

**Strengthening  
Adolescents Reproductive Health Education and Services  
in the Navoi Oblast, Republic of Uzbekistan  
(Phase II)**



*Brief narrative report for the period : August 2005 – December 2006*

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## ***Acronyms***

AFRH	Adolescent Friendly Reproductive Health
ARH	Adolescent Reproductive Health
CHP	Community Health Promotion
FPH	Fondation Partnerships in Health
HF	Health Facility
HIV	Human Immunodeficiency Virus
HP	Health Provider
IEC	Information Education Communication
IUD	Intra Uterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
MOE	Ministry of Education
OHD	Oblast Health Department
OPED	Oblast Public Education Department
OSED	Oblast Secondary Education Department
RH	Reproductive Health
RSH	Reproductive and Sexual Health
STIs	Sexually Transmitted Diseases
TOT	Training Of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
YF	Youth Friendly
YFC	Youth Friendly Clinic

## ***Introduction***

The project *Strengthening Reproductive Health Education and Services for Adolescents in the Navoi Oblast, Republic of Uzbekistan* is a component of the second phase of a larger maternal and child health program (*Increasing the Quality of Child Survival and Maternal Care Services in Navoi Oblast of Uzbekistan*), implemented by Project HOPE in Navoi city and in four pilot rayons of the Navoi Oblast, Uzbekistan. Beginning in late 2004, a second phase of the ARH component was funded and backstopped by Fondation Partnerships in Health (FPH) and implemented by Project HOPE's Navoi Team.

The first phase of the ARH project supported by FPH from August, 2003 to July, 2004 targeted Navoi city, Phase II planned for ARH activities to be scaled up to reach larger target groups in rural Karmana, Kiziltepo, Konimekh and Nurota Rayons, and to improve the quality ARH services in Navoi city.

The project was scheduled to end in August 2006, however, the activities continued for an additional four months through a no cost extension, to accomplish activities that could not be completed during the original timeframe. The delay in the project implementation was primarily due to difficulties with the Ministry of Education (MOE) and the need to time activities to coincide with the academic calendar. Other factors, such as the design of the programme, initially for two years and then reduced to one year, and the expansion of the programme to two rayons in addition to the rural rayons identified in the initial proposal, contributed to the delay in starting the activities.

In November 2006, FPH conducted a final evaluation of this project. The evaluator, Dr. Cecilia Capello, visited the target area, reviewed project results, conducted key informant interviews and focus group discussions with implementers and beneficiaries. This report is based on the findings of this evaluation,

## ***Goal and objectives of the project***

The goal of Phase II of the ARH project was to contribute to the reduction of mortality and morbidity of adolescents and teen mothers by fostering positive, healthy behaviour and reduce unplanned pregnancies, unwanted sex, STIs, premature childbearing and unsafe abortions.

Targeting an estimated 25.505 adolescents, the project objectives were to: a) increase community support for adolescent reproductive health activities by developing approaches to inform parents and community leaders (Makhalla activists) about the project and train them in ARH; b) adapt the activities of the project to the needs of adolescents living in rural rayons; c) train college students in reproductive health (RH); and d) establish adolescent-friendly reproductive health services (AFRH services) in rural areas of the project.

## ***Project Results***

In summary, the project has been successful, and the objectives have been achieved or are close to being achieved. The project staffs have worked closely with the Ministry of Health, the Ministry of Educations and local authorities and have developed strong partnerships at the Oblast and Rayon levels.

The following achievements of the second phase of the project are the most remarkable:

- 28.160 adolescents have participated in ARH education activities in schools, through ARH classes conducted by project-trained ARH promoters
- 129 secondary/vocational schools have offered the project-developed ARH education program
- 253 schoolteachers and health providers (doctors, nurses, midwives) have been trained in ARH education
- 195 peer educators have been trained to educate friends and age mates in ARH
- 490 adolescents have been directly trained by project staff in ARH
- 4 new rayon AFRH centres have been established
- Additional support was provided to the already existing Oblast AFRH centre in Navoi City (established during phase I)
- 15 health providers were trained in managing these centres and provide AFRH services
- A special curriculum for Makhalla leaders was developed and 356 Makhalla activists trained in the importance and content of ARH education

- Adolescent and parent brochures on ARH and 2 types of ARH posters on STIs prevention and HIV transmission were produced and disseminated
- A monitoring system was developed to assess project activities, the Community Health Promotion (CHP) activities with makhalla leaders and parents, the ARHF services and school education components
- A network of ARH promoters and Makhalla activists that provide awareness and support for the ARH services and the ARH education offered at the local health facilities and in the schools was established and efforts are ongoing to reinforce it

In addition and very importantly, the project has contributed to focusing the attention of local Oblast and Rayon authorities on ARH, and the level of discussion of adolescents' sexual and reproductive health issues in the local communities has increased significantly. Before the project, this was a topic that was rarely discussed in the traditional and conservative communities in the target area.

### Training activities



Peer to peer training course for adolescents. Navoi, February 2006.

The ARH educational approach, developed during the first phase of the project in Navoi City, was adapted to and implemented in four rural rayons of Navoi.

The following training courses have been provided by the project:

- 15 five-day ARH and training-of-trainers (TOT) courses for schoolteachers, school health staff and other health providers (253 ARH promoters trained)
- 18 two-day ARH courses for adolescents (490 adolescents trained)
- 9 four-day peer-to-peer TOT courses for adolescents (195 peer educators trained)
- 22 four-day ARH and TOT courses for Makhalla Leaders (356 Makhalla leaders and parents trained) and

- 1 three-day AFRH services course for AFRH providers in selected centres (15 health providers trained).

Following the first phase, training activities were continued in 2005 and are still ongoing. Training activities are usually initiated and facilitated by the trainers trained by the project together with the project technical staff. Experienced health providers often participate in the training activities.

The training materials developed during the first phase of the project (and approved by the national Ministry of Health and Ministry of Education) were used for all the training activities, and a new curriculum was developed for the Makhalla leaders.

Overall, the participants remarked that the training activities are of high quality in content and methodology and well focused on the objectives. This is supported by the increase in the level of knowledge about RH after the training, when comparing pre- and post training test scores.

### **Educational activities in schools**



**Education in secondary school.  
Kiziltepo, March 2006.**

The majority of teachers and health providers in 129 targeted schools and colleges have been trained in ARH, and the students have received ARH manuals and brochures. A total of 28.160 adolescents participated in ARH education activities in their schools during the school year 2005-2006.

When asked about their ARH lessons, the students thought that ARH promoters deliver interesting, new and reliable information through interactive methods that were not used before in the target area. The interviewed students stated that increasing their knowledge about their sexual and reproductive life helps them to make safer and more knowledgeable decisions about their sexual behaviour. Their participating positively affects their sexual and reproductive life, and helps

them to discuss sensitive topics with friends and family members. It was evident that where present, peer educators played an active role in educating their peers and feel greatly empowered by their education skills and ability to counsel their friends and classmates.

## **Adolescent Friendly Reproductive Health (AFRH) Services**



**The ARH specialist in Navoi AFRH centre with a couple .  
Navoi, February 2006.**

Alongside the training activities, the project supported the establishment of AFRH services in 4 rayons (Karmana, Kiziltepo, Nurota and Konimekh rayons) , but continued to support and strengthen the already existing Oblast AFRH centre in Navoi City (established during phase I). Fifteen health providers were selected and trained in providing AFRH services at these centres.

Because there are no national policies and standards for AFRH services, international guidelines were adapted and used for the implementation of the services, and additional guidance was received from the Republic ARH Centre.

All AFRH facilities offer medical and information services only for youth and are staffed by trained youth-friendly personnel. The oblast AFRH Centres in Navoi city and Nurota rayon are physically independent from other health services (located behind the adolescent polyclinic) while the other three facilities offer a separate room for providing youth services within the existing polyclinics.

All facilities offer educational materials, contraceptive and psychological counseling and medical services. In addition, the Oblast AFRH service is equipped with a library, a computer with internet connection, and a photocopy machine. Unfortunately, the persistent lack of medical equipment and drugs (contraceptives, STI tests, antibiotics) that should be provided by the Ministry of Health poses daily difficulties for these medical activities.

## Community awareness



The Makhalla leaders in Konimeck during the field evaluation visit, November 2006.

Given the strong cultural traditions and their authority in the rural communities, the active involvement of the Makhalla leaders in the promotion of this project has been crucial to its success. The continuing support of these leaders is essential for the sustainability of the community behavioural changes towards adolescents.

The project staff developed a curriculum for Makhalla leaders and trained them in basic ARH issues, with an emphasis on the overall promotional role of the Makhalla leaders. After the training, Makhalla leaders were expected and did involve their communities in educational activities, informing the community in general and parents specifically about the ARH programme carried out in schools and at the health facilities. The reworking with health providers and teachers was essential for them to do this promotional activity well. Makhalla activists report about their ARH activities to the Rayon Administration.

Makhalla activists first and parents subsequently were involved successfully in three rayons. The distribution of an ARH brochure specifically for parents has helped the more conservative communities recognise the positive implications of the school ARH educational activities. Because of the impact of this activity, the staff and local partners are continuing to focus on building a solid and sustainable network of Makhalla ARH promoters in rayons where this is not yet the case.

## Monitoring of the activities

Monitoring tools have been developed by the project as part of a monitoring system to track implementation of activities and to measure the impact of the different activities. Staff and local partners have conducted qualitative monitoring

of the community health promotion activities carried out by Makhalla activists, the ARH services, and ARH school education, monitoring once already and have scheduled it annually or biannually.

## **IEC Material**

Different IEC materials have been developed and distributed by the project

- √ A total of 36.000 copies of ARH brochure for adolescents were printed in Uzbek and Russian and 34.206 copies have been distributed to adolescent students of Navoi city and in the rayons
- √ 20.000 copies of a ARH brochures for parents were printed in Uzbek and in Russian and distributed to adolescent students of Navoi city and in the rayons for their parents. In small quantity they were also distributed to mahalla leaders
- √ 400 copies each of two type of ARH posters (one on HIV/AIDS transmission and one on STI prevention) were printed and a total of 500 copies have been distributed in schools and health facilities
- √ Contraceptive kits (with a total of 15 thousand condoms, 141 pills and 141 IUDs) were distributed for educational activities in all pilot schools and health centres
- √ 490 t-shirts advertising the adolescent friend reproductive health clinic of Navoi were distributed to peer educators in Navoi town and
- √ A telephone hot line is now available in the five youth friendly centres

Endorsed by Ministry of Health and Ministry of Education at the central level, training curricula, manuals, posters and brochures developed during Phase I of the project for students and ARH promoters are expected to be used (or are already in use) in other rayons. Governmental institutions seem keen to adopt the IEC material in other oblasts and regions, and to utilise the trainers trained by the project as TOT trainers at the national level.

## **Conclusion**

The ARH project in Navoi has surely contributed to the national effort for the implementation of AFRH services in the Republic. It has also created the foundation for the government to implement Government Decree No 242 (May 2002) which stipulates that the Ministry of Health offer an educational programme on Sexual and Reproductive Health in the school system (students ages 16 – 18).

At the oblast and rayon level, the project has significantly increased the discussion about adolescents' sexual and reproductive health issues in the traditionally more conservative rural communities regarding this topic, motivating

rayon and oblast authorities, health providers and teachers to recognise the importance of ARH education.

Despite the expression of intent by the national MOH and Oblast MOE to promote and support ARH activities, a national effort towards the implementation of Decree No 242 is not evident. A national MOH plan for the implementation of ARH services is still in draft form, and the lack of national policies, standard guidelines and protocols has a negative impact on the services provided by the project.

Nationwide dissemination of the ARH messages is crucial for the sustainability of the results achieved by the project, and advocacy efforts could increase the impact of the project. In light of increasing STI and HIV infections and early and unwanted pregnancies, further efforts by the international community are needed to bring a substantial improvement in the reproductive health of adolescents in the country.

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*"The first time that I told my mom that in school we had started to talk about issues related to sex life with my teacher she got very upset... But then we looked together through the brochure I was given for her... and she started to realise that it was important for me to learn about these issues... now when I come back from school, we always discuss together what I have learned about my body and my reproductive life..."*

**17 year old schoolgirl from Karmana secondary school**

*"I talk about adolescents' reproductive and sexual health during all informal events taking place in my community because I care too much for my adolescents, they are like my kids and it's my duty to make sure they live unharmed."*

**Makhalla leader from Kiziltepo**

*"Before the training I did not have any knowledge about ARH, I just knew about it from my life experience. With the training I understood that speaking openly about adolescents sexual and reproductive life cannot spoil our cultural tradition; the health of our adolescents is important for the future of our community and our culture and we need to work together to help them avoiding mistakes and preparing for their future life."*

**Makhalla informal leader from Konimekh**

*"The training gave me a methodology and practical tools for interacting with adolescents; before did not know how to start and conduct my ARH classes, now I have skills, visual aids and peer educators supporting me, and my ARH classes are appreciated, respected and looked forward to by all my students!"*

**Nurse involved in ARH education in Karmana secondary school**