the outreach activities.

DIFFICULTIES IN IMPLEMENTATION OF PROGRAMME GOALS

Generally, there is a clear and positive attitude of youth towards initiative for establishing “Youth Friendly Sexual and Reproductive Health Centers,” which enable to open the question of sexuality and health of youth in the right way. However, the youth is still inadequately informed about existence and activities of YFSRHS, mostly because of poor information and promotion campaigns. Besides well-organized peer education at schools, the information about YFSRHS should be represented at other public places, too. This is one of the major remarks of young people to the Project.

Main problems and difficulties that Youth Friendly Centers faced during years are:

- PE leaving the project due to lack of motivation and interest, which resulted in lack of PE availability.
- Youth rejecting condoms with no well known brand name;
- Change of Implementation agencies (IRC ⇒ CARE ⇒ FPH)

- Internal PE difficulties in organizing activities and their implementation
- Lowered number of National Y-Peer educators training trainees
- Changes in ICs management (changes of IC coordinators in Brcko, Banja Luka and Bihac)
- Lack of educational promotional materials
- Inadequate workspace of Info centers
- Poor media campaign
- Change of NGO partner in Banja Luka
- Transition period of all IC-s into a Global Fund Programme
- IC-s Banja Luka, Mostar and Bihac stopped being funded by GF because of mismanagement between Centers and Management of GF Programme

LESSONS LEARNED

- The Project “Improving Sexual and Reproductive Health of Young people in South East Europe” has offered a quality basis for development of an integrative model for youth sexual and reproductive health protection aimed to improve the quality of health of young people. (*Evaluation, Robert Thompson, 2004*)
- Introduction of Youth friendly sexual and reproductive health services at four project locations is an innovation, which was recognized by young people during the period of implementation 2002-2006, and was met with approval and support. GF application took a UNFPA model. The results of surveys made among representatives of institutions and young people (in 2002, and 2006) supported the need for maintaining YFSRHS.
- Another innovation also had a good response during the Project implementation - the peer education. Peer education is well accepted among young people as a popular and successful tool for education on sexual and reproductive health of young people. The majority of the participants to the Project believe that peer educators’ knowledge and skills should be further developed and improved in order to strengthen the existing Y-PEER network, and to recruit larger number of young people as peer educators at schools. The opinion is that it is necessary to ensure conditions, and additional motivation for peer educators to stay in the network as long as possible, both as peer educators or trainers of peer educators.
- One of the Project’s weaknesses was inadequate involvement of public health institutions in the implementation of activities. Public health aspects of youth sexual and reproductive health are very important, and therefore the involvement of public health is unavoidable in the follow-up of activities. Monitoring of various health determinants, health indicators development, monitoring and evaluation of activities, and preparing educative materials in line with the actual needs are only part of the activities in which public health experts should be engaged.
- Cooperation with schools was satisfying, but not completely successful. Peer education was not conducted in all schools, first of all because of inadequate coordination between youth friendly centers, peer educators and ministries of education. Enlargement of curricula with sexual and reproductive health items, modified to the age of adolescents and young people, is recognized as an, almost, imperative need, but further strong lobbying is still needed.

RECOMMENDATIONS

1. Strategic Management:

- ✓ Speed up work on legal frameworks for youth health improvement
- ✓ Strategies development for cooperation with NGO's to ensure youth vulnerable groups access to YFS
- ✓ Finding options to institutionalize YFC
- ✓ Speed up work on introducing education on youth SRH in formal teaching plans and programs
- ✓ Institutionalize peer education at elementary and secondary schools
- ✓ Ensure funding of prevention/promotion programs for youth health protection

2. Tactic Management:

- ✓ Improving cooperation of governmental and non-governmental sector related to youth SRH
- ✓ Strengthening social marketing strategy to ensure that information can reach every boy/girl
- ✓ Developing public health information system for monitoring and evaluation of youth health status at Regional level
- ✓ Health education through mass media
- ✓ Campaigns
- ✓ Establishing risk screening at State level
- ✓ Education of professionals (health workers, teachers)
- ✓ Developing referral programs

3. Operative Management:

- ✓ Finding options for providing adequate premises for YFC in which privacy of young people during counseling and check ups can be protected
- ✓ Strengthening communication between medical teams and peer educators
- ✓ Continuing work on recruiting, as much as possible, young people for peer educators at schools in order to cover with these educations and presentations all schools at selected locations
- ✓ Strengthening communication between YFC and schools
- ✓ Organizing creation of thematic bulletins, booklets, leaflets (pregnancy, abortion, contraception, STI)