USAID FROM THE AMERICAN PEOPLE | Uzbekistan

Reaching Out To Youth: Youth-Friendly Sexual and Reproductive Health Services Through Schools, Clinics, and Communities

Uzbekistan's largely conservative social norms mean that matters of sexuality and reproduction are not openly discussed and certainly not with young, unmarried people. Yet, youth need straightforward answers and an atmosphere that encourages them to ask questions.

The Government of Uzbekistan recognized this need and decreed that the subject be taught in secondary schools. This act alone was insufficient: not only was the decree or prikaz unaccompanied by funding for teacher training and educational materials but the decree in and of itself did not create an environment for teachers, students, parents, or health workers to discuss the topic openly.

Project HOPE used funds from USAID to add an adolescent health component to its ongoing child survival project in Navoi, Uzbekistan. Using the term 'youth-friendly' as the standard for its work, Project HOPE and its partners in Uzbekistan brought together three groups of players: the health system, the education system, and the community including community leaders, parents and young people themselves.

Project HOPE provided training, materials and guidance; helped the health system develop service protocols; and helped the education system create curricula. All parties' willingness to approach sexual and reproductive health as a normal, necessary topic for young people made education and health services truly 'youth-friendly.'

Over 5 years, Project HOPE reached out to more than 25,000 teens with accurate information and confidential services via 129 schools, 126 neighborhoods, and clinics designated for youth only. As a result, young people's knowledge of sexual and reproductive health matters improved substantially over time.

INTRODUCTION

Like youth everywhere, young people in Uzbekistan need correct information about their sexual and reproductive health (SRH). They also need quality health services delivered in a compassionate, confidential atmosphere. Youth SRH is an important component of the health care system, the education system, and parental-child relationships.

Until recently, numerous barriers in Uzbekistan's schools, the health system, and communities hindered the delivery of youth-friendly SRH information and services throughout the country, including the Navoi *oblast* (province). Few teachers felt equipped to deliver the information despite a government *prikaz* or decree requiring that SRH be taught in schools. Thus the classes were not held, or they were of poor quality. Traditional parent-child relationships strongly discouraged frank discussion of sexual matters. Adults generally did not discuss the topic with young unmarried people. Also, the health system had no protocols for routinely offering youth-friendly education, services, and supplies to teens. Health workers were no more likely to feel comfortable with this topic than other adults.

Project HOPE is an international organization that implemented a child survival and maternal health project[i] in Navoi *oblast*. From 2003 to 2007, the project worked with schools, communities, and health facilities to overcome barriers between young people and SRH education and services. It reached out to 25,505 boys and girls age 16 to 18 and to the adults around them. Project HOPE aimed to achieve the following intended outcomes by 2007:

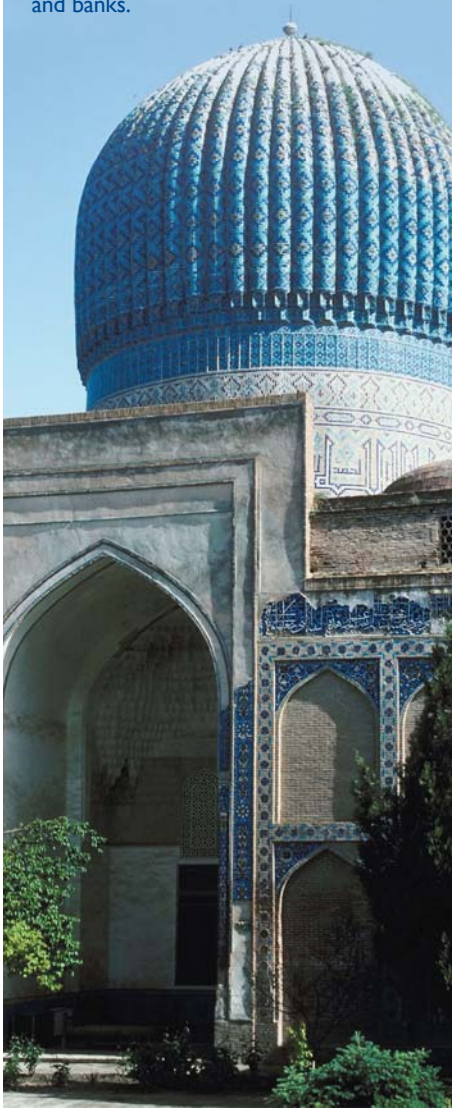
- Increase awareness of the need for youth-friendly SRH services and information.
- Increase knowledge and skills of providers in the health and education sectors.

In Karmana Rayon, Project HOPE conducts peer to peer training for youth educators.

CSTS+ CORE

Uzbekistan lies in the center of central Asia and Navoi *oblast* lies in the center of Uzbekistan. Navoi's population numbers about 800,000, with 36 percent of the population younger than 15 years of age. Nationally, those under 23 make up 60 percent of the population, and a quarter of Uzbek women give birth before reaching the age of 20.

Navoi city was founded just 40 years ago, when the former Soviet Government began to mine uranium and gold in the area. Most adults in Navoi work in local industries such as mining. The city also boasts a cement factory, hydro-electric facility, chemical factory, and nitrogen plant along with government establishments such as schools, hospitals, and banks.



- Make information, education, and communication (IEC) materials available for use by health providers, teachers, youth peer educators, *makhalla*[ii] leaders, and parents.
- Increase access to youth-friendly health services by young people.
- Establish a network of all sectors and organizations trained to provide youth-friendly SRH services.

This document describes the project's work to increase young people's access to accurate information about their sexual health and reproductive lives. By creating a triangular support structure composed of clinics, schools, and communities. Each side of the triangle reinforced the strength of the other sides and collectively helped make information and services available. They also normalize a topic that people did not usually talk about.

PROJECT APPROACHES

Building from the Baseline

Project HOPE included questions for young people in its baseline survey for the second phase of the child survival program to better understand youth's current knowledge of SRH topics in Navoi. The study found that while about 44 percent of girls and boys age 16 to 18 had a basic grasp of how HIV was transmitted, less than 17 percent knew at least two ways to protect themselves from sexually transmitted infections (STIs). And while 30 percent could name three or more contraceptive methods, a startling 99 percent did not know when during her cycle a woman was most likely to become pregnant.

The baseline revealed that very few youth turned to health providers when they needed advice on reproductive health and sexual matters. Focus group discussions further revealed that young people viewed health workers as inept at providing high-quality youth SRH services. The young people also thought that health workers were rude to their patients and they saw them as potential threats for leaking sensitive information to other adults. The IEC strategy of the project needed to acknowledge and address these perceptions of the youth.

Customs also cut both ways. Many service providers and other adults lacked the information, skills, and will to inform young people or their parents about reproductive health accurately and directly. There was no coordination on this topic among school staff, health care workers, *makhalla* leaders, the Ministry of Health (MOH), and the Department of Internal Affairs (the governmental body responsible for youth services).

The young people's lack of knowledge put them at risk. They were also put at risk by an environment that restricted their access to information and services they could use to make good SRH decisions.

Project HOPE used several strategies to overcome these challenges. It worked simultaneously with three groups (clinics, schools, and communities) to develop linkages among them. Project HOPE worked within the health system with the MOH to establish youth-friendly service protocols. It also provided training to health workers and to education workers. The project established two youth-friendly clinics and three youth-friendly rooms within clinics in five pilot *rayons* (subdistricts). These *rayons* served as test cases for expanding youth health activities in Navoi and, eventually, to other *oblasts* in Uzbekistan. Outside the health system, Project HOPE worked with schools and communities to increase the number of people able and willing to provide

accurate, accessible information about sexual and reproductive matters (and referrals to health facilities as needed) to young people. Project HOPE linked the actors in clinics, schools, and communities to form a supportive network to meet the SRH needs of young people.

The Network and Its Members

School workers: A governmental *prikaz* ordered the development of an SRH curriculum to be taught in all schools of the republic. This decree did not include the resources necessary to implement the curriculum in the classroom. Project HOPE helped the school system in Navoi *oblast* develop the training curriculum and guidelines needed to fulfill the *prikaz*. The project also trained teachers and school nurses/doctors to use it in the classroom. Selected teachers were further trained to supervise peer educators.

Project HOPE worked directly with 129 schools in Navoi *oblast*. The Ministry of Education (MOE) also requested that the project train teachers from other regions of Uzbekistan to bring SRH education into the classroom.

***Makhalla* leaders:** Youth-friendly SRH activities reached 126 *makhallas* in Navoi *oblast*. The role of *makhalla* leaders was to carry SRH information to parents and other adults. Their goal was to garner the support of parents and adults for the topic in schools and for services in youth-friendly clinics. Some parents opposed their children's exposure to SRH information, particularly in the more culturally traditional Karmana *rayon*. Therefore, Project HOPE turned to the *makhallas*. They reviewed with parents what their children were learning and why it was so important that young people have accurate information on the topic.

Peer educators: Project HOPE initially held several 2-day SRH education sessions for youth. During these training sessions, the project chose the most promising students to participate in the peer educators' course. As the program progressed, however, schoolteachers recommended which of their students would be the best candidates to serve as peer educators.

Peer educators offered information and advice to their peers. This information was distributed in groups and one-on-one outside of school hours. It was distributed in homes, coffee shops, discos, at soccer matches, and wherever young people were likely to gather.

Dr. Makhfuza counsels youth on family planning and reproductive health at a youth-friendly clinic in Navoi City.

"Without the training, I could never have talked about sexual health with my students in a classroom. Initially I was asked to teach SRH without any training and it was very uncomfortable. But after the training I have been talking about it without feeling embarrassed."

Teacher,
Kiziltepa secondary school

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

School Nurse,
Karmana secondary school

"We need peer educators. Adolescents trust and believe their peers more than they trust and believe us teachers. With peer educators, our classes have stronger impact on students."

Teacher,
Kiziltepa secondary school

"The peer educators training not only increased my knowledge of SRH, it taught me to solve problems in my own life. It changed the way I behave and communicate, taught me to respect others' opinions, and share experience. I have started to think about my own behavior…"

16-year-old girl,
Navoi City

"After the training, we reorganized our medical service. We dedicated a room specifically for youth, put a sign outside the main door with the list of services provided, and gathered here all the youth-friendly IEC materials that we had in different places. But most importantly we have learned to help youth who come here with STIs or who are pregnant before marriage or just come around to know more about sexual life. Instead of condemning them…one of us is always available for our young clients…"

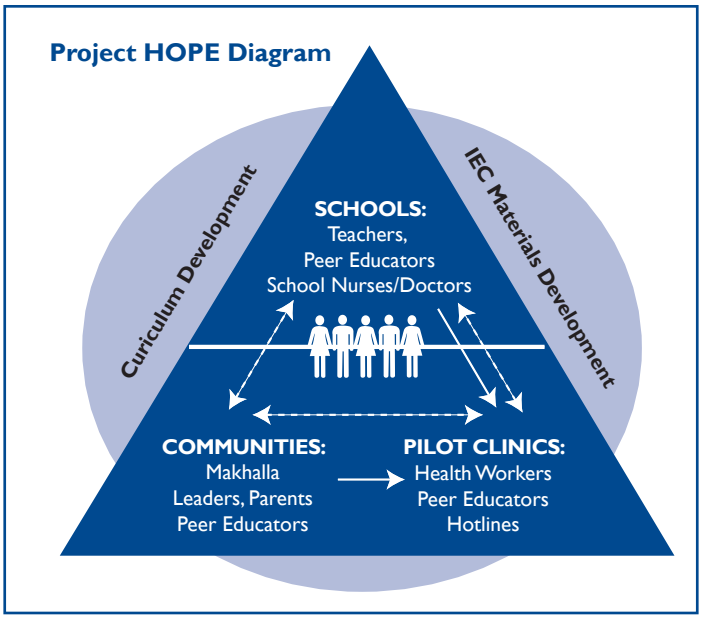
Health care provider,
Karmana clinic

The peer educators were also instrumental in—

- Helping teachers and school nurses/doctors offer the SRH curriculum in the classroom. Their participation put their fellow students at ease. As a result, students were more likely to listen, ask questions, and treat the topic seriously.
- Cooperating with *makhalla* leaders and local nongovernmental organizations (NGOs) to facilitate events in communities.
- Strengthening service provision at youth-friendly clinics.
- Contributing to youth-friendly clinics, especially in Navoi center. In Navoi they held club meetings to discuss their plans, progress, and problems. They also obtained further technical advice as needed from the health care providers during these meetings. Up to 20 peer educators were regularly available at the clinic on Mondays. They participated in outreach work as needed.

Health workers: Project HOPE offered training and guidance to build health care providers' ability to offer information and services in a youth-friendly manner. The training also guided the providers on how to understand and empathize with the SRH needs of young people. The project helped to establish the five youth-friendly facilities and to install hotlines in four of the five facilities.

The circle in the diagram below represents Project HOPE. The project's inputs to the network are portrayed by the triangle. Solid arrows represent referrals, and dotted arrows indicate mutual support between elements of the network.



The Training and Materials:

Project HOPE trained numerous people, using the curricula and materials that it designed with the Adolescent Reproductive Health Center of Tashkent. Trainees included staff from the MOH and the Ministry of Education (MOE), health workers in clinics and schools, schoolteachers, *makhalla* leaders, and youth themselves.

Who	What	Why
394 school teachers and health workers	Training of trainers course on youth SRH	To ensure basic knowledge of SRH issues and skills in teaching and/or counselling.
405 youth peer educators	'Peer to peer' training	To provide factual information and counselling skills to peer educators.
19 monitors	Five-day course	To develop and test Monitoring and Evaluation tools for supportive supervision to teachers, peer educators, and train monitors in their use.
1,012 students and youth	Two-day course	To teach youth the basics of SRH: facts, choices, consequences.
140 youth	One-day course at a summer camp	To teach youth the basics of SRH: facts, choices, consequences.

In addition to the curriculum and guidelines for use in the classroom, Project HOPE developed a series of IEC products. These were designed to support and supplement the information provided in schools, in clinics, and by peer educators. They included—

- Posters on topics like high-risk behavior, prevention/signs of STIs, and modes of HIV/AIDS transmission. The posters were displayed widely in Navoi's health and education facilities.
- Short films that premiered at a special event for adolescents (held at the Palace of Culture). They were shown on Navoi *oblast's* television network and were used in schools and clinics. The films explored common adolescent problems and how to prevent them. These problems included early marriage, unwanted pregnancy, abortion, STIs, and drug use.
- Brochures for adolescents (*Me and My World and Answers on Some Interesting Teen Questions*) and for parents (*If There's a Teenager in Your Home*). Peer educators, teachers, *makhalla* leaders, and health workers all kept a stock of these brochures to distribute to advice-seekers.

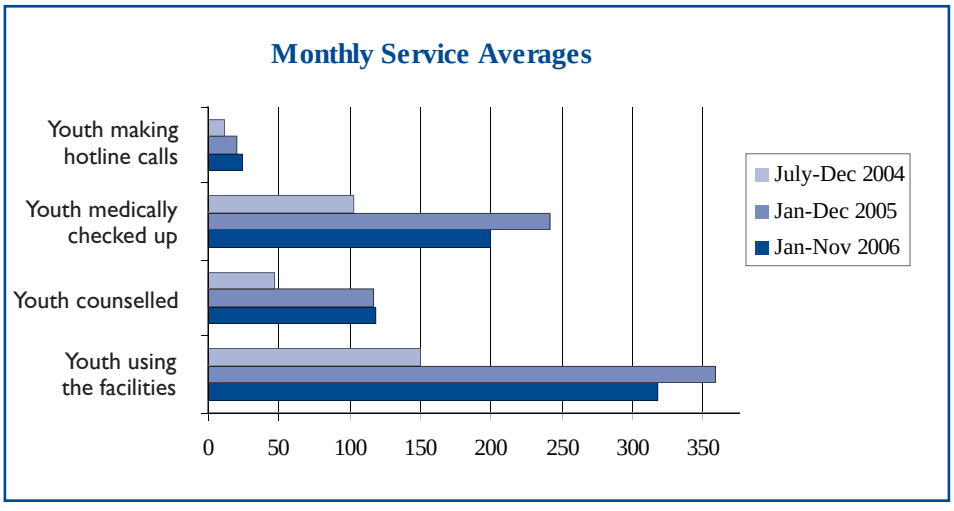
ACCOMPLISHMENTS

Changes in Knowledge and Practice

Project HOPE measured the changes in knowledge among young people before and after project activities. It also tracked clinic-use data over the life of the project. The table below shows selected measures of knowledge at baseline and again at 39 months. The measures show the project had an effect in reaching young people with SRH information through schools and peer educators.

Youth-friendly SRH clinics attracted an increasing number of girls and boys since opening their doors in mid-2004. The graphic below shows *monthly averages* in the Navoi City facility.

Percent of youth (16-18) who could…	*Baseline (Feb 2004)*	*Evaluation (Jun 2007)*	*Target*
State that a woman is likely to get pregnant halfway between menstrual periods.	1.3	35.3	40
Name ≥ three methods of contraceptive methods.	29.8	82.7	70
Name ≥ two mechanisms of HIV transmission.	44.2	90.7	75
Name ≥ two means of protecting themselves against STIs.	16.7	80.3	50
Report having used a condom during last sexual intercourse.		55.6	50
Correctly name ≥ six steps associated with correct use of a condom.		16.7	15



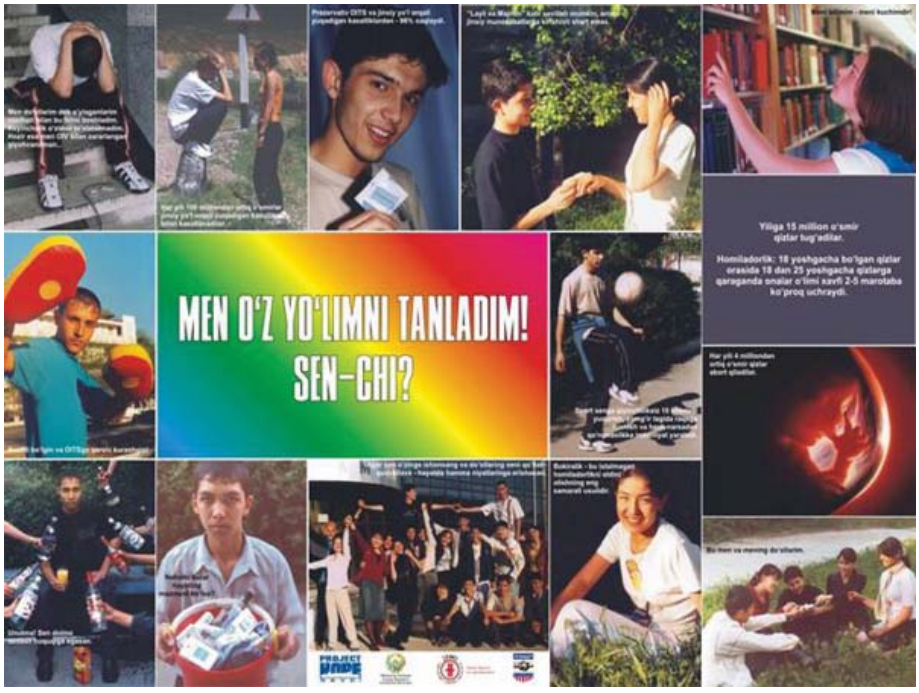
Achieving Youth-Friendly Health Services

Project HOPE used the World Health Organization's 11 characteristics of youth-friendly services[iii] as a guide when it set up the 5 pilot facilities and trained health workers. By working with Uzbekistan's national Adolescent Reproductive Health Center staff, the Project HOPE team was able to test if the characteristics were appropriate and to monitor if people complied with them. The Navoi city facility achieved 95.4 percent adherence, according to project monitoring records. Observations on overall adherence include—

- All pilot facilities offered medical and information services for youth only. The personnel staffing the facilities were trained to provide youth-friendly services.
- Two centers were physically separate from the health clinic. The others consisted of a special room within the clinic.
- All the facilities offered IEC materials. The Navoi center had a library, a computer with an Internet connection, and a photocopier.
- Peer educators were actively involved in the Navoi clinic. Up to 20 peer educators were available on Mondays. They supported various educational activities the center carried out in different locations. A local NGO also used the peer educators in its educational events.
- A telephone hotline in all but one of the facilities allowed teens to obtain consultations and access information anonymously.
- The Navoi center was well advertised in leaflets and on T-shirts.

Ministry of Health Scale-Up of Strategies

The MOH used the materials and methods piloted in the 5 pilot clinics, 129 schools, and 126 *makhallas* of Navoi to replicate the activities of Project HOPE in non-pilot *rayons* of Navoi *oblast* and in Surhandarya *oblast*.



"I've made my choice: How about you?" Poster used in a number of schools and youth-friendly health facilities throughout the project's catchment area.

Project HOPE,
with the help of stakeholders, developed these materials.

"The Answer to the Questions Youth Have" *is a mini brochure which provides information on reproductive health topics.*

"Booklet for parents: If there is a teenager in your house" *targets parents with adolescent children to introduce them to the educational program conducted through schools and youth-friendly health facilities. There have been 20,000 copies printed and disseminated to parents of targeted youth.*

Teacher training manual for adolescent reproductive and sexual health curriculum in Uzbekistan.

Adolescent reproductive and sexual health manual for youth participants.

RECOMMENDATIONS

The opportunity to have these activities replicated led the Project HOPE staff to make the following recommendations to improve the implementation of youth-friendly SRH information and services:

Follow up on student referrals

When a client was suspected of having an STI, that client was referred to a lab for tests (none of the five pilot centers had testing facilities). The MOH should ensure that youth referred actually receive the services they need.

Provide more detailed information on the menstrual cycle in future classes

Health workers, teachers, and peer educators all stated that the menstrual cycle is the most difficult topic to grasp. They noted that many girls between the ages of 16-18 did not have a regular menstrual cycle and had difficulty finding the halfway point between their periods. Many girls and boys did not believe that it would benefit them to understand the menstrual cycle at this stage. Peer educators and even health care providers felt that sexually inactive girls did not need to know about fertile periods within the cycle. These attitudes highlighted a clear need for continued training on the topic.

Develop a constant peer education training plan

Peer educators inevitably graduated from school or left school. This created the need for a constant source of new peer educators. The MOE (perhaps with health centers) should develop a system to anticipate and overcome this problem.

Peer educators show one of the many adolescent reproductive health posters they helped design.

[i] Increasing the Quality of Child Survival and Maternal Care Services in the Navoi *Oblast* of Uzbekistan was an extension from 2003 to 2007 of a previous child survival project that began in 1999; the youth SRH activities described here were a component of this large program. Overall, Project HOPE's purpose was to: (a) reduce mortality and morbidity in children under five and women of reproductive age, and (b) increase youth knowledge of reproductive and sexual health. In addition to youth, the project targeted an estimated 36,716 children aged 0-5 and 77,479 women aged 15-49. The project introduced and expanded the use of standard case management protocols in Integrated Management of Childhood Illness, safe pregnancy, and family planning interventions.

[ii] "The Makhalla is a community of people living close together on a certain territory. The word 'makhalla' in Arabic means 'local community'. *Makhallas* differ in size, and range from 150 to 1,500 families. The Makhalla in both the historical and contemporary situation is a clearly marked socio-demographic, cultural, and territorial-administrative unit, in which the inhabitants are interconnected through common traditions and customs, and through personal, economic and legal relations. Since ancient times, these territorial units have generated the rules regulating community life, and have been the forum for the creation of public opinion and systems of ideological and world views." United Nations Development Program in Uzbekistan, National Human Development Report, 2005, 66.

[iii] WHO. Adolescent Sexual and Reproductive Health. Retrieved August 18, 2008, from the World Health Organization Web Site: www.who.int/reproductive-health/publications/cah_docs/cah_02_14.html

Written by:
Project HOPE

Edited by:
Catherine Toth and
Macro International Inc.

Photos by:
Project HOPE

Design by:
Macro International Inc.