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Approaches to Adolescent Health and Development: Principles for Success

A Joint World Health Organization/International
Youth Foundation Meeting

Geneva, 20-22 November 1991

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The International Youth Foundation

The International Youth Foundation (IYF) was founded in April 1990 as an independent, international, non-governmental organization for the positive development of children and youth ages 5-20, particularly in developing countries.

The Foundation's principal focus is on human development and the prevention of problems through projects which help to enhance character in young people, build confidence in their abilities, develop their competence and self-sufficiency, and instill a sense of belonging or 'connectedness' with the communities in which they live.

IYF's major objectives are to:

- identify effective youth programmes which are community-based, holistic and which actively involve children and youth in programme planning and implementation;
- make grants to strengthen, expand and adapt to other contexts proven approaches to youth development;
- build an International Clearinghouse System (ICS) with information on effective programmes for children and youth;
- disseminate information among practitioners, policy makers and funders on policies, practices and the situation of children and youth throughout the world;
- facilitate training and exchange of experiences among youth leaders and other public and private individuals committed to children and youth development; and
- promote international and national philanthropy around a global agenda for children and youth.

To achieve the above, the IYF enters into partnerships with national, autonomous organizations that carry out programmes serving children and youth in their countries. Partners conduct rigorous reviews of all programmes and establish national screening panels to select the most effective programmes for inclusion in the IYF International Clearinghouse System (ICS). These screening panels consist of youth and experts from many development and youth fields. Programmes in the ICS are eligible for funding from the country foundations and IYF, as well as from other international funders using the ICS to strengthen, expand or replicate their programmes.

IYF presently has partnerships with national foundations in Mexico, Poland and Ecuador. Plans to establish partnerships in Africa and Asia are also underway. IYF has a strong commitment to assist its partners and local organizations working with children and youth to strengthen their institutional capacity and to become more self-reliant.

The WHO Adolescent Health Programme

The overall objective of the Adolescent Health Programme (ADH) of the World Health Organization (WHO) is to promote the health and development of young people worldwide between the ages of 10 and 24, with special attention to those in developing countries.

WHO recognizes that every young person has the right to develop fully in a healthy way. This requires a combination of a supportive and nourishing environment together with appropriate and timely opportunities to learn, work, play, be creative and contribute to society. The approaches and methods developed and used by the Adolescent Health Programme involve a high level of participation by people, including the young, in their own cultures to set priorities, plan and implement activities for health.

The Programme emphasizes the promotion of health and development and the prevention of health problems as the most humane and cost effective strategy, whilst recognizing that care and rehabilitation for those in need is also essential.

The immediate objectives of the programme are:

Information - to obtain and instill technically sound and culturally appropriate knowledge in adolescents and influential key adults

Advocacy - to create an appropriate climate for policy and legislation to better meet adolescent health needs

Training - to train and sensitize adolescents and key adults in the skills needed to promote effective health care and healthy behaviour

Interventions - to contribute to better provision for and by young people of effective and accessible information, guidance and services for the promotion of health, the prevention of problems, and the treatment and rehabilitation of those in need

Evaluation - to facilitate the application of effective evaluation

Research - to facilitate the acquisition of new knowledge as needed particularly with regard to patterns of behaviour and interactions between young people and those who may provide health care or influence their behaviour; and both biomedical and psychosocial issues which may have relevance for adolescent physical, mental and social development.

To achieve these objectives, ADH engages in the development and adaptation of special methodologies, the systematic collection, analysis and dissemination of information, and direct technical support, at interregional, regional and country levels in close partnership with other WHO programmes, sister agencies of the UN system, and NGOs.

INTRODUCTION

Lifelong values and habits are developed during adolescence. Youth today face a daunting set of challenges in their formative years. Worldwide, there is an urgent need for more and better programmes to help young people develop in a positive way and overcome problems such as poverty, abuse of harmful substances, too early pregnancy, sexually transmitted diseases and injuries resulting from accidents and violence, while acquiring the skills they will need as adults.

A meeting was held at World Health Organization (WHO) headquarters in Geneva, 20-22 November 1991, to address this need. The conference on "Approaches to Adolescent Health and Development: Principles for Success" brought together, among others, policy makers, funders, the directors of programmes serving youth, and representatives of youth-focused non-governmental organizations. Participants came from more than 20 countries.

The meeting was part of a collaboration between the Adolescent Health Programme of WHO and the International Youth Foundation (IYF), a non-governmental organization that directs resources to programmes concerned with the well-being and healthy development of children and young adults.

While efforts to promote adolescent health and development have multiplied in recent years, there has been no systematic attempt to gather and disseminate information on effective activities worldwide.

The Joint WHO/IYF Project on Successful and Replicable Approaches to Adolescent Health and Development has collected data on scores of youth programmes and projects around the world, to identify the principles and methods that are most useful in meeting young people's needs and countering their problems in a lasting manner – and in particular to determine which approaches merit adoption elsewhere.

The meeting examined five types of programmes, which focus on addressing young people's overall development, psychosocial development, sexual and reproductive health; or dealing with specific problem behaviours or overcoming particular disadvantages.

The programmes under consideration offer, among other things, information provision, education, mass media outreach, training in interpersonal and vocational skills, physical and mental health services, sports and recreation.

Among the programme qualities identified by the meeting participants as leading to success were comprehensiveness, commitment, and the involvement of young people in planning and carrying out activities.

Participants also discussed issues related to programme evaluation, the replication of successful programmes in other locations and on a wider scale, funding, and the necessity of improving means for sharing of information and experiences.

Promulgating the lessons learned from this project as widely as possible is a priority for both WHO and IYF. Both aim to promote more action in countries, effective cooperation among the various international agencies and organizations concerned with the health, education and social development of youth. Also available upon request is a document summarizing programmes identified through the WHO/IYF project entitled "Approaches to adolescent health and development: compendium of projects".

PROJECTO VIDA, PORTUGAL

Youth to Youth is a programme that aims to prevent drug use by developing young people's awareness and self-confidence. It aims to establish self-esteem; assertiveness; and skills for communications, conflict resolution and decision-making. The premise of the programme is that youth who have these skills are more likely to resist peer pressure and choose a drug-free lifestyle, and to encourage others to do so.

The underlying philosophy holds that young people have the ability to make correct and responsible decisions. Rather than doing things for youth, adults should take the time to ask what they want and need, and to help them succeed.

Youth to Youth was started in December 1989 by Projecto VIDA, Portugal's national drug programme. Participants are young men and women aged 14-23, who are not and have never been addicted to drugs. Some 1,050 young people have taken the course in its first two years.

Fifty young people and facilitators take part in the five-day residential workshops. They hold discussions on assertiveness, peer pressure, decision-making, drugs, AIDS, sexuality, etc., in an environment that offers security and the freedom to speak their minds, and experiment with new sensations and feelings.

Activities include role playing, listening to speakers and watching films. Light-hearted games are interspersed with serious dialogue. The large group sometimes splits into six smaller discussion groups, facilitated by young people who have gone through special training.

Programme graduates have organized a National Youth to Youth Association, and promoted non-drug-using lifestyles in community and school programmes.

Future plans include publishing a manual for Youth to Youth facilitators and establishing a national network. Another goal is to adapt the programme to incorporate youth in custody who have suffered abuse, and those who have shown delinquent behaviour.

PROGRAMMES IDENTIFIED BY WHO AND IYF

A. Selection Criteria

The WHO/IYF joint project conducted a global search for programmes and projects that meet the diverse needs of adolescents. The search focused on programmes that strengthen: confidence and self-esteem; a sense of belonging to family and community; character - the ability to be oneself while maintaining personal integrity; and competence in various life skills. Special emphasis was paid to identifying programmes in which young people, their families and communities actively participate; those that promote leadership training; and ones that are sensitive to the cultural values of the societies in which they operate. A long-range perspective, and the flexibility to incorporate lessons learned were also considered important attributes.

Specific selection criteria included:

- Promotion of individual self-esteem and competence. This involves fostering healthy overall physical, mental, spiritual and social development. Young people's health is determined to a large extent by the interrelationship of physical, psychosocial and environmental factors. The whole person in his or her social setting needs to be considered for the design of effective programmes. The development of self-esteem is fundamental to overall well-being and has a major influence on behaviour, attitudes and relationships.
- Promotion of the capacity of young people to relate to others of their own age and adults. Good relationships with peers, family and adults in the community are essential for the development of a happy, confident and responsible young adult. Young men and young women benefit from relationships with the opposite sex that are based on mutual respect and sharing in the family, and in occupational and recreational spheres.
- Involvement of youth. Participation favours the acquisition of valuable skills, including interpersonal skills, and gives young people self-confidence, teaches them to take responsibility, contributes to a sense of belonging and ensures the relevance of the activity to young people.

SERVOL ADOLESCENT DEVELOPMENT PROGRAMME, TRINIDAD AND TOBAGO

There is an old African saying: "It takes a village to bring up a child." An innovative skills-training programme in Trinidad and Tobago seeks to create a new kind of "village" for adolescents who have been deprived of the support of a strong, caring family.

The Servol Adolescent Development Programme (ADP) has established 40 "Life Centres", where youth who are unsuccessful in school can develop self-confidence and self-esteem in addition to vocational skills. There is also an Adolescent Parenting Programme where young parents learn about positive parenting, so their children will not be burdened as they have been.

In five years, these centres have served 3,000 adolescents from throughout the twin island republic. Each centre is largely autonomous, run with local community input and in response to community needs.

Participants, aged 16-19, spend three-and-a-half months in the programme. Before being taught job skills, they are helped to understand themselves and the roots of the problems they are experiencing. The ADP aims to empower youth to feel good about themselves and the world; to help them understand their emotions and sexuality; and to guide them in forming relationships with people of all ages.

Vocational training is offered for a number of occupations, including: carpentry, masonry, electrical wiring, car mechanics, welding, nursing and small business management. This is followed by in-service training in a work place. The youth then take a Ministry of Education exam; those who pass receive a National Trade Achievement Certificate.

A sister organization, Fund-Aid, offers credit to graduates to set up their own small enterprises. Many of these have become profitable within a few years.

The ADP has generated a number of spin-off activities. Servol has organized programmes in juvenile prisons, orphanages, and institutions for the rehabilitation of abused children and drug addicts. It has also established a national programme for adolescent training, and introduced a shortened version of ADP in a number of secondary schools to motivate less successful students.

In addition, Servol runs a hostel/training centre, where it has helped train 200 teachers and instructors from 11 other Caribbean territories.

- Compatibility with local values. Programmes must be developed within the cultural context of their societies, make use of existing social structures, and reflect local aspirations if they are to gain community acceptance and support.
- Emphasis on promotive and preventive health activities. Encouraging the adoption of lifestyles, and preventing behaviours that damage health and the healthy environment, are humane and cost-effective approaches in the long term, notwithstanding the importance of treatment, rehabilitation and support for those currently suffering from health problems.
- Evidence of success in meeting the programme's objectives, both quantitatively and qualitatively, and in expanding or replicating activities. Given the limited funds available for youth programmes, confirmation of the effective utilization of resources made available to programmes is warranted. Formal assessments of programmes may be inadequate because of financial constraints or lack of knowledge about evaluation methodology.

B. Programme Descriptions

To identify adolescent health and development programmes meeting the above criteria, WHO and IYF sent a questionnaire to a broad range of international, governmental and non-governmental agencies involved with health, education and youth issues worldwide. Some 800 information requests produced over 550 responses describing 449 programmes and projects. Of these, 401 from 80 countries were analyzed (those that were exclusively research-oriented or related only to young children were excluded).

Summaries of the projects and programmes identified through the search can be found in the companion document to this meeting report entitled '**Approaches to adolescent health and development: compendium of projects**'.

The programmes were categorized according to their major focus, as follows (Figure 1):

1. Overall development. These provide comprehensive services to young people, including health care, health education, vocational guidance and training, sports and recreational facilities, and social and legal support. They serve the general adolescent population or specific segments of the population.

Programmes/projects for adolescent health and development Major focus

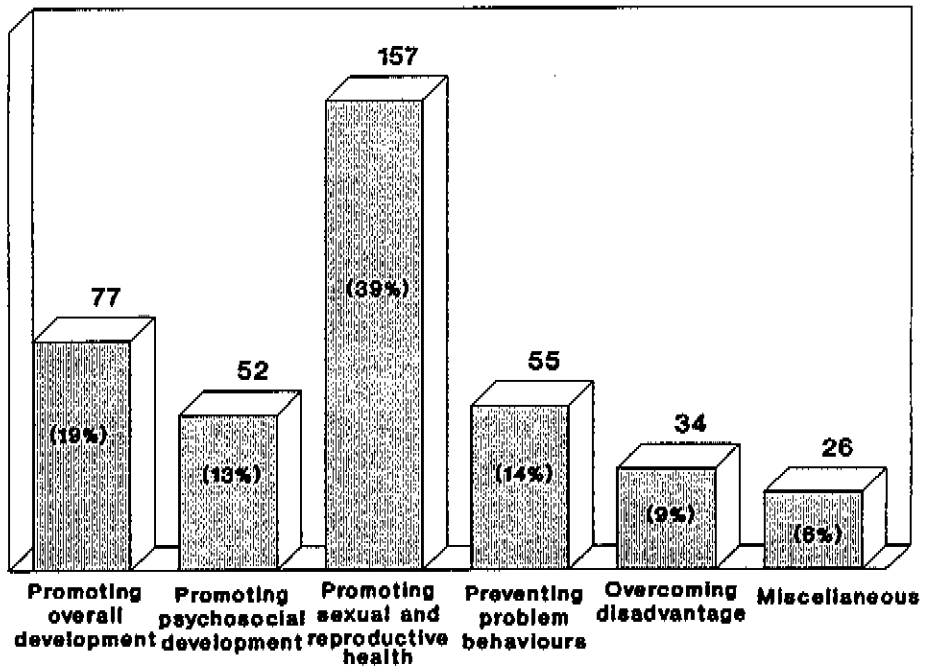
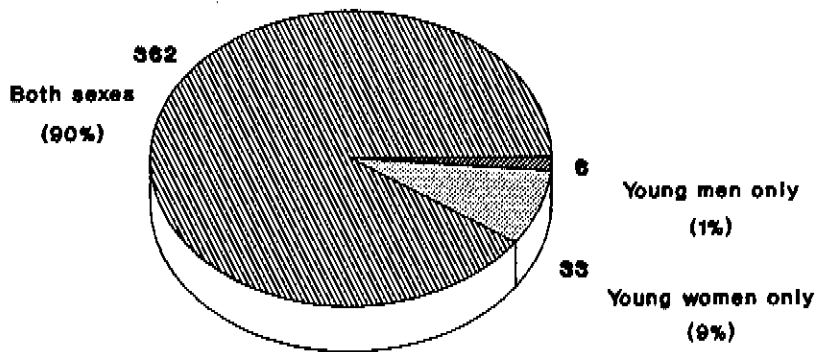


Figure 1

2. Psychosocial development. These emphasize healthy mental and social growth as a basis for meeting the challenges of adolescence. Many offer information and guidance on family planning and employment. These programmes and projects usually serve the general adolescent population.
3. Sexual and reproductive health. Some of these stress responsible sexual behaviour and positive attitudes to sexuality; others focus on preventing particular problems such as adolescent pregnancy or sexually transmitted diseases. They serve the general adolescent population or a particular population, most frequently young women, where the objective is to reduce the rate of early pregnancies.
4. Problem behaviours. These programmes concentrate on preventing substance abuse, violence, suicide or accidental injury, and frequently offer personal and job skills training, counselling, and recreational activities. Some also give priority to promoting healthy lifestyles.
5. Overcoming disadvantage. In this category are projects to help young people in circumstances such as extreme poverty, homelessness, abandonment or unemployment. Some provide comprehensive health and social services; others mainly offer vocational training, with some health and sex education.

The beneficiaries of the projects are varied (Figure 2) and the types of activities mentioned in the programme descriptions included information provision, education, mass media outreach, interpersonal and vocational skills training, physical and mental health services, and sports and recreation (Figure 3).

Target group: by sex



Target group: by education/employment

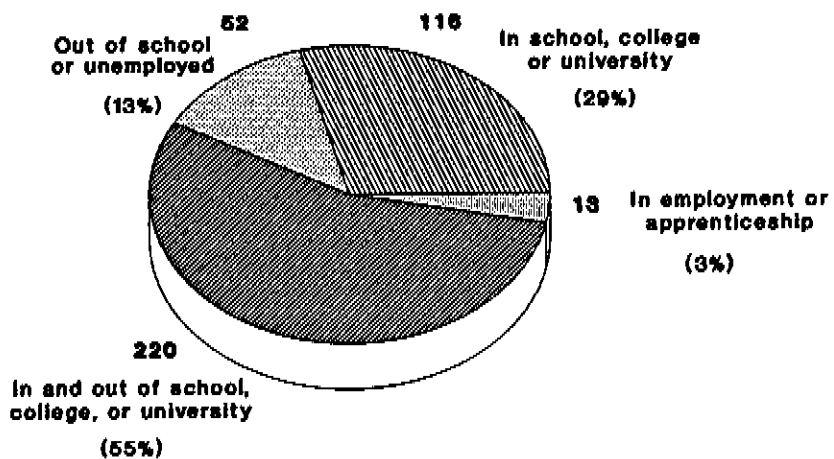


Figure 2

Representatives of a selection of the programmes identified through the global search took part in the Geneva meeting. Below are some examples of their projects:

- A health clinic for street youth in Manila, Philippines, offering vocational training and educational activities to help them avoid drug use, crime and prostitution.
- A drop-in shelter for boys in Bogota, Colombia, offering food, health care, detoxification, counselling training and recreation.
- An adolescent mothers' job-training centre in Gaborone, Botswana.
- A Bangkok, Thailand programme that trains student volunteers in sex education and counselling.
- A programme to support youth health clubs in Tunisian secondary schools.

Programmes/projects for adolescent health and development activities

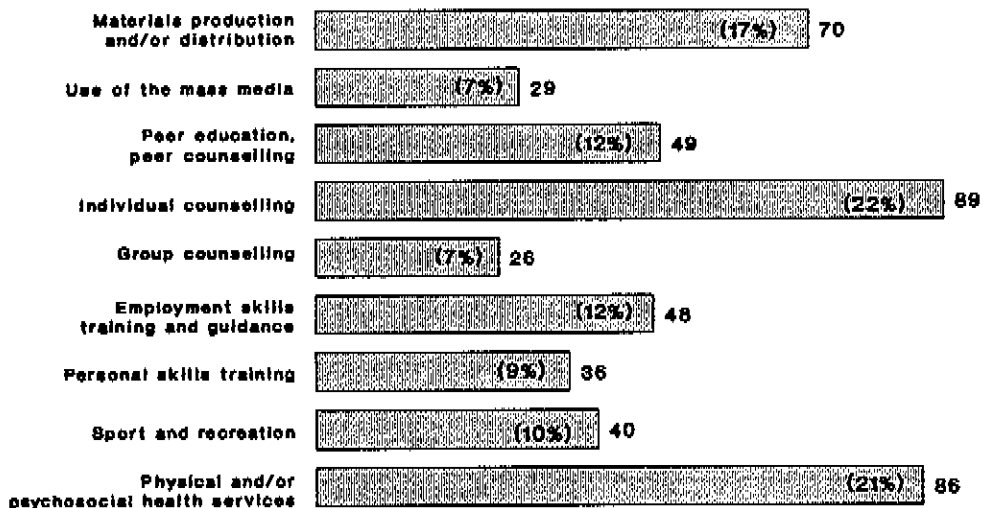


Figure 3

CELLBLOCK YOUTH HEALTH CENTRE, AUSTRALIA

To reach homeless youth not served by traditional health services, a Sydney, Australia, facility combines medical care with creative arts and other activities that will attract young people, under a single roof.

Organizers of the Cellblock Youth Health Centre recognize that regular clinics often appear threatening, unfriendly and unhelpful to young people. Medical staff are frequently unfamiliar with and intolerant of adolescent behaviour. Homeless youth, especially victims of abuse and exploitation, face special barriers due to their distrust of adults, and lack of self-esteem and social skills.

At the centre, services – including primary medical care, counselling, creative arts, recreation, group work, general support, and welfare and survival information – are located within the community, away from a clinical setting. Young people participate in running the centre, and perceive it as their own.

The centre was begun in March 1990, in a former police station in an inner-city suburb of Sydney, as a branch of the Adolescent Medical Unit of the Royal Alexandra Hospital for Children.

It serves homeless children, aged 12-20, and others considered to be at high-risk. In 1990, 39 per cent of the participants were self-referred. Half the youth use the individual counselling service; 37 per cent use more than one of the services provided.

Primary medical care is provided at a full-time clinic, with an emphasis on health education and preventive approaches. Young people are encouraged to take responsibility for their own well-being, and are taught about reproductive health and sexually transmitted disease. Their concerns over physical development and body image are also addressed. In addition, the programme provides general health screening and hepatitis B vaccinations.

Counselling and psychological support services combine individual, group and family therapy.

Health education is incorporated into most activities. There is a regular living skills programme for unemployed youth. Staff members write a monthly health column in a popular national magazine for young women.

Creative arts programmes offer individual support in several fields. Activities include a drama group that has performed original works; a band that has produced a music video; modern dance performances; aerosol art; photography; video production; graphics; and screen printing.

Outreach programmes go to where young people congregate. Creative arts programmes, counselling and health education have been conducted in other youth centres and local schools. A living skills project has been developed in a juvenile detention centre.

Cellblock is also involved in research, notably the Homeless Youth Project which looks at innovative ways to promote health among young people who live on the streets.

Youth in the centre participate in decision-making and evaluations, interview prospective staff, and are consulted about their needs and ideas for programmes. They organize performances and social functions. Some have been temporarily employed to run workshops or act as consultants on projects.

A community advisory committee, consisting of representatives of various local services dealing with youth, is being established to offer advice on future activities. Non-governmental organizations and professional associations have been partners with the centre on a range of projects.

CONDITIONS FACING YOUTH

More than for other groups, young people's health is shaped by an interplay of physical, psychological, social and environmental factors. Self-esteem is an essential part of well-being, and a major influence on behaviour, attitudes and relationships.

Profound psychological and social changes accompany physiological development during adolescence: evolution of the ability to think abstractly, plan ahead and empathize with others; the formation of values and ethical standards; increasing independence and interdependence in relationships with adults; and the learning of new social and sexual roles. Adolescents also undergo a major shift from outer to inner control of behaviour.

These changes usually occur unevenly within each individual. There are important differences, particularly with regard to social development, among adolescents of the same sex, between young women and men, and among different cultures.

All young people face a variety of challenges, requiring them to try new behaviours and develop new skills. This necessarily involves taking certain risks, which can be constructive or detrimental. Excessive risk taking can damage both short- and long-term health. The best protection against this is a solid foundation in the family, good self-esteem and sound relationships. Adolescents need a social environment that provides love and protection, and at the same time, opportunities to develop new skills.

In many countries, rapid population growth, urban migration and technological change in recent years have weakened family and social structures that formerly protected and supported adolescents during this crucial transition. Young people are particularly vulnerable to the problems related to poverty, homelessness and overcrowding, illiteracy, unemployment, crime and war.

Today's youth encounter intense competition for education, vocational training, jobs and housing. Drugs, alcohol and tobacco are too often readily available; basic health care often is not. Changing sexual mores, combined with a lack of adequate information and services for youth, are contributing to a rise in pregnancies among adolescents and the spread of sexually transmitted diseases including HIV infection leading to AIDS.

Adolescents are often frustrated and angered by the ambiguity in their status and level of responsibility society accords them and these feelings sometimes leads to aggression if not directed into positive action.

Governments and national health systems frequently do not sufficiently involve communities in providing services to the young. A lack of communication contributes to the alienation that underlie many of the problems of today's youth.

YOUTH ADVISORY SERVICES, ZIMBABWE

The Youth Advisory Services Unit of the Zimbabwe National Family Planning Council uses a wide range of media to provide young people with information and services they need to develop responsible reproductive health behaviour. The programme also strives to improve communication between children and their parents.

In order to provide Family Life/Human Sexuality Education Programmes for youth in and out of schools, special efforts have been made to develop materials to reduce the incidence of unwanted pregnancies, abortion, sexually transmitted diseases (STDs), baby dumping, alcohol and drug abuse, and sexual relationships between young women and older men ('sugar daddies').

The materials produced reflect the results of a number of Focus Group Discussions, conducted with both rural and urban youth. These have identified the problems youth face and the best methods of providing them with the knowledge and communications skills they require to behave responsibly. A 1986 Reproductive Health Survey for Young Adults was also helpful in this regard.

A widely disseminated booklet, 'Facts About Growing Up', covers such topics as: reproductive organs and their functions; information on counselling and services; consequences of relationships with 'sugar daddies'; unreliable birth control methods and myths about sex; STDs; alcohol and drug abuse; irresponsible behaviour; the value of education; and career options.

A teaching manual on Family Life and Human Sexuality has been prepared; an illustrated flip chart; three songs for youth, one each in English, Shona and Ndebele; sets of slides on drug abuse and STDs; and videos for use with rural village groups.

Training workshops have shown workers how to use these materials. A youth campaign is planned that will use posters; calendars and diaries; T-shirts, caps and pens; radio messages; and pamphlets to reach youth throughout the country.

A related Parent Education Programme provides information so parents can better communicate with their adolescent children about sexuality.

The Youth Advisory Services Unit also airs regular radio programmes and TV talk shows on the problems of youth. Traditional drama groups in all eight provinces regularly visit schools and other places where young people congregate, to perform stories based on the problems youth face. Plans include using professional performers to bring these dramas to radio and TV.

In addition, the unit operates a Youth Centre in Harare, and plans by the end of 1993 to have one center in each province. These will offer advice and counselling (including peer counselling), family planning services, and recreational facilities.

MEETING SUMMARY

The meeting was divided into three main sessions: principles underlying success; evaluation; and replication. Each began with presentations describing four particular programmes, commentaries on the theme, and a brief question and answer period. Participants next discussed each theme in four working groups, according to their area of work: health; education; youth; and community. They then returned to plenary for a report from each group.

The major points of each session were summarized and discussed at a final plenary session, and are presented below. This discussion also identified unanswered questions, and outlined future plans to promote successful adolescent health programmes.

A. Principles Underlying Success

Defining success, and integrating both qualitative and quantitative measures into assessment procedures, are sometimes difficult. Participants raised several points and questions about this in response to the presentations:

- Programmes need to be culturally appropriate, based on the community's values rather than those from other settings. However, it may be difficult to assess the cultural fit of programme activities when the culture is itself undergoing rapid change. Similarly, views about what constitutes success may change, complicating evaluation.
- Levels of youth participation, and in particular their sense of responsibility, are difficult to measure.
- Are there, or should there be different criteria for promotive, as opposed to preventive programmes and projects?
- Indicators need to be developed to measure both qualitative and quantitative features of programmes.

At various points in the discussions, participants returned to the definition of success in the context of youth programmes. A number of suggested definitions were offered, including: "getting the best out of people"; "building bridges between young people and adults"; "making young people themselves feel they have been helped"; and "Success is a

programme which continues." Each suggestion stimulated further discussion and raised further questions.

Despite the questions, participants concurred on the central aspects of programme success:

1. Comprehensiveness

The more comprehensive a programme is, the more difficult it is to measure changes and to demonstrate success. Participants agreed that common sense suggests comprehensive approaches are superior to single focus ones, on the grounds that many social and psychological factors need to be taken into account to understand and address the most common adolescent health problems. But data on the impact of such comprehensive approaches is lacking, particularly in non-industrialized countries.

A comprehensive approach to adolescent health takes into account a number of physical, social and psychological factors, and all of a person's needs and capabilities. Health, development and education are closely connected: a young person who is hungry or sick cannot study well. Consequently, increased support is required for those efforts offering key youth services at a single site if possible, or at least in a coordinated manner.

The education sector is an obvious site for health-promoting activities. But while health education is a well-accepted idea, it is not extensively implemented as an integral part of the curriculum. Schools could play a much larger role in providing health services, and in promoting health for the whole community.

However, schools may not be the most appropriate sites for all health-promoting activities for young people. The success of a number of programmes is attributed to the fact that the activities take place outside school, in an environment that is appealing, stimulating and comfortable for young people. Young people need a place where they feel at ease and where they have a real sense of participation. Further study is needed on how to create this kind of environment within school, health or youth/community settings.

As a guiding principle, programmes and projects should try to prepare young people for life's contingencies. This implies a programme approach in which the whole person and her or his socio-economic context are taken into account often requiring inputs from various sectors. What sorts of skills will best equip a young person to face the particular circumstances of her or his community and society? Sensitivity to the political and social climate underscores the need for culture specificity in programming.

Flexibility was consistently cited throughout the meeting as an essential ingredient of successful programmes. The ways in which contact is made with young people and how service providers relate to them - patience and openness are key characteristics. Service providers willing to give and take in terms of control and responsibility, contribute to young people's capacity to learn from experience and develop competence in relating to adults. Flexibility also implies the willingness to abandon routines and consider alternatives when confronting unforeseen obstacles; to foster creativity; to collaborate with multiple agencies, across disciplines; and to actively seek out young people where they are most likely to congregate.

Participants noted that the effectiveness of comprehensive projects is inherently difficult to measure, and that funding agencies tend to favour single-issue programmes.

2. Commitment

One aspect of fostering a sense of commitment is to undertake a thorough needs assessment, in consultation with key groups in the community so that they clearly perceive the programme's benefits and develop a sense of ownership. This implies community participation in planning and implementing the programme, and some degree of control over its future. When members of the community contribute even partially to the financing of a programme, their commitment to its success and continued existence increases substantially.

The commitment of individuals to be responsive to feelings and emotions was acknowledged as integral to successful programmes. This is as important for adults as for young people. It was further confirmed that intangible qualities are critical to the success of programmes: an atmosphere of affection, friendship, respect and trust, between young people and adults, and among young people themselves.

The significance of charismatic leadership in relation to success was raised by participants. Without doubt, leadership is a critical aspect of programme inception and operation; however, it was pointed out that most programmes are run by ordinary men and women, equipped with a set of more or less useful and appropriate skills. It is important to identify, in ordinary settings and in the absence of outstanding leaders, the variety of factors that result in successful outcomes. It is more important to be interested in young people than to be interesting to young people.

Young people become committed when they recognize some tangible benefit from their involvement in the short term. They often seek some sense of a realizable future; hope needs to be instilled.

3. Participation

A principle underlying success is that the means and process deserve as much attention and are as important as the ends or objectives. The activities and interactions that are part of the day-to-day running of a programme are "events" which may be "successful" or "unsuccessful" in their own right, independently of the stated objectives of the programme.

Young people's participation is more appropriate at certain levels and in certain circumstances than in others. The degree of control and responsibility that is desirable depends on a number of factors. There may be instances in which it is appropriate for young people to manage programmes themselves and take substantial responsibility for success or failure. At present, this degree of participation is not common, but research into the advantages and disadvantages of such an approach would be useful.

The adults involved in the programme/project, whether they be staff, parents or members of the community, need to be prepared in some way when a youth participation component is being introduced. They may need some guidance in order to plan, oversee and gain the maximum benefit from young people's participation. Where a peer education approach is to be adopted, young people need training in working with other young people, in counselling and leadership skills, in basic teaching techniques and have ongoing supervision.

While the participation of young people contributes to programme relevance and effectiveness, it is important to remember that they themselves are still developing and may have needs different from other staff members. At the same time, it is important to have a two-way dynamic; young people themselves need to give as well as receive.

Partnership between young people and adults may also engender confrontation. Confrontation is often a part of the reality of working with young people, and it can be a positive force. To some extent it is a means of forging identity and developing certain personal skills. Through confrontation, cooperation or a means of working together may be eventually worked out. The creative potential of confrontation should be recognized and exploited rather than avoided.

The ambiguity of adolescents' status, not yet quite part of the adult world and still outside many of its formal structures but already shouldering responsibilities and developing autonomy, needs to be dealt with sensitively when adults and young people are working together. The problem of how to instill and maintain a sense of belonging is crucial in this respect and may be particularly problematic with more vulnerable young people, such as those out-of-school, unemployed or homeless.

4. Other important considerations

Among socio-economic issues, poverty, was acknowledged as a major contributing factor to problems facing youth. In developing countries, many of the problems that projects are currently addressing relate directly to factors such as unemployment, urbanization, the breakup of traditional family and social structures, mass migration and technological changes, illiteracy, and lack of access to basic health care and health information. Resolving the larger socio-economic problems in many societies would considerably reduce the problems that confront young people every day.

Training can be a means to empower young people and their communities. While the curricula of training programmes for young people and staff were beyond the scope of these discussions, it was stressed that training needs to draw upon available and relevant skills in the immediate locality of the programme/project.

Interpersonal communication in health-promoting activities has advantages over one-way mass communication, in that it is more flexible, more pertinent and potentially more satisfying. Individual attention, identified as an essential ingredient in successful youth programmes, is an issue that has far-reaching implications for service organization and resource requirements, and needs to be explored carefully.

Governments, local and national, have an essential role to play. While some activities can best be carried out by governments, others benefit from the flexibility of non-governmental organizations. In the latter case, government support is important, whether this takes the form of supply of materials, equipment or staff, or merely approval of the activities.

B. **Evaluation**

This session was intended to generate an exchange about what needs to be evaluated and why, and the role of programme evaluation in measuring success and contributing to sustainability. It was generally agreed that programmes should be assessed on their actual achievements, not just on the attainment of their stated objectives, with a view to making improvements and disseminating useful lessons learned.

The multiple reasons for carrying out evaluations were discussed including: decisions about the continuation of programmes; improving programme performance or operations; and advancing knowledge about the impact of particular programme activities for the benefit of a wider audience. The questions were also asked: For whom is an evaluation carried out – the funders, policy makers, project managers and/or the beneficiaries? Can their varied interests be combined?

It was agreed that the most important reason for undertaking evaluation is to provide advice about programme direction and improving activities. However, even for this purpose, evaluation often receives a low priority when resources are allocated.

The questions that an evaluation can address vary according to whether the focus is on the programme's context (what are the needs, opportunities and problems?), its inputs (what are the options and how do they compare one with another?), the process of programme implementation (what is the extent of service delivery, its cost and quality?), and/or the products (what are the intentional and unintentional outcomes and what is their significance?). The focus of the evaluation is closely related to the reason for undertaking it.

The difficulties of assessing qualitative as well as quantitative aspects of service delivery were discussed at some length. The point was made that because quantitative measures may be required, some important aspects of the programme's operations which do not lend themselves to easy measurement may not receive due attention. Positive verbal or written feedback from the young people served is a valuable source of qualitative information. Likewise the opinions of service providers are essential to understanding the effectiveness of service delivery.

There was also discussion of the pros and cons of evaluating a programme internally or from the outside, on the appropriateness of various indicators, and on the timing of evaluations.

The expense of evaluation and lack of familiarity with methodologies are deterrents to undertaking programme evaluation. Suggested solutions included pooling resources for combined assessment of several projects, and better use of networks to share knowledge gained during evaluations.

C. Replicability

The issue of replication is especially important at a time when identified needs for programmes serving young people are growing, but available resources are diminishing. Growing concerns about accountability and the relationship of costs to benefits have underscored the need to make wider use of strategies that have been shown to be effective in reaching young people. A small but valuable pool of experience is available for this purpose.

When resources are limited, it makes sense to use them to expand and increase the impact of successful programmes, rather than always to seek innovative approaches. This may involve increasing the numbers of youth participating in a single programme setting, developing new sites

within the same community, or emulating a programme in other regions or countries. Participants agreed that the aim should be to adapt effective concepts to new situations, not to copy programmes exactly.

The ingredients of successful replication depend on the particular project, but some common principles need to be observed. The programme to be replicated should first be carefully evaluated. Planning the replication should include the development of strategies for achieving financial sustainability; identifying the needs for technical assistance, continual training of personnel, programme evaluation, and sharing of experiences among different sites should also be kept in mind.

A programme/project should only be replicated at sites where there is a clear need for its services; where it can be adapted to fit the local context; and where funds, people and community support can be mobilized.

A number of questions regarding replication were addressed in the presentations and discussion, including: Which programmes should be replicated? Under what conditions was a programme effective? Does the organization running a successful programme have the financial and managerial capacity to expand it? How long should a project have been operating before applying its lessons elsewhere? Does the political climate favour successful replication? How can community support be built for a programme model developed elsewhere?

Answers to this last question stressed starting by identifying the community's needs, and matching services and recipients; taking cultural factors into account; getting publicity in the local media; and giving the community choices about implementation.

While it may be necessary to obtain funding from the government or some outside source for an initial period, sustainability is best assured by transferring financial responsibility to the community once a programme's effectiveness has been demonstrated. This may involve cooperation with local business, integrating income-generating activities into the programme, or requiring payment (however small) for services.

Some leaders make themselves irreplaceable; their programmes are often difficult to replicate elsewhere, and collapse when they leave. A better policy is to train others to take charge when necessary and assure that it is the system rather than its leader alone that is effective.

It is the philosophy of a successful programme, rather than the specific details of operation, that should be replicated. If this perspective is borne in mind, the design of the replicated project is more likely to be culturally appropriate.

D. Final Discussion

A wide-ranging discussion of funding, networking and requirements for technical assistance followed the reports summarizing the three major sessions.

Some attention was given to the funding problems facing small projects. Two recurring questions fundamental to programme survival and success are "How to manage?" and "How to raise funds?". Training in management and in report writing are essential and would assist them as well. It could be considered to be part of the responsibility of project funders. Funding agencies may be more accustomed to large-scale programmes and projects explaining the lack of knowledge about the structure and start-up needs of small ones.

Donors with a single-issue focus need to be made more aware of the links between problems addressed by youth programmes and that a holistic approach might well be more effective. Better communication is needed to broaden policy makers' understanding of youth problems and programme approaches. This would also assist non-governmental organizations and other agencies working with youth to gain the support of governments and donors.

A number of participants expressed the need to share knowledge and experience about youth programming. The information search gave some indication of the wealth of activities that are being undertaken for the promotion of young people's health and development all over the world. Various data bases holding valuable information on this subject are already established or are being set up, including the ADH data base at WHO and IYF's International Clearinghouse. International youth organizations currently exchange information about various programmes. There are also regional networks, and a number of existing information networks devoted to single issues such as drug abuse or street children. The possibilities for coordinating the work of gathering and disseminating this information for the purposes of replication should be explored.

Looking to the future, participants noted four areas in which additional discussion and technical assistance would be productive: (1) the identification of factors contributing to the failure of programmes; (2) the relationship between donor agencies and programme managers, and how it affects policy and implementation; (3) the difference between a promotional and a preventive approach to adolescent health, and its implications for programme execution and evaluation; (4) 'How to?' is the last and perhaps most important of the unanswered questions - the practical steps needed to undertake the replication of a project, to introduce a youth participation component into a programme or integrate it in the design, or to carry out evaluation.

Other issues that affect programming and require further attention and study were identified. What special support is needed by new, fragile organizations? How can more disenfranchised youth be reached? What are the most effective ways to mobilize and motivate communities to participate in programmes?

There is a need to better identify potential national, bilateral and multi-lateral partners, and incorporate them in planning in the early stages of a programme/project. Information on youth programmes should be disseminated to governments more extensively.

Non-governmental organizations would benefit from improved information on adolescent development; they could be provided, for instance, with summaries of research findings.

Adolescence is a unique, transitional stage during which many individual changes take place along with the adolescent's legal and family status. Relationships with key adults are essential to the development of youth during this period. Better understanding is needed of young people's vulnerability, and how to provide them with better support and opportunities to develop fully.

An individual approach, taking into account the total environment of each young person, is desirable. Opportunities for open communication facilitate an approach which best meets the individual's needs in the social context.

Follow-up to the WHO/IYF joint meeting is anticipated to foster more extensive collection, analysis, and sharing of information. Through additional documentation and discussion on specific topics emerging from this meeting.

Appendix

AGENDA

**Joint World Health Organization / International Youth Foundation
Meeting on Successful and Replicable Approaches to
Adolescent Health and Development**

Geneva, 20-22 November 1991

Wednesday 20 November 1991

- 09:00**
- Welcome - Dr Angele Petros-Barvazian, Director, Family Health Division.
 - The aims and activities of the International Youth Foundation - Mr Rick Little, Secretary General of the International Youth Foundation (YF).
 - Overview of the Joint WHO/IYF Project, objectives of the Meeting and plan of work - Dr Herbert L. Friedman, Chief, Adolescent Health Programme (ADH).
 - Appointment of Co-moderators and Rapporteurs
 - Adoption of Agenda
 - Self introductions
- 10:15** Coffee break.
- 10:30** Presentation on healthy adolescent development - Dr H.L. Friedman.
Presentation of the criteria adopted for selection of projects. Discussion.
Mr Rick Little/Ms Jane Ferguson.
- 11:30** How the search was done and overview of the projects/programmes identified - Ms Alison Katz, ADH.
- 12:00** Lunch break.
- 13:30** Principles underlying successful programmes/projects
Presentation by participants of selected projects exemplifying successful approaches:
- | | |
|--------------------------------|-----------------------------------|
| Dr Andrew Ball - Australia | Ms Motalepuka Leshoal - Botswana |
| Dr Manee Piya-Anant - Thailand | Dr Alya Mahjoub Zarrouk - Tunisia |
- Panel commentary (Dr Anameli Monroy, Dr Ruby Takonishi and Dr John Coleman). What aspects of projects are successful/unsuccessful and why? What are the important considerations in terms of programme

development, attracting human and financial resources, staff training?
Discussion.

14:00 Working group discussions. Participants will examine the above issues using a number of projects from the three sectors, health, education and youth/community, as examples.

15:15 Coffee break.

15:30 Working group discussions continue.

16:00 Working groups report back to plenary with summary of findings.
Discussion.

17:00 Close.

Thursday 21 November 1991

08:30 Evaluation

Presentation - Evaluation Issues in youth projects/programmes -
Dr Daniel Stufflebeam

Presentation by participants of selected projects to illustrate evaluation principles and experiences:

Dr Candido Roldan - Argentina
Father Gerard Pantin - Trinidad

Mr Leonardo Escobar - Colombia
Ms June R. Tsodzai - Zimbabwe

Panel commentary (Mr Patrick Chakholoma, Dr Bruce Dick and Dr Sylvie Mansour). How crucial is evaluation? What needs to be evaluated? Who should be involved in evaluation? What methods are available?

09:30 Working group discussions. Participants will examine a number of projects in relation to evaluation issues, emanating from the three sectors.

10:15 Coffee break.

10:30 Working groups continue.

11:00 Working groups report back to plenary with summary of findings.
Discussion.

12:30 Lunch break.

14:00 Replicability

Presentation on factors favouring replicability of successful projects/programmes - Mr Rick Little.

Presentation by participants of selected projects to illustrate the major issues in replicability:

Mr Agyemang N. Godfried - Ghana Dr Chi Ngyen Franchet - Philippines
Ms Ana Paula Grijo - Portugal Ms Agneta Nilsson - Sweden

Panel commentary (Mr Abdoulaye Sar, Mr Michael Buscemi and Mr Shiv Khare). How can initial successes be sustained? When is expansion of activities appropriate? How can successful approaches be transferred and adapted in different cultures?

- 15:15** Coffee break.
- 15:30** Working group discussions. Participants will examine a number of projects in relation to replication issues in the different sectors.
- 17:00** Close.

Friday 22 November 1991

- 08:30** Working groups report back to plenary with summary of findings. Discussion.
- 09:30** Summary by general rapporteurs of plenary and working group discussions for general discussion.
- 10:15** Coffee break.
- 10:30** Continue plenary discussion.
- 11:00** Looking to the future
- In which areas are knowledge and experience lacking? How shall we go about augmenting our knowledge?
- What is the best way to disseminate what is now known?
- What is the best way to support and maintain successful programmes?
- 12:30** Lunch break.
- 13:30** Follow-up. What concrete actions can be undertaken by Meeting participants?
- 14:30** Close.

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Meeting on Successful and Replicable Approaches to
Adolescent Health and Development

Geneva, 20-22 November 1991

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