

Current Projects Funded by the Eleanor Bellows Pillsbury Fund

October 2003

Currently, the Eleanor Bellows Pillsbury (EBP) Fund supports 14 projects around the world in Africa, Asia, Latin America and Eastern Europe. As dictated by the mandate of the EBP Fund, all of the projects strive to improve the reproductive health status of refugee and internally displaced adolescents.

The methods of reaching this goal are as diverse as the organizations themselves. Peer education through cultural theatre and dance, integrating reproductive health into literacy classes and teaching essential life skills such as negotiation and assertiveness are only a few of the ways these organizations work to raise awareness of important reproductive health issues. Some examples of these important reproductive health issues are: preventing and treating sexually transmitted infections (STIs), including HIV/AIDS; offering prenatal care to expectant teenage mothers; providing a choice of family planning methods; and ensuring that survivors of sexual violence know where to go to access essential services.

This document describes the fourteen current projects the EBP Fund is proud to support. The table below presents an overview of the current projects, along with the page number for the narrative project summary. We have tried to allow the perspectives and expressions of our partners to stand out in these summaries and therefore have used much of their language as they submitted it to us in their proposals. We hope these brief synopses will illustrate not only the many challenges faced by conflict-affected adolescents but also the commitment that they themselves and the many organizations supporting them have to improving adolescent reproductive health.

Overview of Current Projects

World Region	Project Location	Implementing Partner	Description Page #
Africa: <i>West</i>	Liberia	International Rescue Committee	2
	Sierra Leone	Center for Coordination of Youth Activities	3
<i>East</i>	Ethiopia	Love for Peace AIDS Prevention Association	4
	South Sudan	American Refugee Committee	5
<i>Central & Southern</i>	Angola	Marie Stopes International	6
	Zambia	World Vision	8
Asia	Bangladesh	Rakhaing Women Union	10
	Nepal	Bhutanese Women and Youth Empowerment Program	11
	Thailand	Doctors of the World	12
	Thailand	Social Action for Women	14
	Thailand	Thai Youth AIDS Prevention Project	16
Latin America	Columbia	PROFAMILIA	18
	Guatemala	TAN UX'IL	19
Eastern Europe	Kosovo	Women's Wellness Center	21

Region: West Africa

“Young Mothers Empowerment Program in Montserrado Refugee Camps”

Country of Operation:

Liberia

Project Location:

Montserrado Refugee Camps, Monrovia

Implementing Organization:

International Rescue Committee/Liberia



**This is IRC/Liberia's second, 12-month grant from the EBP Fund. The first was given in 2002.*

Organizational Profile

Founded in 1933, the International Rescue Committee (IRC) is a leading nonsectarian, voluntary organization providing relief, protection and resettlement services for refugees and victims of oppression or violent conflict. IRC has provided services to refugees in Liberia since 1997. Currently IRC/Liberia implements an education program, community services, gender-based violence (GBV) and health programs.

Need for Project

As the GBV program was implemented, IRC/Liberia became aware of a large number of abandoned teenage mothers in the refugee camps. As a result, the Young Mothers Empowerment Program began in September 2002 through the support of the Eleanor Bellows Pillsbury Fund. Through Focus Group Discussion, they found that the young mothers' partners and families had abandoned them and that they were at increased risk for GBV and other RH problems. These girls lack basic needs for themselves and their families and are at increased risk for future physical, social, and economic suffering.

Project Objectives and Activities

Objective:

Now in its second year, the program works with teenage mothers (ages 14 – 20) to:

1. Promote self-esteem among young refugee mothers in order to prevent further reproductive health problems such as unwanted pregnancies, STI/HIV/AIDS, abortions and complicated deliveries.
2. To promote self-reliance to young mothers through small economic activities such as baking, sewing, tie and dye, and soap making projects.

Activities:

1. Strengthen young mothers leadership structures.
2. Conduct TOT refresher sessions to 16 peer guides on general life skills and reproductive health.
3. Conduct meetings, talks and trainings on family planning, GBV, STI/HIV/AIDS, safe motherhood, nutrition and hygiene.
4. Provide youth friendly reproductive health counseling and referral services.
5. Facilitate the interested young mothers to go back to school or attend adult literacy classes.
6. Train 150 young mothers on basic skills in baking, sewing, tie and dye, and soap making.
7. Support 100 young mothers who have already completed stage 1 of the program to implement small scale baking, sewing, tie and dye, and soap making projects.

People Served by Project

150 young mothers from 14 to 20 years of age will be the beneficiaries of this project. The 100 young mothers from the first phase will move into the second phase with close monitoring and support to stand by themselves. 50 new young mothers will also be enrolled for phase one.

“Establishing Peer Educator School Clubs on HIV/AIDS”

Country of Operation:	Sierra Leone
Project Location:	Rural areas outside of Freetown
Implementing Organization:	Center for Coordination of Youth Activities (CCYA)

Organizational Profile

CCYA is a non political, non-profit organization established with the over-arching goal of serving as an agency working towards the empowerment of youth through effective and efficient coordination of your activities within Sierra Leone. The center also strives to enhance the capacity of youth groups and organizations throughout the country, at the same time to promote and protect the rights of all youths.

Need for Project

CCYA identified a need among adolescents in Sierra Leone for an increase in awareness about HIV/AIDS.

Project Objectives and Activities

Objectives:

- To strengthen the capacity of peer educator clubs in ten schools.
- To bring nation wide awareness in schools about HIV/AIDS
- To learn effective communication techniques for spreading HIV/AIDS awareness.
- Create a clear link between human rights and HIV/AIDS in Sierra Leone.

- Help to create a positive attitude towards People Living with AIDS.
- Reduce vulnerability to HIV infection, and lessen the adverse impact on those already affected.
- Engage policy makers to enact legislations to protect the rights of people living with AIDS.

Activities:

- Visitation of schools with the message of forming Peer Educator School clubs.
- Undertake membership drive targeting a minimum number of 100, 10 members per school in 10 secondary schools.
- Training of members as trainers by a professional group.
- Formal launching of Peer Educator School clubs on HIV/AIDS.
- Organize essay competition, debates and symposia on the subject matter.

People Served by Project

The direct beneficiaries are one hundred peer group educators who in turn will provide peer education to an average of six thousand (6000) school pupils, at least six hundred in each of the ten schools.

Region: East Africa

“Adolescent Reproductive Health Training for Displaced Youth”

Country of Operation:

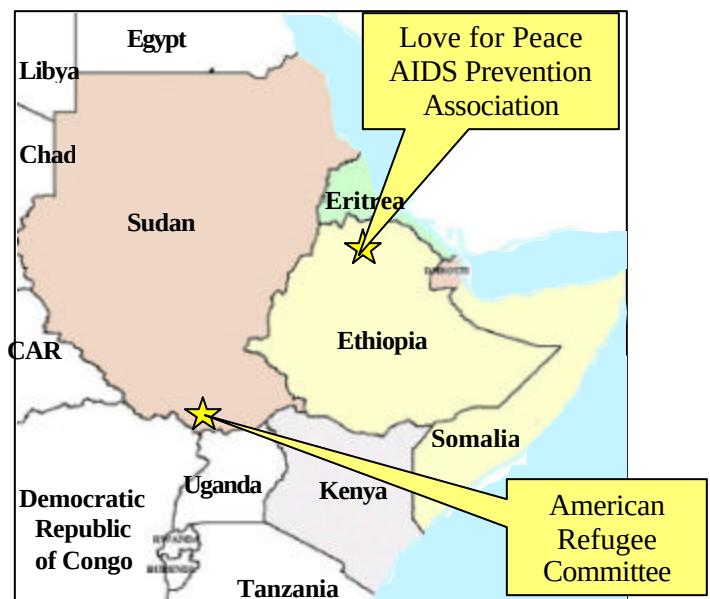
Ethiopia

Project Location:

Mekele town and surrounding
Ethiopia-Eritrea border areas

Implementing Organization:

Love for Peace AIDS Prevention Association (LPAPA)



Organizational Profile

Love for Peace AIDS Prevention Association (LPAPA) was founded in 1990 by volunteer youth in Ethiopia. Instead of fighting the HIV/AIDS problems separately, they preferred to bring together their resources in to a pool through an association. LPAPA has established and organized Anti-AIDS Clubs (AAC) in different parts of Ethiopia. LPAPA gives training on Reproductive Health and HIV/AIDS for AAC members

Need for Project

LPAPA saw a need among the conflict-affected adolescents on the Ethiopian-Eritrea border for increased support and education regarding HIV/AIDS issues.

Project Objectives and Activities

Objectives:

To enhance knowledge, attitude and practice on Adolescent Reproductive Health and HIV/AIDS for internally displaced youth during the Ethio-Eritrian war in Mekelle-Ethiopia.

Activities:

- Training of Trainers (TOTs)
- Refresher training for trainers
- Monitoring and Evaluation

People Served by Project

By the end of the project, 4500 displaced youth, especially girls, will have benefited. (i.e. one TOT trainer will teach at least 15 peers and next each peer will teach at least 10 peers each.)

“Adolescent Reproductive Health Services For Kajo Keji County and Nimule Payam, Magwi County”

Country of Operation:	Southern Sudan
Project Location:	Kajo Keji and Magwi Counties
Implementing Organization:	American Refugee Committee (ARC)

Organizational Profile

ARC has been providing humanitarian relief in Southern Sudan since 1994. The ARC Reproductive Health Program was implemented in Kajo Keji County in December of 1998.

Need for Project

South Sudan has been and continues to be in a conflict environment with only minimal infrastructure to support basic health. The RH program has been highly successful in the area

and ARC is currently looking for broader long term funding for the program but has a need for short-term assistance so that the momentum generated by the project will not be lost.

Project Objectives and Activities

Objective:

To improve the RH of adolescents through raising awareness, educational activities and appropriate material development.

Activities:

- Conduct 2 trainings per month and 1 workshop per month geared toward adolescents.
- Develop, in collaboration with adolescents, IEC materials that address adolescent RH needs.
- Reformat data instruments and reporting documents to specifically gather adolescents RH data.

People Served by Project

The RH program raises community awareness of the various topics of RH for IDPs. Adolescents are a specific audience for this program as the IDP population in this area is comprised of predominately women and children.

Region: Central & Southern Africa

“Increasing awareness of preventive measures against unwanted pregnancy, unsafe abortion and STI/HIV/AIDS among adolescents aged 10-20”

Country of Operation:

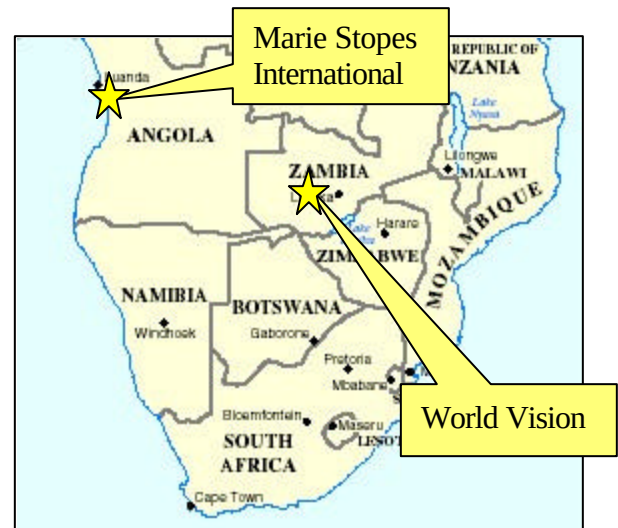
Angola

Project Location:

Municipality of Cazenga, Luanda, Angola

Implementing Organization:

Marie Stopes International/Angola



Organizational Profile

Marie Stopes International Angola (MSIA) was established in 1998 with funding from the UK Department for International Development and currently operates in Luanda, in Bairro Hoji ya Henda, Cazenga Municipality, Bairro Popular, Kilamba Kiayi Municipality, and Sapú and Viana. MSIA currently operates two health centers and a programme of health education and behavior change communication. The centres provide family planning, post abortion care, STI diagnosis and treatment, VCT for HIV and a wide range of MCH and PHC services and also operate as UNAIDS sentinel sites for monitoring HIV prevalence among STI and ante natal clients.

MSIA has strong relationships with the Angolan Government Ministry of Health as well as with other key partners in SRH, including USAID, UNICEF and UNFPA and local NGOs. MSIA is an active member of the Angolan Network of AIDS Service Organisations (ANASO) and the National Forum on HIV/AIDS. MSIA was also invited by the Ministry for Youth and Sports to participate in the development of national strategic objectives in youth welfare, specifically for prevention of STI/HIV/AIDS transmission among youth.

Need for Project

Cazenga Municipality is the largest in Luanda and one of the poorest. Over 60% of its population are IDPs, many of whom have no permanent shelter and very few of whom have formal employment. The main RH problems among IDPs and refugees in Luanda were identified in a RHRC Consortium report in 2001 as: malaria in pregnant women, spontaneous abortion and premature births, all exacerbated by the lack of emergency obstetric care; unmet demand for FP; prevention, diagnosis and treatment of STIs; and a resistance to condom use by men.¹ The opportunity to make informed choice is vital in the fight against HIV/AIDS and maternal mortality. The stigma that surrounds HIV/AIDS is key to its continued transmission and is perpetuated by a lack of access to reliable and accurate information. Furthermore high levels of maternal mortality are compounded by a lack of awareness of the dangers of early pregnancy and the prevalence of unsafe abortion. Adolescents face particular social and cultural barriers to accessing reliable SRH information. Therefore, MSIA is aiming to extend its current youth activities in Cazenga to reach adolescents under 20 years of age within the IDP population. However, MSIA currently has no external funding for community based health promotion activities and cannot afford to sustain its youth programme from the income earned by the two clinics.

Project Objectives and Activities

Objective:

To increase awareness of preventive measures against unwanted pregnancy, unsafe abortion and STI/HIV/AIDS among adolescents aged 10-20 in the Municipality of Cazenga, Luanda.

Activities:

1. Deployment of 25 trained youth peer educators (YPEs) in Cazenga.
2. Individual and group SRH counselling, focussing on delaying sexual activity, preventive measures against unwanted pregnancy and STI/HIV/AIDS and the dangers of unsafe abortion.

¹ Assessment of Reproductive Health for IDPs, Angola, RHRC 2001

3. Health promotion events targeting adolescent IDPs aged 10-20, organised jointly with local partner organisations, in schools, markets, playgrounds (football, basketball) and in the MSIA centres via group and individual counseling.
4. Distribution of condoms to sexually active adolescents.
5. Referral to health facilities including the MSIA Cazenga centre, where adolescent IDPs will receive subsidised or free treatment if they can not afford to cover or contribute to the cost of services.

People Served by Project

The majority of the centres' clients are between 20 and 35 years old. Approximately half of female STI clients and female FP clients are under 25 years old, and the overwhelming majority of the men coming to the clinics for condoms are also under 25 years old. MSIA has trained teams of youth peer educators to raise awareness among their peers about SRH issues, focusing on preventive measures against unwanted pregnancy, STIs and HIV/AIDS.

This project in particular aims to benefiting 13,500 adolescents, 10 – 20 years old, with behaviour change communication (BCC) through individual or group counseling. Also, 2,100 10-20 year olds will benefit from IEC through health promotion events.

“Integrated Adolescent Reproductive Health Project in Kala Refugee Camp”

Country of Operation:	Zambia
Project Location:	Municipality of Cazenga, Luanda, Angola
Implementing Organization:	World Vision

Organizational Profile

World Vision is a Christian Non Governmental Organization offering humanitarian and development services to under privileged communities. Established in Zambia in 1982, World Vision's mission is to help the poor and oppressed by providing holistic interventions that promote transformation, self-sufficiency and dignity. The focus of interventions include the promotion of household level income, sustainable agricultural production, education, spiritual nurture, HIV/AIDS, child protection, provision of safe water as well as fostering gender equity. Children are a particular focus of WVZ's development efforts.

Need for Project

World Vision Zambia is host to about 43,500 Congolese refugees in two districts in Zambia and is in charge of camp management, education, agriculture and construction. The Kala Refugee Camp is host to about 19,000 refugees from Congo DRC. Congolese nationals in Kala Refugee Camp have very little knowledge of reproductive health including HIV/AIDS because of originating from a war torn area where social amenities are almost non-existent, especially in the rural parts of the country where most of the refugees come from. Of major concern is the early

initiation and level of involvement in sexual activities as well as early marriages among the adolescents. Sexual activity starts as early as the age of 11 years. A Women's Commission assessment report and World Vision Zambia observe that myths and misconceptions regarding reproductive health, especially HIV/AIDS, are very common among the refugees.

Between June and December 2001 the camp recorded 32 reported cases of teenage pregnancies while the clinic registered 44 teenage pregnancy cases in the year 2002. The clinic also recorded 342 STI cases in 2002, while confirmed HIV/AIDS cases were 22. Eleven girls, ranging in ages from 13 to 17, dropped out of school as a result of pregnancy in 2002. The Women's Commission report (2001) noted that 21% of the syphilis tests carried among pregnant women in Kala Camp tested positive.

Project Objectives and Activities

Objectives:

1. To equip adolescents, parents and teachers with RH information and decision making skills
2. To reduce incidences of STIs, including HIV/AIDS, and unplanned pregnancies
3. To promote positive sexual behavior among refugee adolescents

Activities:

1. Trainings for adolescents (as peer educators); for parents and teachers; psychosocial counselors
2. Formation of family life education clubs for adolescents, parents and teachers (separate clubs)
3. Formation of Youth friendly corners in schools
4. Provision of counseling services
5. Conducting STI testing at schools
6. Awareness raising and education activities targeting adolescents (through videos, dramas, essay writing contests)
7. Distribution of condoms

People Served by Project

About 4,000 in-school youths are expected to be directly impacted

Region: Asia

“Reproductive Health Care Program for Rakhaing Refugees Adolescent People”

Country of Operation:	Bangladesh
Project Location:	Bangladesh-India-Burma border area
Implementing Organization:	Rakhaing Women Union

Organizational Profile

Rakhaing refugee women fled oppression in Burma and have been living on the Bangladesh-India-Burma border, some for more than 15 years. The Rakhaing Women Union (RWU) was formed by these women in 1998 in order to provide support (in the forms of food, medicine, shelter and education) to the increasing number of refugees along the border.

Need for Project

Living deep within the jungles along the border areas, virtually cut off from the outside world, Rakhaing adolescent refugees have no opportunities for education or "knowledge of any form." Fighting just to survive, most use early marriage (at 14 or 15 yrs old) as a survival technique. As a result of all these factors, adolescents' reproductive health is threatened by various STIs, early child bearing, malnutrition, and lack of care during pregnancy.

Project Objectives and Activities

Objectives:

1. To educate Rakhaing adolescents on basic facts of reproductive and general health, including providing information on the physical and psychosocial effects of early marriage
2. To encourage safe sex practices and use of family planning methods
3. To promote an appropriate age for marriage
4. To prevent contraction of STIs, including HIV/AIDS.

Activities:

1. Trainings for adolescents on above topics
2. Engagement of Rakhaing community health workers to teach adolescents about RH, and at times provide clinical services
3. Hold 2 workshops on reproductive health to train a total of 40 health care workers and adolescents on RH, so that they can disseminate this information back in their own communities
4. Distribution of family planning materials such as condoms and birth control pills

People Served by Project

An estimated 6,000 refugees live in the triangulated border area, of which RWU estimates 1,500 are children. Project activities will target specific 40 individuals in the workshops and an additional unspecified number of adolescents from the larger surrounding communities

“Reproductive Health in Bhutanese Refugee Camps in Nepal”

Country of Operation:	Nepal
Project Location:	Southeast Nepal
Implementing Organization:	Bhutanese Women and Youth Empowerment Program

Organizational Profile

Bhutanese Women and Youth Empowerment Program (BWYEP) is a community organization and has been working in the camps for the last six years. BWYEP's main focus is to protect young girls from being trafficked to India and to educate them about reproductive health through intensive training/education. BWYEP has conducted focus groups of girls between ages 10 – 14 and between ages 15 – 18. The group meets once a week to discuss issues related to health, families, personal hygiene and other health-related issues.

Need for Project

About 100,00 refugees from Bhutan are living in southeast Nepal in UNHCR administrated camps for the last 10 years. Despite several rounds of talks between the governments of Bhutan and Nepal, the problem remains unresolved. Lack of any progress for durable solutions has led to increasing frustration among the people, especially among the youth. Facilities and services have dwindled and there are cases of undesirable social activities in the camps. Recently, UNHCR has called and briefed the refugee leaders about their budget cuts, in which case, young refugee women are affected.

Approximately 35% of the 100,000 Bhutanese refugees are 10 – 21 years old. There are a number of issues that this young group faces in their daily life, including teenage pregnancy, teenage trafficking, practices of unsafe sex, and spread of sexually transmitted infections. Besides the above mentioned problems, members of the focus group have been appealing for sanitary towels and detergent powder and need for counseling to pre-menstrual aged girls. Many of them are not aware of changes in their body and are affected and are very worried. During early menstruation, some of them drop out from school in order to avoid being teased by friends.

Project Objectives and Activities

Objectives:

- To expand the number of girls attending the focus groups.
- To provide the target group with more than training; to provide them individual counseling and informal gatherings

- To specifically address the issues of early teenage pregnancy and sexually transmitted infections, including HIV/AIDS

Activities:

- Conducting an intensive training program in two different refugee camps, which will focus on a message of health and safety, and be conveyed through skits, songs and audiovisual methods.
- Distribution of condoms.
- Distribution of 2 meters of cotton material and a packet of detergent powder each to 2000 girls between the age group of 12 – 18 years in proposed camps.
- Events, such as annual picnic, cultural activities, Annual Girl's Day and other local small parties, to disseminate reproductive health information.

People Served by Project

At the end of one-year project period, BWYEP plans to have worked with 40 young girls that will be meeting regularly for focus groups, and help 2,000 girls with clean sanitary towels.

“Promotion of Adolescent Reproductive Health” through Regional Networks

Country of Operation:	Thailand
Project Location:	Mae Sot area, Tak Province
Implementing Organization:	Doctors of the World

Organizational Profile

Doctors of the World (DOW) has a unique commitment to health and human rights for all people, such as the right to the highest attainable standard of physical and mental health, the right to equality before the law, the right to be free from torture. DOW mobilizes the health sector to promote and protect these and other basic human rights and civil liberties. In collaboration with a network of affiliates around the world and in partnership with local communities, DOW works where health is diminished or endangered by violations of human rights and civil liberties. DOW provides essential care and services while training community residents to carry on the mission of health at the conclusion of DOW efforts and combines these services with appropriate advocacy to ensure maximum impact.

DOW has been working with Burmese forced migrant populations in Thailand, outside the formal refugee camps, since 2001. DOW staff has worked to build trust with local groups and Thai government agencies, in order to identify effective ways of bringing information and services to migrant youth. A major outcome of DOW's work has been the formation of the Adolescent Reproductive Health Networking Group (ARHNG), a consortium of thirteen local health and welfare organizations for migrants. DOW has helped the group organize, plan strategically, assess member needs, and begin to apply for funding. DOW is the acknowledged

coordinator of HIV/AIDS and related activities for the group and their intermediary with the Thai Public Health authorities. By supporting a skilled network of Burmese migrant health workers and managers, DOW seeks to improve reproductive health indicators in migrant youth, but also to give voice to the Burmese population and nurture civil society structures through which migrants can advocate for broader civil and human rights as well as health.

Need for Project

There are an estimated 100,000 forced migrants from Burma living and working in the Tak Province in Thailand. Not recognized by the Thai government as official refugees, most Burmese forced migrants remain unregistered, living in unstable situations and subject to deportation and harassment by some Thai officials. Poverty, poor sanitation and health, and sexual abuse are widespread. Only registered migrants are eligible for Thai government health and social services.

Burmese forced migrants, especially adolescents, face tremendous security, economic and public health problems. Many young people work and live in factories unaccompanied, resulting in a lack of social support and supervision from their families and communities. As cultural norms prohibit premarital relations, young people are often overlooked by health education projects, including family planning and HIV-prevention, as it is assumed that they are not sexually active. However, many local health facilities report increasing numbers of young people seeking treatment for STIs and the consequences of unsafe abortion. A large percentage of new HIV infections happen in this age group. A survey conducted in November 2001 in refugee camps and among the migrant workers community, showed that the biggest problems among adolescents were: drug abuse, early pregnancy, early marriage due to pregnancy, STDs, unsafe abortions, and violence against women.

Many local non-governmental organizations (NGOs) work with the Burmese migrant population along the Thai-Burma border. Despite limited experience in implementing adolescent reproductive health (ARH) projects, organizations are committed to improving ARH and are eager to access supplies, knowledge, and methods for increasing access to information and services. Unfortunately, most ARH projects on the border have been isolated efforts that consisted solely of training (with no follow-up activities). One joint-NGO ARH training of trainers project ended over a year ago and was only one year in duration. It reached a limited number of adolescent groups. No follow-up activities have been done since, mostly due to a lack of funds and support.

Project Goal, Objectives and Activities

Goal:

To promote adolescent reproductive health of young people aged from 14-24 year olds.

Objectives:

To develop the institutional capacity and management skills for implementing adolescent reproductive health projects of the 13 different member organizations of the networking group. Specific outputs will include:

- Increased knowledge of ARH and ARH training skills; and
- Increased capacity in planning, managing and monitoring ARH projects among ARHNG members.

Activities:

1. Training of ARH Educators and Managers ... 2 – 3 trainees from each of the 13 ARHNG member organizations (a total of 20- 25 trainees) will attend a 5 day training in technical areas of ARH and in project management skills. There will be a 6 day follow-up training for the same group of trainees.
2. Training of Trainers ... trainees from the groups above who are interested in becoming trainers of Peer Educators or other ARH Educators can participate in a TOT workshop which will include sessions on facilitation skills, designing trainings, training techniques, etc. A training curriculum to be used to train adolescent peer educators will be developed and finalized during this TOT training.
3. Lessons Learned Workshop will be conducted in the 6th month to provide an opportunity for all groups to discuss what they learned through participating in the project.
4. Network Group Management Meetings ...the implementing team and network group will meet at least once a month to discuss project implementation, financial updates, and to plan for future activities.

People Served by Project

Between 20 and 25 ARH educators and managers from the 13 member organizations of the ARHNG will benefit from training and support activities.

“Adolescent Reproductive Health Peer Outreach Project”

Country of Operation:	Thailand
Project Location:	Mae Sot area, Tak Province
Implementing Organization:	Social Action for Women

Organizational Profile

Social Action for Women (SAW) was established in July 2000 to assist displaced women from Burma who are in crisis situations after having fled to the Mae Sot area of Tak Province, Thailand. SAW was established to support women facing difficulties through the provision of temporary housing, health education, counseling, mobile health outreach, and vocational training for unskilled women. SAW later expanded its focus population to include caring for and educating orphaned children.

SAW has set up mobile health teams to visit migrant workers living in the area and a safe house for women and children who, for various reasons, are in need of temporary shelter. Mae Tao Clinic, an implementing partner of SAW, is a source of referrals for women and orphans to the safe house, and assists in the training of SAW staff in primary health care, health education,

counseling, and capacity building. SAW enjoys good relationships with local Thai authorities, including immigration, and health authorities who understand the invaluable services provided by SAW which would otherwise be their responsibility. SAW is also one of the thirteen local NGOs that recently formed the “Adolescent Reproductive Health Networking Group” on the Thai-Burma border. *(Described in the DOW project summary above.)*

Need for Project

This is SAW’s second EBP grant to support an Adolescent Reproductive Health (ARH) project. In the previous project, implemented in partnership with the Karen Women’s Organization and Mae Tao Clinic, SAW provided ARH education to 150 young people in Mae Sot area. With the exception of one training of trainers (TOT) session, ARH education activities in Mae Sot ended in mid 2002. However, as an estimated 60 percent of all migrant workers in Mae Sot are age 24 or below, there is a large population of youth migrants who were not reached.

This project is designed to provide young migrants with an opportunity to receive ARH education and information from trained community-based peer educators (PEs) who are young people themselves. One-on-one education sessions and small group education sessions will provide young migrants with opportunities to ask questions and request contraceptive and condom services, if necessary. It is hoped that these PEs will be able to reach more youth as they will be more approachable and accessible.

Project Objectives and Activities

Objectives:

To increase the practice of healthy sexual and reproductive behaviors among an estimated 6,000 adolescents in five factories of Mae Sot district, Tak Province, by:

1. Increasing knowledge and awareness among adolescents and community members regarding ARH, contraceptives, prevention of STIs /HIV and risks of unsafe abortion;
2. Increasing access to quality RH services and referrals (for STIs, Post-abortion Care, and contraceptives)
3. Increasing capacity of project staff for planning, managing and monitoring the ARH project.

Activities:

1. 25 peer educators (PEs), 5 from each of the 5 factories in the area, will be trained in ARH and communication skills during the first 3 months of the project.
2. The PEs will provide information and education through one-on-one sessions and, with the support of Peer Supervisors (PSs), small group education sessions during the remaining 9 months of the project.
3. PEs will sell contraceptives (pills and condoms) to their peers for a small fee and refer clients to nearby clinics for services.
4. Regular monitoring and support visits will be conducted to PEs in the field, and refresher trainings will focus on practical problem-solving of obstacles faced in the field.

People Served by Project

This 12-month project expects to reach a total of approximately 2,160 youth with ARH education and services.

- It is estimated that one Peer Educator will provide ARH education, and when appropriate, contraceptives and/or referrals to an average of 8 youth clients every month. With 25 peer educators reaching out to an average of 8 youth each month, for nine months, approximately 1,800 youth will receive ARH education, contraceptives and/or referrals by the end of the project.
- In addition, around 360 youth will attend a total of 45 small group education sessions on ARH.

“Intercultural Youth Training of Trainers For Adolescent Refugees on the Thai-Burma Border”

Country of Operation:	Thailand
Project Location:	Mae Sot and Chiang Mai areas
Implementing Organization:	Thai Youth AIDS Prevention Project

Organizational Profile

Thai Youth AIDS Prevention Project (TYAP) was established in 1995 with the mission of opening opportunities for Northern Thai youth to develop their potential as leaders by working to reduce the impact of the AIDS epidemic in their communities. TYAP currently runs five programs for middle school, high school and college aged youth in Northern Thailand focused on reproductive health, HIV/AIDS and human rights. All TYAP programs are peer-led and aim to develop within youth a belief in their own abilities and a desire to participate in civil society.

Need for Project

TYAP's work with refugee youth began in 1999, when the Karen HIV/AIDS Education Working Group (KEWG), a community-based organization working in the refugee camps along the Thai-Burmese border, grew concerned with the lack of awareness about HIV/AIDS and reproductive health among refugee women and adolescents in the camps. A visit from KEWG staff to observe TYAP youth education programs led to an invitation for TYAP to help provide HIV/AIDS and sexual health education in the camps. Refugees from Burma are cut off from the rest of Thai society; their lack of Thai citizenship and language skills makes it impossible for them to access the resources and education that are available to Thai citizens.

In response to this situation, TYAP designed a training program to teach staff from community-based organizations (CBOs) and non-governmental organizations (NGOs) that work along the Thai-Burma border to plan and implement their own reproductive health programs for youth. Since that time, TYAP has trained staff from 23 CBOs and NGOs that work with refugee adolescents all over the north of Thailand. Thai and Burmese ethnic nationalities work together on the project and TYAP training manuals have been translated into the Karen language for this purpose. Plans for the coming year include producing a training manual in Burmese.

Project Objectives and Activities

Objectives:

To teach 50 staff and volunteers from 3 community-based organizations (KEWG, Shan Women's Action Network, and Chiang Mai Safe House) in Tak and Chiang Mai provinces how to plan and implement reproductive health education programs for approximately 350 adolescents in the refugee camps on the Thai-Myanmar border, and in safe houses in Chiang Mai.

Activities:

The project activities will occur in five stages.

- 1) Organizational needs assessment: TYAP works with the CBOs to determine their particular reproductive health related concerns.
- 2) Planning: The organizational needs assessment is used to form a detailed training agenda. The training program will include games, drawing, drama, and plans for community activities that are age appropriate for the adolescent target group.
- 3) Training: A training course has been developed that can be adapted to meet the needs of different CBOs.
- 4) Monitoring and Evaluation: During the two initial training programs, daily check-ins and meetings will be conducted to see if training is meeting trainee's needs and goals.
- 5) Follow-up training: Two follow-up training sessions will be provided to support the trainees, note programmatic progress, conduct additional evaluations, and provide any additional training that may be needed.

People Served by Project

Approximately 50 volunteers and CBO staff members, approximately 30 of which are adolescents, will receive training in 2003-2004. Up to 350 refugee adolescents will benefit from the subsequent reproductive health programming that will be provided by the trainees.

Region: Latin America

“Sexual and Reproductive Health Information and Services for Displaced Youth and Receiving Communities through Service Brigades in the Municipality of Soacha”

Country of Operation:

Columbia

Project Location:

Soacha Municipality, near Bogotá

Implementing Organization:

PROFAMILIA

**Organizational Profile**

PROFAMILIA Colombia, the International Planned Parenthood Federation affiliate in Colombia, was founded in 1965 as a private, nonprofit, family planning organization.

Today, nearly 40 years later, it provides nearly 45 percent of all family planning methods in Colombia. Thanks in part to the efforts of PROFAMILIA Colombia, the average number of children born to Colombian women has dropped to 2.6 and the contraception usage rate of married and partnered women has increased to 76 percent.

In response to the growing numbers of internally displaced persons due to the ongoing armed conflict in Colombia, in 1998 PROFAMILIA launched its Program for Internally Displaced and Receptor Communities. The Program seeks to provide family planning and sexual/reproductive health services and education to the displaced and receptor population, with special emphasis on women and adolescents. Since its inception, nearly 315,000 adolescents and adults from the displaced and receptor populations have benefited from PROFAMILIA services and education. PROFAMILIA, the largest independent agency devoted to sexual and reproductive health and rights in Colombia, is the only organization working with the displaced and receptor population in this area.

Need for Project

“Two million Colombians have fled armed conflict and persecution, many of them have been uprooted and displaced repeatedly over the past 15 years. As the war continues to escalate, some people are displaced en masse, but the majority flee as individuals and families and do not want to acknowledge their displaced status for fear of retribution. Many of the displaced are indigenous groups uprooted from rural to urban areas and forced to flee again from one urban *barrio* to another in search of security and survival needs.

“IDPs, particularly women, girls and adolescents, experience horrendous reproductive health problems in Colombia. Gender-based violence (GBV), including rape followed by murder, sexual servitude, forced contraception and abortions, is perpetrated by armed actors, is extensive and is largely un-addressed.

“The circumstances for adolescent IDPs are dire, and very little is being done to recognize their specific needs and capacities. Unable to cope with their circumstances or enticed by drug traffickers infiltrating urban barrios, many young boys turn to drugs, alcohol and stealing. Some adolescent girls seek solace and comfort from motherhood, while others would prefer to avoid or delay pregnancy, suggesting a need, currently unmet, for family planning. A recent study by Profamilia indicated that 30 percent of adolescent IDPs were already mothers or pregnant with their first child, a percentage nearly twice that of adolescents in Colombia’s general population in 2000.”² ³

Project Activities

Objectives:

Every youth, man or woman that requires services, shall attend the promoted educational activities in the community, in order that they have information that permits them to make correct decisions regarding the health services they choose.

Activities:

1. 4-hour workshops will be held focusing on the central themes of sexual & reproductive health and rights.
2. Through home visits, youth will be identified to attend the workshops and will be offered services.
3. Youth are picked up in their community, taken to the center, provided needed services, and later returned home, in a manner that can guarantee the privacy as well as the quality in the attention.
4. The medical team from the PROFAMILIA Center is displaced in order to attend to the youth in a house or location of the community that guarantees a minimum of quality and privacy.
5. Remission to the center through cards that identify the youth as a candidate for service.

People served by Project

1,000 displaced and receptor community adolescents.

² Profamilia, *Salud Sexual y Reproductive en Zonas Marginadas - Situación de las Mujeres Desplazadas* (Sexual and Reproductive Health in Marginal Areas - The state of Displaced Women), Profamilia Survey, Colombia, 2001.

³ Krause, Sandra and Morris, Claire. “Displaced and Desperate: Assessment of Reproductive Health for Colombia’s Internally Displaced Persons.” A Report on behalf of the Reproductive Health for Refugees Consortium, February 2003.

“Training Mayan Adolescents for Responsible Sexual Health”

Country of Operation:

Guatemala

Project Location:

Peten, especially the Reserve of the Mayan Biosphere

Implementing Organization:

Tan Ux'il



Organizational Profile

Tan Ux'il is a nongovernmental organization whose mission is to the direction and orientation of Pentenera youth in sexual education and gender equity as a base for sustainable development. The main activities are: training in the subject of reproductive health, provision of medical assistance, and the promotion of sociocultural spaces between the different communities.

Need for Project

Seventy-five percent of the Mayan population lives in conditions of poverty, with 58 percent in extreme poverty. Forty-five percent of the Guatemalan population is under 15 years of age. This socioeconomic context, in addition to the current development policies in place, seems to contribute to the increase of the poverty among vulnerable groups. Factors challenging the healthy development of the Mayan population include: the lack of education, which affects the age which the women and men decide to have children; the lack of information on human sexuality; the lack of information regarding the different contraceptive methods available; and the lack of quality medical services.

Project Objectives and Activities

Objectives:

1. To provide a space for analysis on the present context of the adolescents in the subject of sexual and reproductive health in Peten.
2. To develop a strategy to address the problems faced by youth and to do so from a youth perspective integrating a focus on gender equity.

Activities:

1. Design and organization of the event.
2. Implementation of the event.
3. Evaluation and report.

People served by Project

The association presently covers 12 communities with a total of 5,800 adolescent boys and girls.

Region: Eastern Europe

“Training Youth Trainers on GBV in High Schools”

Country of Operation: Kosovo
Project Location: Peja/Pec Region
Implementing Organization: Women’s Wellness Center

Organizational Profile

The Women’s Wellness Center is the only institution in Kosovo whose main focus is gender-based violence. The WWC is multi-service women’s center that offers direct counseling, support and referral to survivors of sexual assault and domestic violence. WWC provides extensive outreach services in rural areas as well as organizing a wide range of activities and courses for women as well as trains professional (healthcare providers, social workers, police). It has a strong reputation for influencing a break in silence about violence, especially domestic violence.

Need for Project

In our community, it was previously the opinion that gender-based violence does not exist. Through the work of the WWC people are starting to realize that the problem of gender-based violence does exist.

Project Objectives and Activities

Objectives:

- To enlarge services of the Women’s Wellness Center through the training and to qualify the high school students on GBV.
- To raise awareness on GBV issues in youth and to influence in equal relationship between male and female.

Activities:

- Trainings will be held in the WWC within three months for three days each month.
- Number of participants will be 60 (students of high school).
- Training will be held tow months with 10 students in each group.

People Served by Project

5200 high school students – 60 peer educators trained to be a focal point for GBV in high schools.