

Partnering with Local Organizations to Support the Reproductive Health of Adolescent Refugees:

A Three-year Analysis



Women's Commission for Refugee Women and Children

Reproductive Health Project

October 2003

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Mission statement

The Women's Commission for Refugee Women and Children works to improve the lives and defend the rights of refugee and internally displaced women, children and adolescents. We advocate for their inclusion and participation in programs of humanitarian assistance and protection. We provide technical expertise and policy advice to donors and organizations that work with refugees and the displaced. We make recommendations to policy makers based on rigorous research and information gathered on fact-finding missions. We join with refugee women, children and adolescents to ensure that their voices are heard from the community level to the highest levels of governments and international organizations. We do this in the conviction that their empowerment is the surest route to the greater well-being of all forcibly displaced people.

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The greatest of thanks go to the many dedicated adolescents, youth and adults around the world who diligently work in extreme circumstances to support the reproductive health of conflict-affected adolescents. Many thanks to them for sharing their experiences and stories, which helped inform the analysis presented in this report.

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Cover photos © Julia Matthews

Photo on page 10 © Team of Volunteers Against AIDS (EVAS), Goma, Democratic Republic of Congo

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Eleanor Bellows Pillsbury Fund Project Sites 2000-2003



- ★ Current Projects 2003
- ★ Past Projects 2000-2002

I. EXECUTIVE SUMMARY

More than 6.6 million adolescents¹ worldwide are currently displaced by armed conflict.² Separated from their families and communities, they are left to assume responsibility for themselves and, often, for younger siblings as well. The general chaos caused by armed conflict disrupts education and health services, impedes income-generating activities and breaks down traditional social roles that previously provided protection. Adolescents are left to face traumatic life events and overwhelming new responsibilities with little support or assistance. The desperation, disease, idleness and poverty common to most refugee camps plague their lives.

This social turmoil and lack of protection places adolescents, especially girls, at an increased risk of suffering gender-based violence, including rape and exchanging sex for goods and services, and of engaging in premature sexual activity. As a result, conflict-affected adolescents are at an increased risk of contracting sexually transmitted infections (STIs), including HIV/AIDS, and undergoing unsafe abortions.

Despite their tremendous need, adolescents are “the underserved of the underserved”³ of conflict-affected populations. The lack of adolescent-focused programs and the dearth of youth-friendly services are significant barriers to ensuring adolescents’ right to a healthy and productive life.

Recognizing this dire situation, Philip, Henry and Barbara Pillsbury approached the Women’s Commission for Refugee Women and Children (Women’s Commission) with the proposal to establish a fund to help meet adolescent reproductive health needs. The Eleanor Bellows Pillsbury Fund for Reproductive Health Care and Rights for Adolescent Refugees (EBP Fund) was established in June 2000, in honor of Philip and Henry’s mother, and became the first-ever ongoing fund to specifically focus on the unique reproductive health needs of conflict-affected adolescents.

Implementing the EBP Fund

Through the EBP Fund, the Women’s Commission provides small grants to local and international field-based organizations in support of specific adolescent reproductive health (ARH) projects. By the end of 2001, the first year of grant making, 12 local organizations in eight countries had received support from the EBP Fund.

During the second and third years of grant making the EBP Fund increased its scope. Designation of sub-grants was broadened to include international organizations, such as the International Rescue Committee/Liberia and CARE/Somalia. Multiple-year grants were awarded to three projects to increase continuity and sustainability. The EBP Fund also awarded its first grant in support of a regional ARH network of local organizations.

During the first three years, EBP Fund-supported projects have benefited conflict-affected adolescents in Africa, Asia, Europe, Latin America and the Middle East. The EBP Fund has supported adolescent reproductive health by providing \$190,027 through 36 grants to 33 local and international partner organizations in 20 countries. The majority of funds have gone to projects in Africa (68 percent) and Asia (21 percent).

EBP Fund Accomplishments

The accomplishments of the first three years of the EBP Fund are clear and dramatic:

1. Over 61,000 adolescents have attended events offering reproductive health training and education on issues such as condom use, prevention and treatment of STIs, family planning techniques and protection against gender-based violence.
2. At least 580 adolescents have been trained as reproductive health peer educators.
3. More than 2,330 adolescents have participated in peer-to-peer counseling sessions.
4. Approximately 2,250 adolescent girls have received sanitary wear materials.
5. Over 300 adolescents have received educational support and income-generating skills training, with reproductive health messages integrated into the curriculum.
6. More than 22,800 brochures, fliers and pamphlets with reproductive health messages have been distributed.
7. At least 10,000 condoms have been distributed free of charge.
8. At least 175 parents have attended workshops on adolescent reproductive health.
9. Fifteen community medical staff were trained in Youth Friendly Services.

Lessons Learned

1. Peer-to-peer ARH education strategies provide opportunities for meaningful adolescent participation, which, with quality training and careful project monitoring and evaluation, can maximize project impact while minimizing financial costs.
2. Effective reproductive health projects for conflict-affected adolescents do not adhere to a set formula or model, but instead are varied in their approach, creatively designed to be culturally appropriate and to meet the specific, pressing needs of adolescents in a particular community.
3. Conflict-affected communities, especially adolescents themselves, are highly motivated to improve adolescents' reproductive health, but also need capacity building, through technical guidance and support, to maximize the effectiveness of their projects.
4. ARH networks are a promising way to close gaps in service provision and to strengthen limited capacities; they facilitate coordination and collaboration among numerous and diverse adolescent reproductive health projects located within a particular region.

Strategically Planning for the Future

After three years of activity, the EBP Fund and the Women's Commission are examining new strategies for increasing efficiency and coordination in supporting the reproductive health of conflict-affected adolescents. Although new grant making is on hold during this strategic planning process, the EBP Fund continues to touch the lives of vulnerable adolescents around the world through its 14 current projects.

II. INTRODUCTION

At least 6.6 million adolescents worldwide are currently displaced by armed conflict. Separated from their families and communities, they are left to assume responsibility for themselves and, often, for younger siblings as well. The general chaos caused by armed conflict disrupts education and health services, impedes income-generating activities and breaks down traditional social roles that previously provided protection. Adolescents are left to face traumatic life events and overwhelming new responsibilities with little support or assistance. The desperation, disease, idleness and poverty common to most refugee camps plague their lives.

This social turmoil and lack of protection place adolescents, especially girls, at an increased risk of suffering gender-based violence, including rape and exchanging sex for goods and services, and of engaging in premature sexual activity. As a result, conflict-affected adolescents are at an increased risk of contracting sexually transmitted infections (STIs), including HIV/AIDS, and undergoing unsafe abortions.

Despite their tremendous need, adolescents are “the underserved of the underserved” of conflict-affected populations. The lack of adolescent-focused programs and the dearth of youth-friendly services are significant barriers to ensuring adolescents’ right to a healthy and productive life.

Recognizing this dire situation, Philip, Henry and Barbara Pillsbury approached the Women’s Commission for Refugee Women and Children (Women’s Commission) with the proposal to establish a fund to help meet adolescent reproductive health needs. The Eleanor Bellows Pillsbury Fund for Reproductive Health Care and Rights for Adolescent Refugees (EBP Fund) was established in June 2000, in honor of Philip and Henry’s mother, and became the first-ever ongoing fund to specifically focus on the unique reproductive health needs of conflict-affected adolescents. Through the EBP Fund, the Women’s Commission provides small grants to local and international field-based organizations in support of specific adolescent reproductive health (ARH) projects.

Global Adolescent Reproductive Health at a Glance

- Six young people under the age of 25 are infected with HIV every minute. More than half of all new HIV infections worldwide occur among people aged 15 to 24.ⁱ
- Adolescent girls and young women are most vulnerable to HIV infection, accounting for two-thirds of all HIV-positive young people.ⁱⁱ
- Every year, one in 20 adolescents contracts an STI.ⁱⁱⁱ
- Each year, women undergo an estimated 20 million unsafe abortions, of which one fourth are for girls aged 15-19.^{iv}
- One in 10 pregnancies occurs among adolescent girls.^v
- Nearly 2 million girls are at risk of female genital mutilation each year.^{vi}

ⁱ UNFPA Fast Facts
www.unfpa.org/adolescents/facts.htm,
UNICEF Statistics,

www.childinfo.org/eddb/hiv_aids/young.htm.

ⁱⁱ UNICEF Statistics,
www.childinfo.org/eddb/hiv_aids/young.htm.

ⁱⁱⁱ UNFPA Fast Facts
www.unfpa.org/adolescents/facts.htm

^{iv} UNFPA, The State of World Population, 2000

www.unfpa.org/swp/2000/english

^v UNICEF, Facts and Figures, 2000.

^{vi} Mohamud, A., Ali N., Yinger, N., Program for Appropriate Technology in Health/World Health Organization, *Female Genital Mutilation, Programmes to Date: What Works and What Doesn't*, World Health Organization, 1999.

Eleanor Pillsbury

Throughout her life, Eleanor Pillsbury fought for the dignity of newborn infants and women of childbearing age by increasing the availability of contraceptive counseling and use. As President of Planned Parenthood Federation of America (PPFA) in the 1950s, she spearheaded the transformation of PPFA into the prime U.S. proponent and provider of reproductive health care. As Vice-President of the International Federation of Planned Parenthood, Eleanor Pillsbury succeeded in bringing American medical knowledge and wealth to increase reproductive health services around the world.

The Eleanor Bellows Pillsbury Fund for Reproductive Health Care and Rights for Adolescent Refugees, focused on young people in conflict situations, represents an ideal way to continue her work and to honor the voice, resourcefulness, sensitivity and common sense of this remarkable woman, a true pioneer in the struggle for reproductive rights and dignity for all.

III. IMPLEMENTING THE EBP FUND: EXPANDING FROM LOCAL ORGANIZATIONS TO INTERNATIONAL ORGANIZATIONS AND NETWORKS

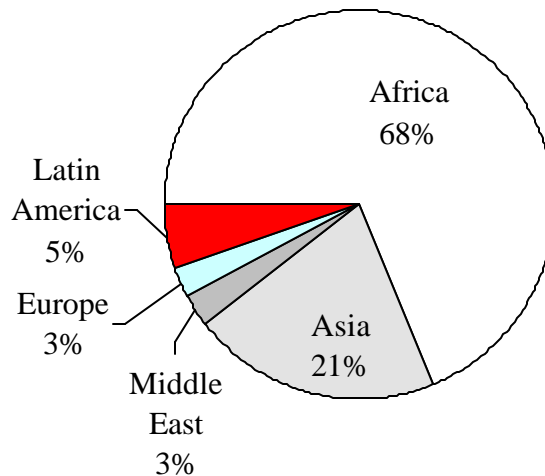
The first EBP funds were released in March 2001 to Social Action for Women (SAW), a local organization in Thailand formed by Burmese forced migrant women living on the Thai-Burma border. With EBP funding, SAW reached out to thousands of female, teenage Burmese forced migrants working in factories on the border. Over the course of the following year, 11 additional local organizations in Africa and Asia were similarly supported to reach out to the conflict-affected adolescents in their region.

The second year of grant making brought an increased scope to the EBP Fund. Grant designation was broadened to include international, as well as local, organizations. The EBP Fund began limited partnerships with international organizations, such as the International Rescue Committee/Liberia and CARE/Somalia. It also awarded the first multiple-year grant to the NGO Christian Outreach Relief and Development (CORD) in Zambia and widened its regional scope to include projects in the Middle East.

In its third year, the EBP Fund continued to provide grants to local and international organizations, awarded multiple-year grants to two additional NGOs and further broadened its global reach to include Europe and Latin America. It also awarded its first grant in support of a regional adolescent reproductive health network of local organizations.⁴

During the first three years, EBP Fund-supported projects have benefited conflict-affected adolescents in nearly every region of the world. The EBP Fund has provided **\$190,027** through **36 grants**, partnering with **33 local and international organizations** in **20 nations**. As the chart on the next page shows, the majority of funds have gone to projects in Africa (68 percent) and Asia (21 percent). (*See Appendix I for a list of projects by region.*)

**Distribution of EBP Grants By World Region,
2000 - 2003**



Examples of projects and activities supported by the EBP Fund include:

- Research and documentation of adolescent reproductive health needs in Somalia
- Gender-based violence peer educator training in Kosovo
- Creation of a sustainable project to manufacture and provide sanitary wear to adolescent girls in Zambia
- Dissemination of condoms in Eritrea
- Family planning services and trainings for adolescents in Colombia
- Provision of gynecological exams in the Democratic Republic of Congo
- Culturally appropriate workshops for mothers and daughters in Gaza, promoting general health and increasing community openness to discussions about adolescent reproductive health
- Intensive training program on prevention of STI/HIV/AIDS, targeting female teenage Bhutanese refugees living in Nepal

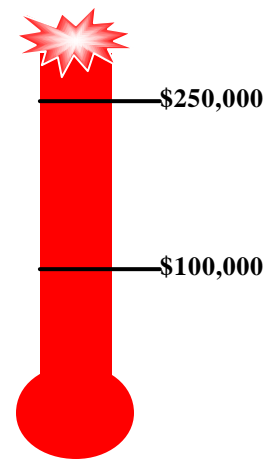
Today, the EBP Fund continues to thrive. It remains focused on addressing the reproductive health needs of conflict-affected adolescents. It also continues to provide organizations in settings of armed conflict with the flexibility to use innovative and varied approaches to respond

appropriately to diverse needs. Financial support from private donors has been strong; in fact, the fund has surpassed its initial fundraising goal by 150 percent. Thanks to the EBP Fund, thousands of adolescents worldwide have received the knowledge and services needed to promote a healthier tomorrow.

EBP Fund Meets Donations Goal of \$250,000

When Philip, Henry and Barbara Pillsbury created the EBP Fund in 2000, the original fundraising goal was set at \$100,000, which would lay the foundation for further fundraising. Three years later, goal was increased by 150 percent to \$250,000. At the close of financial year 2003, this goal had been reached!

Through the generous support of the founders and numerous individuals concerned with adolescent refugees' right to reproductive health and dignity, \$250,836 has been donated in the first three years of the EBP fund.



**EBP Fund
2000 – 2003**

IV. SPECIFIC ACCOMPLISHMENTS

IV.A. Various Strategies Are Used to Reach Adolescents

The accomplishments of the first three years of the EBP Fund are clear and dramatic:

More than 61,000 adolescents have attended events offering reproductive health training and education on issues such as condom use, prevention and treatment of STIs, family planning techniques and protection against gender-based violence. Projects have conveyed this education through seminars, workshops, drama and cultural performances, discussion groups and video screenings.

At least 580 adolescents have been trained as reproductive health peer educators. More than half of all the projects supported by the EBP Fund have trained and used peer educators as a focal point of their efforts. Reproductive health peer educator training not only provides adolescents with RH information; it also builds their capacity and confidence to advocate for their own reproductive health rights and for those of countless others. Through these peer educators and others, **2,337 adolescents have participated in peer-to-peer counseling sessions.**

Approximately 2,250 adolescent girls have received sanitary wear materials. In much of the developing world, sanitary supplies are unavailable or, when available, unaffordable for refugee adolescent girls. When these girls begin menstruating, most quit school because of fear of embarrassment from soiled clothes and their increased vulnerability to sexual assault as they walk to and from school. The provision of sanitary wear empowers girls to live with dignity, free from the fear of embarrassment and protected from the increased vulnerability to sexual abuse, enabling them to continue with their formal education.

More than 300 adolescents have received educational support and income-generating skills training. Millions of women and children worldwide suffer systematic marginalization and denial of human rights. They are not provided with opportunities to gain the education or livelihood skills they need to be self-sufficient and are forced to rely upon their families or husbands for support. During the chaos caused by armed conflict, this oppression deepens. Families are torn apart. Women and girls are exposed to rape, which can lead to their rejection by the community. Whether forcibly separated from their families or abandoned by them, adolescents, especially girls, are often left with no education, no livelihood and no support system to take care of themselves and their children and/or siblings.

Many EBP-supported projects have responded to the need for increased access to basic services and rights, integrating support for education and income-generating skills training with reproductive health training:

- The Shuhada Organization in Afghanistan used reproductive health educational materials to increase the literacy skills of 20 young women and girls.

- The Forum for African Women Educationalists in Kenema, Sierra Leone fully sponsored the enrollment of 55 girls in its comprehensive program, providing each with the opportunity to go to school, be trained as a reproductive health peer educator, receive safe motherhood support, learn about gender-based violence issues and receive free medical services and medication.
- Team of Volunteers Against AIDS in the Democratic Republic of Congo sponsored income-generating skills workshops for 40 adolescent girls. Through these workshops, girls learned skills such as dressmaking and shoe making, while also learning about responsible sexual practices through the reproductive health presentations incorporated into the workshops.



Two teenage girls participate in dressmaking workshops in Goma, DRC (photo: EVAS)

IV.B. Projects Distribute Materials and Reach Out to Parents and Clinicians

Additional accomplishments of EBP-supported projects include:

More than 22,800 brochures, fliers and pamphlets with reproductive health messages have been distributed. These materials have spread messages about practicing safer sex, using family planning methods and avoiding exposure to STIs, including HIV/AIDS. **At least 10,000 condoms have also been distributed, free of charge.**

At least 175 parents have attended workshops on adolescent reproductive health.

Parents were taught basics about adolescent development, reproductive rights and their parental responsibilities to help support these rights.

Fifteen community medical staff were trained in youth-friendly services.

In many countries, sexual activity among unmarried adolescents is still considered culturally taboo; little effort is made by clinicians to facilitate and encourage adolescent access to reproductive health information. Recognizing the harm caused by such antagonistic practices, one EBP Fund supported project in Liberia trained clinicians to create a warmer and more receptive environment that would appeal to adolescents.

By training peer educators, providing valuable ARH information and education, and facilitating access to basic education and livelihood skills, EBP-funded projects have benefited countless conflict-affected adolescents around the world. These projects have also produced a wealth of knowledge, which offers the international community an opportunity to learn how to improve their support of adolescent reproductive health.

V. LESSONS LEARNED

Lesson One: Peer-to-peer ARH education strategies provide opportunities for meaningful adolescent participation, which, with quality training and careful project monitoring and evaluation, can maximize project impact while minimizing financial costs.

Peer-to-peer education is an increasingly popular method communities use to reach adolescents with reproductive health messages; over half of the projects supported by the EBP Fund have used it as a primary project implementation strategy. Although the adolescent experience varies widely by culture and by individual, in all situations, peer-to-peer interaction is central to adolescent life. The peer-to-peer education approach utilizes the natural influence of peer interaction to advance ARH. Through quality trainings, adolescents are equipped to disseminate accurate ARH information in both formal and informal conversations with their peers.

Training adolescents as peer educators increases the impact of ARH projects by harnessing the energy, resilience and potential of adolescents, which are often wasted in situations of armed conflict. Projects that go a step further to providing adolescents with opportunities for meaningful participation in the initial stages of project design and implementation empower adolescents to become agents of change, strengthening their buy-in and further increasing project impact.

Sound technical design and thorough monitoring and evaluation are key to effective and cost-efficient peer-to-peer education strategies. Careful monitoring and evaluation ensure that trainings provide accurate information, in adolescent-appropriate methods that mitigate participant attrition. Well-designed and well-implemented projects are a cost-efficient method of widely disseminating information. A project that trains 20 adolescents as reproductive health peer educators could eventually see an entire community of young people reached for the cost of the training and continued support of the initial 20 peer educators.

Lesson Two: Effective reproductive health projects for conflict-affected adolescents do not adhere to a set formula or model, but instead are varied in their approach, creatively designed to be culturally appropriate and to meet the specific, pressing needs of adolescents in a particular community.

Through its global scope, the EBP Fund has amassed a wealth of information that can inform analysis of effective conflict-affected ARH programming. A review of EBP-funded projects reveals that organizations have employed a diversity of methodological approaches (*how* they implement their ARH project) and technical foci (*which* specific area of ARH they emphasize) in implementing ARH projects, suggesting that there are many ways to successfully promote reproductive health among conflict-affected adolescents. Examples of methodological approaches include projects that empower young mothers, train parents on ARH and their responsibilities, and present ARH themes through drama. The foci of EBP projects vary by the regional prevalence of particular reproductive health threats. Projects in Africa have primarily focused on the prevention and treatment of STIs, including HIV/AIDS, while projects in Latin America have focused on family planning and gender-based violence. The experience accumulated through the three years of the EBP Fund reveals that perhaps the most effective model to use in advancing conflict-affected adolescents' RH is that which is contextually designed to meet the specific, pressing needs of the adolescents in each community.

Lesson Three: Conflict-affected communities, especially adolescents themselves, are highly motivated to improve adolescents' reproductive health, but need capacity building, through technical guidance and support, to maximize the effectiveness of their projects.

In the face of overwhelming needs and minimal resources, field-based advocates and health care workers have shown tremendous dedication and ingenuity in their commitment to improving ARH. Unfortunately, many lack the technical guidance and support needed to maximize their project's effectiveness. Many organizations need assistance in designing and evaluating their training and education programs. Organizations, especially local ones, express the desire to learn about best practices of other ARH projects in their regions and beyond. Local and international organizations would benefit greatly from the creation of a network of actors involved in supporting ARH worldwide.

Lesson Four: ARH networks are a promising way to close gaps in service provision and to strengthen limited capacities; they facilitate coordination and collaboration among the numerous and diverse ARH projects located within a particular region.

As stated above, one of the great strengths of effective reproductive health programming is the ability to use a contextualized approach. However, this concentrated focus, in addition to limited organizational capacities, diminishes awareness of other ARH projects in the same region. The lack of coordination and collaboration found in many regions produces gaps in service provision and a dearth of technical trainings and sharing of resources and good practices, limiting projects' impact on adolescent reproductive health.

Recognizing the need for continuous, field-based technical guidance and support, a number of local and international NGOs, including the Women's Commission and Doctors of the World (DOW), have begun to seek out and support innovative solutions to close these gaps. In 2003, a consortium of 13 local NGOs working on behalf of adolescent Burmese forced migrants on the Thai-Burma border formed the Adolescent Reproductive Health Networking Group (ARHNG).

The objective of the ARHNG is to develop the institutional capacity and management skills of member organizations for implementing adolescent reproductive health projects. Through the ARHNG's activities, members have the ability to share information and benefit from each others' experience and expertise; conduct follow-up on the impact of trainings; monitor and evaluate their activities; and reach outside their communities to access available resources.

The EBP Fund began partnering with this network in 2003 by providing a grant to DOW to serve as the focal point of the network. Through their local office in Thailand, DOW provides the network's member organizations with the expertise of an international leader in health development and the accessibility and longevity of a local organization. DOW helps the ARHNG in its efforts to organize, assess member needs, plan strategically and apply for project funding.

The use of networks and the designation of a lead agency for the network ensure attention is paid to the broader perspective of adolescent reproductive health in an entire region. Through coordinated efforts and sustained technical support from expert locally based organizations, gaps in ARH service provision are closed, and the region can take measurable steps forward in improving the reproductive health of conflict-affected adolescent.

VI. STRATEGICALLY PLANNING FOR THE FUTURE

The EBP Fund has enabled organizations to take great initial strides in advancing conflict-affected adolescents' reproductive health, through efforts to increase awareness of reproductive health risks. Awareness alone, however, does not necessarily produce behavioral change. Nor does it definitively cause a clear and measurable improvement in adolescents' reproductive health status. Much remains to be done in the fight to measurably improve conflict-affected adolescents' reproductive health.

After three years of activity, the EBP Fund and the Women's Commission are examining new strategies for increasing efficiency and coordination in supporting the reproductive health of conflict-affected adolescents. The lessons identified during the first years need to be incorporated into the fund management and into the projects it will support. Criteria for evaluating the success of individual projects and of the EBP Fund overall must continue to be honed.

Several dimensions of a new strategy for the future of the EBP Fund are under consideration. One dimension could be an increased focus on supporting international, field-based NGOs through networks. This would provide improved support for project technical assistance, monitoring and evaluation. Another dimension to be considered is the targeting of specific regions, such as sub-Saharan Africa or southeast Asia, to increase both the continuity of support over a period of years and the linkages across various nations and organizations.

Although new grant making is on hold during this strategic planning process, the EBP Fund continues to touch the lives of vulnerable adolescents around the world through its 14 current projects. As the only ongoing fund to focus solely on the reproductive health of displaced and conflict-affected adolescents, the EBP Fund has the unique opportunity to lead the way in revolutionizing reproductive health services among this desperately neglected population. The EBP Fund has the opportunity to build the capacity of organizations in the field, to provide important lessons about supporting ARH and, most importantly, continue to directly improve the lives of conflict-affected adolescents.

The need is daunting. The consequences of not responding, however, could be catastrophic.

“My thanks and gratitude [for] identifying our problems as teenage mothers, and [for] the seven months training that we have received. I say, bravo to ... the donors who supported this program.”

~ A teenage mother, *Young Mothers Empowerment Program, Montserrado Refugee Camp, Liberia*

APPENDIX I: Organizations Supported By the EBP Fund (by region)

Africa

- | | |
|---------------------------------|---|
| 1. Angola | ANGOBefa
Marie Stopes International – Angola |
| 2. Burundi | International African Community Resource Center |
| 3. Democratic Republic of Congo | Great Lakes AIDS Program
Team of Volunteers Against AIDS |
| 4. Eritrea | National Union of Eritrean Youth & Students |
| 5. Ethiopia | Love for Peace AIDS Prevention Association |
| 6. Liberia | International Rescue Committee - Liberia
Reproductive Health Group |
| 7. Sierra Leone | Center for Coordination of Youth Activities
Current Evangelism Ministries Women’s Peace Network
Forum for African Women Educationalists – Grafton
Forum for African Women Educationalists – Kenema |
| 8. Somalia | CARE Somalia |
| 9. South Sudan | American Refugee Committee |
| 10. Tanzania | Chama Cha Uzazi Na Malezi Bora
Nyangetha Nyatambe |
| 11. Uganda | Concerned Parents Association
Gulu Youth for Action
WATWERO |
| 12. Zambia | Christian Outreach Relief and Development
World Vision – Zambia |

Asia

- | | |
|-----------------|---|
| 13. Afghanistan | Shuhada |
| 14. Bangladesh | Rakhaing Women’s Union (RWU) |
| 15. Nepal | Bhutanese Women and Youth Empowerment Program |
| 16. Thailand | Doctors of the World
Mae Tao Clinic
Social Action for Women
Thailand Youth AIDS Prevention Project |

Latin America

- | | |
|---------------|------------|
| 17. Colombia | PROFAMILIA |
| 18. Guatemala | TAN UX’IL |

Middle East

- | | |
|----------|---|
| 19. Gaza | TAMER Institute for Community Education |
|----------|---|

Europe

- | | |
|------------|-------------------------|
| 20. Kosovo | Women’s Wellness Center |
|------------|-------------------------|

APPENDIX II: CASE STUDIES

Adolescents themselves provide the clearest picture of the impact made by EBP Fund-supported adolescent reproductive health projects. Here are a few such stories, which, to preserve their authenticity, have largely been left in the original words and sentence structure of the adolescent author.

Empowering Young Mothers with Literacy and Income-Generating Skills in Liberia

Years of armed conflict have wrought immeasurable destruction in western Africa. Throughout the conflicts, acts of gender-based violence (GBV) have been a defining characteristic. The recent escalation of fighting in Liberia has continued this pattern of abuse, to which teenage girls and single mothers with young children are among the most vulnerable. These pervasive abuses have also left a large number of teenage mothers abandoned by family members and husbands.

In response, the International Rescue Committee/Liberia began the “Young Mothers Empowerment Program” through the support of the EBP Fund. Now in its second year, the program works with 150 young mothers (ages 14 – 20) to improve their reproductive health by providing awareness-raising meetings, counseling and peer educator trainings; and to promote economic self-reliance by providing basic literacy training, training in income-generating skills and by supporting the implementation of small business projects.

“I am thankful to the program, as it has touched all aspects of my life,” commented one young participant. “I was taught how to take care of myself as a woman; and I will fully take part in skills training. Doing so will help me to be independent. I will not depend on men for my needs.”

Another participant stated: “I have gained a lot from the teenage mothers empowerment program: baking [skills], adult literacy, [knowledge of] reproductive health [and] gender-based violence issues ... I am glad I can write down my name.”

NGO in Zambia Provides Sanitary Materials, Supporting Girls Access to Education

I am a 16-year-old girl going to grade 6. I am first born in a family of five. I am one of the beneficiaries of free distribution of sanitary wear to adolescent girls here at Nangweshi. I am very grateful for your donation that enables us to have such nice comfortable free supply of sanitary wear. Now even when I have my period, I am able to remain attentive and contribute positively in class because I am confident that my clothes are protected and I will not suffer any embarrassment. I am able to run around with my colleagues confidently. I also stopped staying away from classes in fear of embarrassment.

Thank very much,
Chapoya Adelina

Network of NGOs Advances Reproductive Health of Adolescents in Thailand

Not recognized by the Thai government as official refugees, Burmese forced migrants, especially adolescents, face tremendous security, economic and public health problems. Pushed out by violence and oppression, they arrive in Thailand hoping to earn money for their families in Burma. Unaccompanied and earning only a dollar per day, many adolescent girls turn to selling sex to the adolescent boys they work and live with at the factory to augment their income. As a result, girls are put at high risk for sexually transmitted infections, including HIV, and unwanted pregnancies, leading to potentially even greater barriers in their income-earning ability.

Ang Pay, past medic and general clinic helper at the Mae Tao Clinic on the Thai-Burma border, reflected on the situation on the border: “Many factory owners only like to hire single women because if they have a baby sometimes they can’t come to work. They may say that their husband has been killed or died of some other disease. Some new mothers do not want to breastfeed because they don’t want to start to love their baby. She does not want to care for her baby because her husband has died or she has many children. Perhaps a mother works but only earns enough money to buy food. Some mothers have AIDS. One mother died at the clinic, leaving only the clinic staff to care for her baby; this child is now more than a year old. At the moment, there are about 10 babies and children that the staff are caring for at the clinic.”

With the support of the EBP Fund, 13 local nongovernmental organizations (NGOs) working with the Burmese forced migrant population along the Thai-Burma border recently formed the Adolescent Reproductive Health Networking Group (ARHNG). By working in collaboration, the network of Burmese migrant health workers and managers seek to advance the reproductive health of forced migrant youth and to avoid high-risk behavior.

Youth Group in Northern Uganda Uses Peer-to-Peer Education to Empower Girls to Care for their Reproductive Health

Most of the young people in northern Uganda have never known life without armed conflict. Throughout the 17-year conflict, children and adolescents have been the targets of large-scale abductions, sexual exploitation and forced military participation. Gulu Youth For Action (GYFA), a nongovernmental organization run by youth for youth, works to mitigate the socio-economic impact of this conflict on adolescents. GYFA conducts awareness-training workshops and dramas, songs and plays at community events to teach their adolescent peers about proper condom use, AIDS awareness, gender roles and responsibilities, and basic communication skills.

After attending a school program sponsored by GYFA, an adolescent girl commented: “We young people should explore and share our ideas, learn from the youth-to-youth peer service of GYFA. The service has helped me to realize that not only boys buy condoms. I can now buy a condom if I need to use it. They have helped [us to] realize that both boys and girls are equal. I will always educate my fellow friends.”

VII. ENDNOTES

¹ The EBP Fund and the Women’s Commission recognize the variances that exist between cultures, organizations and individuals in their definitions of the terms adolescence, youth and young people. While an important topic for discussion, it is outside the scope of this report. Therefore, for the sake of simplicity, this report uses the definitions used by the World Health Organization: “adolescent” refers to ages 10 – 19; “youth” to ages 15 – 24; and “young people” to ages 10 – 24.

² This number (6.6 million) is a very conservative estimate and was calculated according to statistics on refugee and internally displaced person populations. These statistics, however, do not include the millions of adolescents that are directly impacted by armed conflict but are not, for various reasons, included among the official refugee and IDP numbers. The true number of conflict-affected adolescents is not known, but is likely to be much higher than 6.6 million.

The figure of 6.6 million was calculated as follows: According to the office of the United Nations High Commissioner for Refugees (UNHCR), there are 40 million displaced persons worldwide. (“World Refugee Day, 20 June 2003, Refugee Youth: Building the Future.” *Pamphlet*.) UNHCR further estimates that approximately 50 percent of displaced persons are young people; currently this number is close to 20 million. Jane Lowicki, director of the Women’s Commission for Refugee Women and Children’s Children and Adolescent Project, states that it is thought that approximately one-third of these displaced young people are adolescents (ages 10 – 19). Thus, one-third (6.6 million) of the 20 million displaced young people are adolescents.

³ Unidentified nongovernmental organization representative, as quoted in “Untapped Potential: Adolescents affected by armed conflict,” Women’s Commission for Refugee Women and Children, 2000.

⁴ For a full list of projects supported by the EBP Fund, see Appendix I.