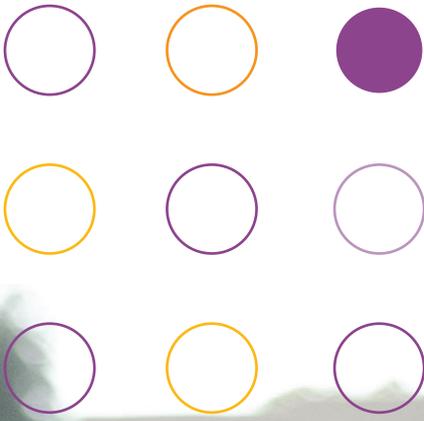


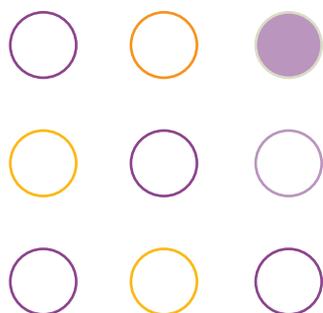
YOUTH ENTERPRISE MODEL

**NO WEALTH
WITHOUT HEALTH**



YOUTH ENTERPRISE MODEL

YEM



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ABBREVIATIONS

ANC	Antenatal Care
FB	Facebook
GBV	Gender-Based Violence
ICT	Information and Communications Technology
M&E	Monitoring and Evaluation
NCDC	National Curriculum Development Centre
PEP	Post-Exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNC	Postnatal Care
SACCO	Savings and Credit Cooperative Organization
SBCC	Social and Behaviour Change Communication
SMEs	Small and Medium Enterprises
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UGX	Ugandan shilling
UNFPA	United Nations Population Fund
VTI	Vocational Training Institution
YEM	Youth Enterprise Model
YFHS	Youth-Friendly Health Services

YEM was funded by the David and Lucile Packard Foundation and implemented by UNFPA Uganda. It operated in partnership with Communication for Development Foundation Uganda, Reproductive Health Uganda and Straight Talk Foundation, with technical guidance from the UNFPA East and Southern Africa Regional Office.

NO WEALTH WITHOUT HEALTH

With eight in ten Ugandans under the age of 30, youth is the country's key asset and social capital, and its linchpin for achieving the demographic dividend. But the financial security, productivity, and social empowerment of Uganda's youth are all at risk if their sexual health is not protected.

Many factors, including HIV infection, teen pregnancy, and child marriage (see infographic on this page), may compromise the ability of young people to save capital, complete their vocational training, and become productive workers and entrepreneurs.

Addressing the crucial yet often overlooked link between business and sexual and reproductive health is the cornerstone of UNFPA's Youth Enterprise Model (YEM) project in Uganda.

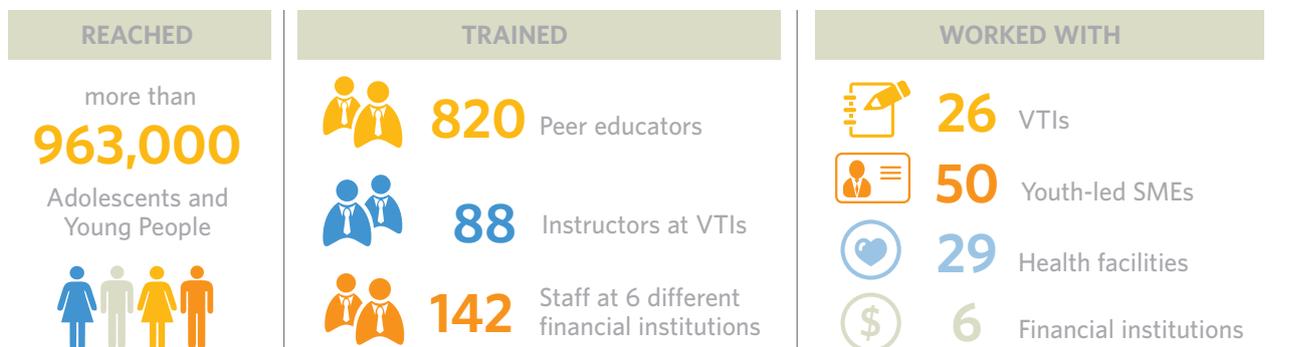
YEM creates opportunities and spaces for young people to acquire the skills needed for business and work, together with the information needed to make safe, responsible decisions related to their sexual and reproductive health.

YEM aims to:

1. Increase the knowledge of adolescents and young people aged 10 to 24 years regarding their sexual and reproductive health and rights (SRHR).
2. Strengthen the capacity of social and institutional structures to deliver SRHR behaviour change programmes.
3. Expand adolescents and young people's access to integrated SRHR services.

Between 2012 and 2018 YEM pioneered this novel approach in the districts of Kampala, the capital (urban setting), and Mubende (rural setting).

Since 2012, YEM has:



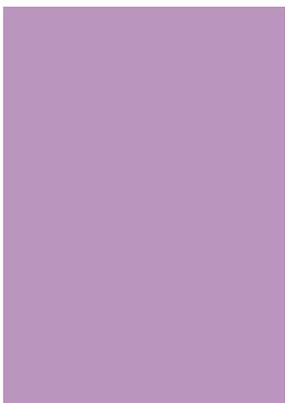
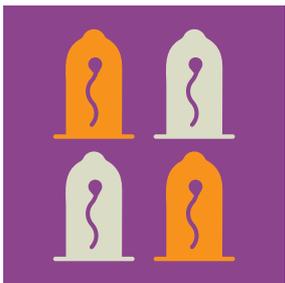
YEM targeted three access points for youth:

- The **community** of young people who own, run, or work in small and medium enterprises (SMEs);
- **Institutions**, such as banks, microcredit schemes, financial literacy training programmes, and vocational training institutions (VTIs);
- **Health facilities** - public, private, for profit and not for profit.

Its delivery mechanisms included:

- Training and placing peer educators at the three access points;
- Sharing SRH information through linked multimedia platforms: youth call centre, toll-free phone line, social media, web portal, radio programmes, and a free SMS platform linked to radio stations;
- Working with financial institutions to embed SRH information in the financial literacy training of young people;
- Building the competence of health staff to deliver youth-friendly services;
- Engaging with district departments of community development to create local buy-in and to assist in the selection of youth-led SMEs.

THE BEST OF YEM

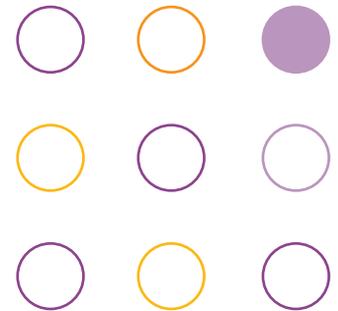
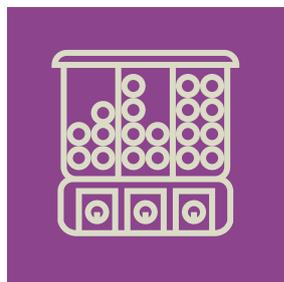
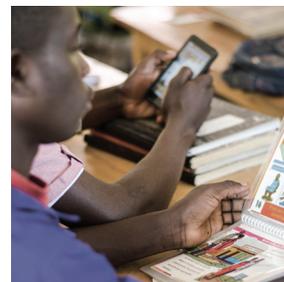


1. As a result of evidence-based advocacy by YEM, modules on SRH and life skills are now part of the curricula of the vocational and secondary education institutions. The modules were designed by the National Curriculum Development Centre (NCDC).

2. The pregnancy calculator was very effective in showing the costs of having a baby. (see page 10)

3. The Ministry of Gender, Labour and Social Development is promoting the YEM model within the local government structures and plans to make SRHR a core requirement in its youth livelihood programmes.

4. Use of contraceptives among participating youth jumped from one third to more than two thirds.



5. Setting up “digital drums” (computers) in the five VTIs improved students’ access to SRH information.

6. Installation of 200 condom vending machines in VTIs and SMEs was popular with students.

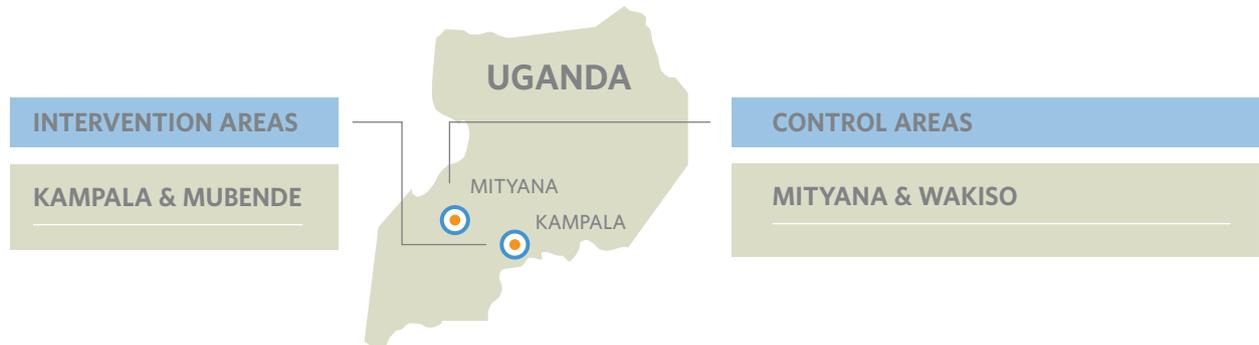
7. Having a trained cadre of health workers, VTI instructors, and peer educators on how to interact with young people around SRHR is an asset to institutions.

8. Young people in Kampala and Mubende were almost twice as likely to have sought SRH services at a health facility than those in the control districts.

2: YEM EVALUATION

In 2018, an endline evaluation assessed the **effectiveness, efficiency, impact, relevance,** and **sustainability** of YEM during its five years of operation. This publication summarizes the findings.

Fieldwork was conducted between May and June 2018 at **four sites**: the project intervention areas, Kampala and Mubende districts, and, for comparison, the districts of Mityana and Wakiso, which had been used as control areas in the 2013 baseline study.



Methodology: the evaluation used a mix of quantitative and qualitative approaches, aligned with the baseline methodology.

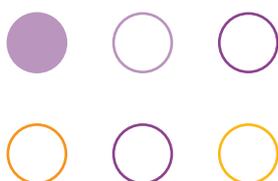
Data collection methods and tools included:

- 1,261 young people aged 10 to 24 years in VTIs and SMEs were interviewed using a structured questionnaire.
- 17 health facilities were assessed using a WHO tool to establish their capacity to deliver quality SRH services.
- 10 focus group discussions were conducted with those young people not reached through the survey.
- In-depth interviews were conducted with key informants, such as project stakeholders, VTI instructors, SME directors, peer educators, implementing partners, project coordinators, health workers, directors of financial institutions, and district government staff.
- A review of YEM project documents and academic and non-academic literature on SRH was carried out.

Quality control measures included:

- Recruiting experienced data collectors in SRHR who were fluent in both English and Luganda
- Participatory training for the research team
- Pre-testing data collection tools
- Translating tools into Luganda
- Field supervision of data collection
- Regular review and engagement with the project implementor.

The **effectiveness** of YEM was measured by assessing the progress and/or lack of it in achieving the project's objectives. The evaluation measured the outcome indicators guided by the annual targets in the YEM M&E strategy. It compared the 2018 endline and 2013 baseline values (in some cases, also midline values), and, where relevant, the project and control districts.



The study received **ethical clearance** from the Uganda AIDS Support Organization Research Ethics Committee (TASO REC) and the Uganda National Council for Science and Technology (protocol No. SS4614). The study adhered to all required ethical principles.

3. KEY FINDINGS

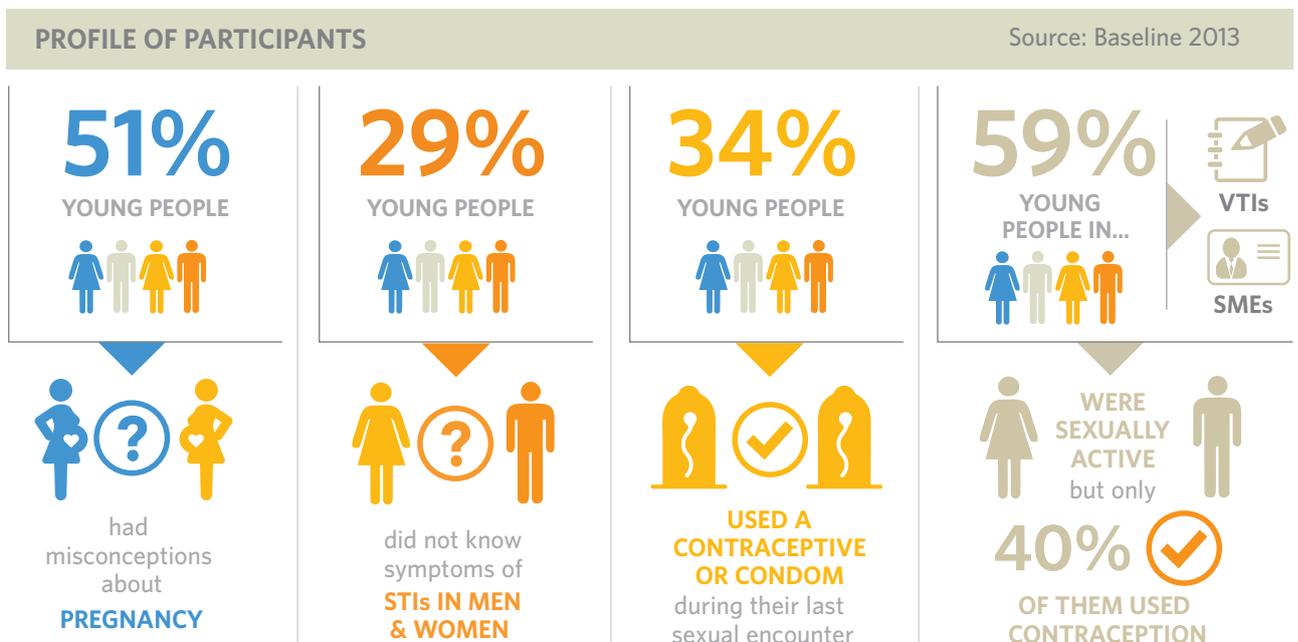
3.1 RELEVANCE

In this evaluation, relevance was measured by assessing the extent to which the project was responsive to the needs of the beneficiaries—the young people. Relevance also looked at the extent to which the project design was in line with the existing framework for SRH programming for young people in Uganda and globally. Our analysis indicates that both the direct beneficiaries and other stakeholders such as health facilities and financial institutions have appreciated the project.

At the global level, the components of the youth enterprise model clearly align to Sustainable Development Goals 2015-2030.

At the macro level, the project is aligned with Uganda’s demographic discourse, which positions the country’s youth as a dividend, if healthy and financially capacitated. The line Ministries involved in YEM (Education and Sports; Health; and Gender, Labour and Social Development) indicated that the project was aligned with their sectoral priorities.

At the individual level, given the gaps in knowledge of SRHR issues and in access to SRH services as shown in the baseline data, YEM was found to be responsive to the participants’ needs. Staff at most financial institutions appreciated learning about the ways in which financial knowledge can be combined with SRHR.

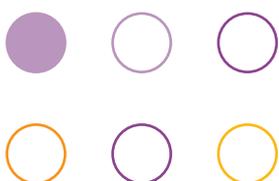
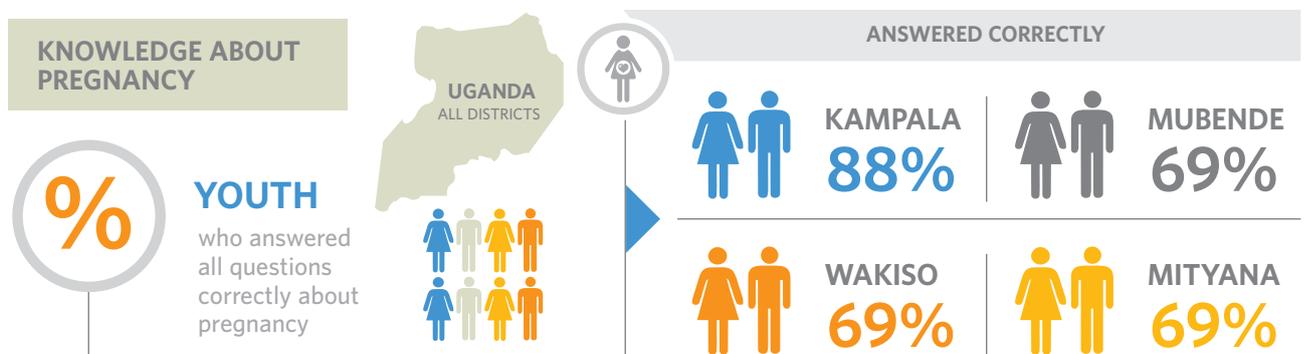
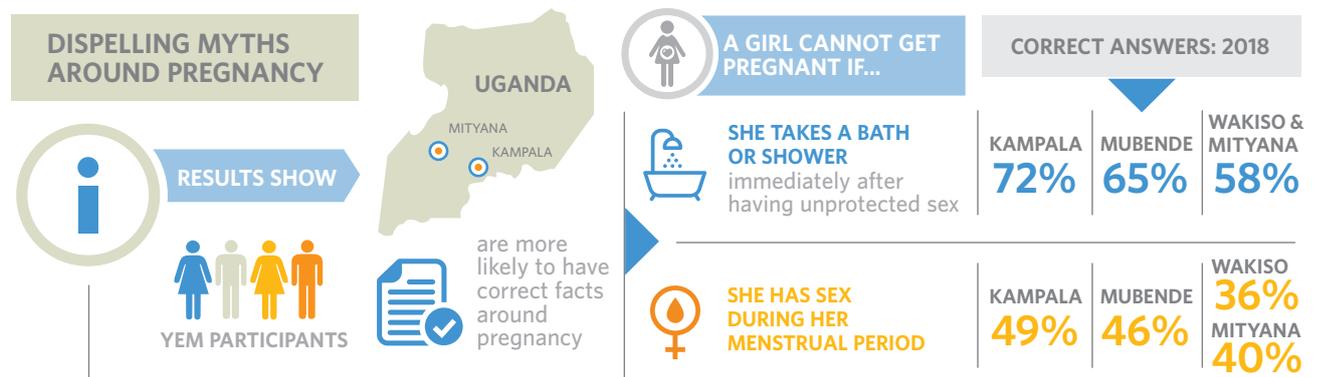
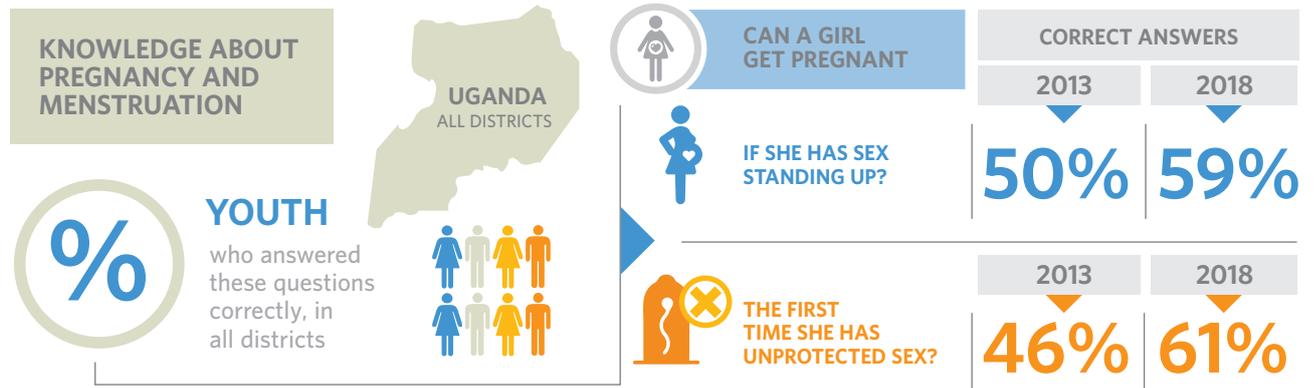


3.2 EFFECTIVENESS

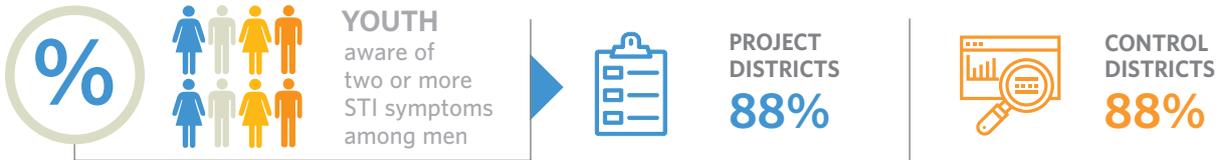
OUTCOME 1

Improve Knowledge of Young People about Sexual and Reproductive Health and Rights issues

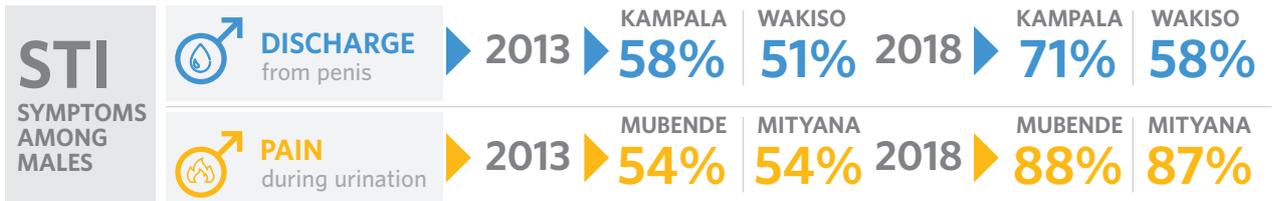
The findings show a strong association between young people's participation in YEM and their improved knowledge on SRHR issues.



KNOWLEDGE ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIs)



HIGHLIGHTS: CHANGES IN KNOWLEDGE OF SELECTED SYMPTOMS, 2013-2018



KNOWLEDGE ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIs) IN 2018



KNOWLEDGE ABOUT PREVENTION OF STIs

MOST COMMONLY MENTIONED MEANS TO PREVENT STIs, ALL DISTRICTS



YOUTH
aware of ways to prevent STI infections



CONDOMS	ABSTINENCE	AVOIDING MULTIPLE SEXUAL PARTNERS	SAFE MALE CIRCUMCISION	REGULAR STI SCREENING
81%	72%	61%	44%	43%

KNOWLEDGE ABOUT HIV AND AIDS



KNOWLEDGE OF HIV PREVENTION
is consistently higher in project districts than in control districts

% OF YOUNG PEOPLE WHO KNOW OF EFFECTIVE WAYS TO REDUCE THE RISK OF HIV INFECTION

CHARACTERISTICS:

EFFECTIVE WAYS
of preventing STIs and HIV

DELAYING FIRST SEX

REMAIN WITH SAME SEXUAL PARTNER

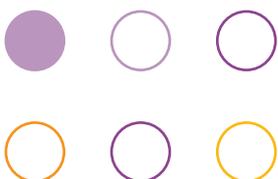
USE OF A CONDOM

ABSTAIN FROM SEX

BY HAVING SEXUAL INTERCOURSE ONLY WITH AN HIV-NEGATIVE & FAITHFUL PARTNER,
it is possible to protect oneself from HIV infection

THE CONDOM IS THE ONLY FAMILY PLANNING METHOD
that protects against both pregnancy and HIV

DISTRICT			
KAMPALA	70%	73%	56%
MUBENDE	77%	77%	66%
WAKISO	66%	67%	58%
MITYANA	70%	69%	55%
SEX			
MALE	73%	76%	58%
FEMALE	68%	68%	62%



OPPORTUNITY FOR REFLECTION

Young people aged 15-19 years scored lower on the HIV and AIDS prevention questions than those aged 20-24 years. This is a concern because almost three quarters of adolescents had their first sexual encounter aged between 15-19 years. The risk of sexual exposure to HIV can be minimized if young people receive accurate knowledge about HIV and AIDS.

LINKS BETWEEN BUSINESS AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Since the linkages between SRH and business were core to the YEM project, the evaluation measured awareness of the risks that having multiple partners, transactional sex (known as “something-for-something love”), unsafe abortion, and STIs can have on business, including the economic cost of ill health.

The results varied.

- The majority of young people believe that having more than one sexual partner is not a sign of financial success. Kampala ranked highest with 8 in every 10 youth agreeing.
- Six in 10 young people in all districts agree that having more than one sexual partner will put pressure on your finances. This indicates awareness of the financial intricacies that come with multiple relationships.
- Just over half of youth in all districts agree that having more than one sexual partner impacts on one’s career and employment.
- Six in 10 agreed that seeking an unsafe abortion may affect business and finances and reduce the time an employee works.

OPPORTUNITY FOR REFLECTION

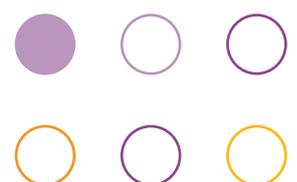
A cause for concern, however, is the percentage of young people (27%) who do not perceive that contracting an STI can affect one’s business, those (36%) who do not appreciate that transactional sex affects business, and those (31%) who do not know that transactional sex can reduce business earnings.

PREGNANCY CALCULATOR

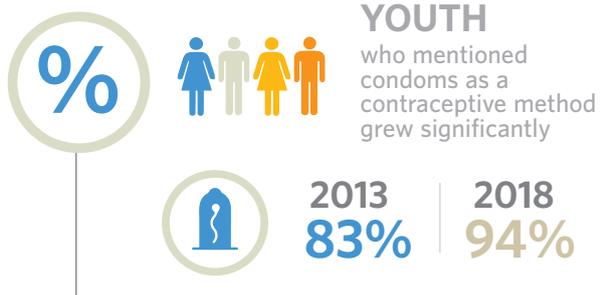
Reality check: YEM peer educators help young people estimate the cost of having a baby.

The Pregnancy Calculator is a simple tool to help young people find out the cost of parenthood. In Mubende, a YEM group estimated it would cost the equivalent of US\$405 to take care of a pregnant woman for nine months. In Kampala, another group calculated that US\$776 would cover one year of a baby’s basic expenses, from diapers and clothes to food. To put this in context, the minimum monthly salary in Uganda is US\$35 and 80 per cent of the labour force works in the informal sector.

Peer educators then asked young people to consider the question 'Are you ready for this?' before having sex. A reality check is a good way to make young people aware of the cost of unplanned pregnancies and the impact that raising a family may have on their business and their lives.



KNOWLEDGE ABOUT CONTRACEPTION



SURVEY SHOWED LINEAR PROGRESS IN:

YOUTH WHO KNOW 7 OR MORE CONTRACEPTIVE METHODS

PROJECT DISTRICTS
74%

CONTROL DISTRICTS
64%

86% of this knowledge is due to YEM interventions

% OF YOUNG PEOPLE WHO KNOW ABOUT THE FOLLOWING CONTRACEPTIVE METHODS IN PROJECT DISTRICTS

CONTRACEPTIVE METHOD	2013 (%)	2018 (%)
PILL	80%	84%
EMERGENCY CONTRACEPTION	24%	52%
MALE CONDOM	83%	94%
FEMALE CONDOM	62%	81%
INTRAUTERINE DEVICE (IUD)	32%	60%
INJECTABLE / DEPO-PROVERA	43%	59%
NORPLANT	17%	40%



KNOWLEDGE OF THE RIGHT TO OBTAIN CONTRACEPTION

The evaluation found significant progress between 2013 and 2018.

- 11 per cent increase in the proportion of young people who agree that a young person who is not yet sexually active (virgin) needs information about SRH. From 65 per cent to 76 per cent.
- 18 per cent increase in the proportion of young people with a favourable attitude towards women initiating condom use. From 56 per cent to 74 per cent.
- 7 per cent increase in the proportion of young people in project districts who agree that young people should be allowed to use contraceptives.





YOUTH ENTERPRISE MODEL

**NO WEALTH
WITHOUT HEALTH**

OPPORTUNITY FOR REFLECTION

The control districts showed a reduction (highest was 7 per cent in Mityana) in the proportion of youth who agree that contraceptives are for young people. If young people perceive contraceptives should only be available to adults, this misconception can lead to underutilization, even among those who are sexually active.

OUTCOME 2

Increase young people's access to integrated SRH services

YEM users of SRH services

- Young people in the intervention districts were almost twice as likely to have visited a health facility seeking SRH services than those in comparison districts.
- Young people from SMEs were two times more likely to have visited a health facility for SRH services compared to those in VTIs.
- Qualitative data show that young people in SMEs were more likely to take the health messages seriously than VTI students.



USE OF CONTRACEPTIVES, INCLUDING MALE AND FEMALE CONDOMS



YOUTH

Just over one third reported having used a contraceptive, including condoms, at last sex

surveyed who use contraceptives, including male & female condoms



2013 | **+35%**

2018 | **73%**



CONTRACEPTIVE METHODS USED



32%
CONDOMS



19%
PILL

LEAST-MENTIONED CONTRACEPTIVE METHODS



1%
FEMALE
STERILIZATION



3%
MALE
STERILIZATION

INFLUENCERS FOR CONTRACEPTIVE USE 2018

The main sources of influence for young people using contraceptives in the four districts were:



44%
FRIENDS



34%
HEALTH
WORKERS



28%
SPOUSE



14%
OTHER
RELATIVES



14%
YEM-TRAINED
PEER EDUCATORS



ICT FOR SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC)

The evaluation measured the reach of digital multimedia interventions for SBCC among youth in VTIs and SMEs in Kampala and Mubende. These interventions include a youth call centre, SMS and smartphone apps, social media, a web portal and radio programmes.

YEM FACEBOOK PAGE

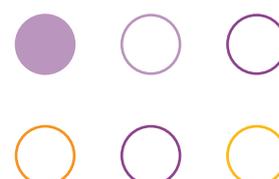
The YEM Facebook (FB) page provided attractive, tailored, and practical information on SRHR, while linking its users to radio programmes, the SMS platform, and the toll-free line.

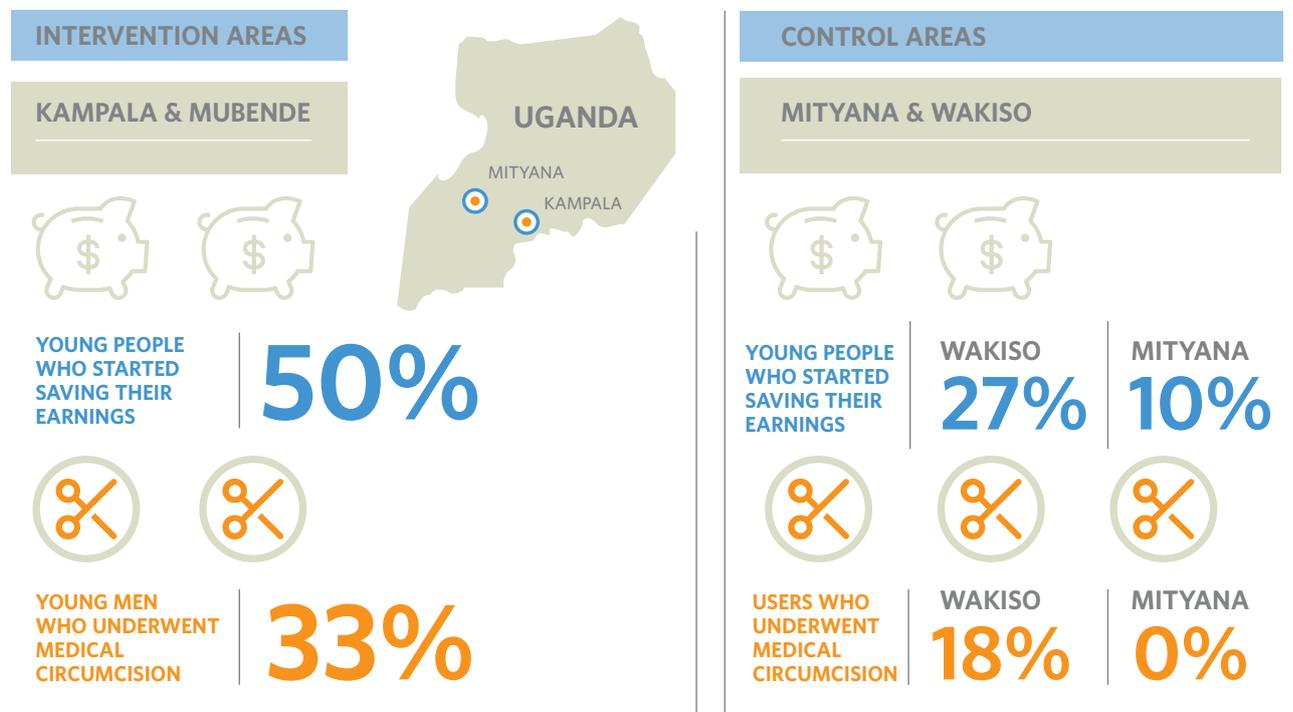
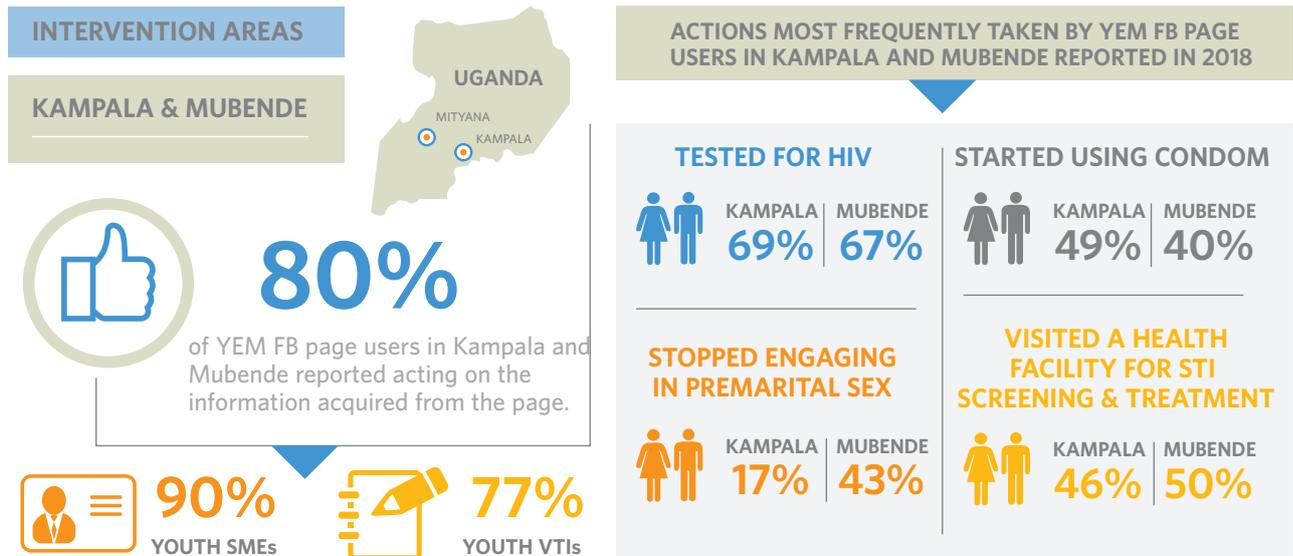
Reach and engagement

As of December 2018, the YEM FB page had 26,174 likes and 26,166 followers.

- More young people from SMEs (46 per cent) utilized the YEM FB page than those from VTIs (36 per cent).
- Among YEM FB page users in the four districts, 37 per cent posted a question, 33 per cent liked the page and 23 per cent commented on a post.

Information obtained from the page by users in the four districts: pregnancy prevention (62 per cent), family planning/contraception (56 per cent), sex and sexuality (55 per cent), and relationships (53 per cent). The least mentioned were prevention of mother-to-child transmission of HIV (PMTCT) (19 per cent) and post-exposure prophylaxis (PEP), at 19 per cent each.





TOLL-FREE LINE

The toll-free line was staffed by 16 trained counsellors who provided information on business and on SRH in both English and Luganda from 8am to 7pm, Mondays to Saturdays.

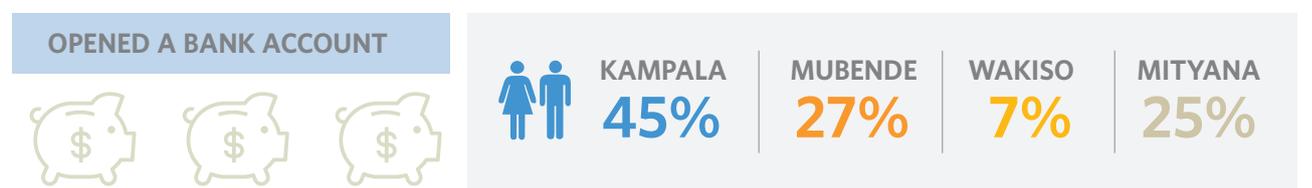
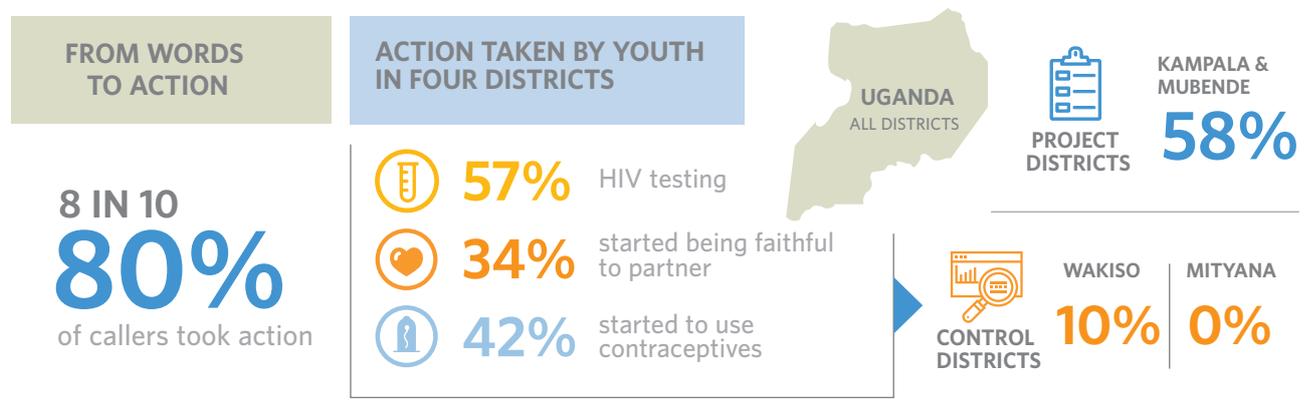
- More than 9,240 young people, or 11 per cent of youth surveyed in the four districts have used this line.

Profiles of toll-free line users

- More users from Kampala (12 per cent) and Mubende (23 per cent) than from comparison districts (Wakiso 6 per cent, Mityana 3 per cent)
- More users from SMEs (15 per cent) compared to VTIs (9 per cent)
- Nearly equal proportion of male (10 per cent) and female (12 per cent) users

Most sought-after information in the four districts: pregnancy prevention and contraceptives (45 per cent). Least sought after: PEP and PMTCT (14 per cent)

- In Kampala and Mubende, 46 per cent wanted information about HIV, compared to just 14 per cent in Wakiso and 22 per cent in Mityana.
- Information on business issues (savings, investments, planning, budgeting) was sought by an average of three to four out of 10 users in Kampala and Mubende, but noticeably less in the comparison districts.

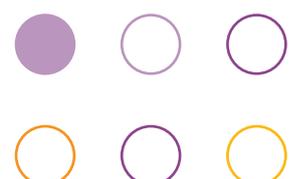


YEM RADIO PROGRAMMES

In 2016, YEM was aired on 99 live radio programmes via three radio stations. Mixing drama and talk shows, the programmes discussed the economic cost of ill health and other entrepreneur-related and SRHR-related issues. The programmes encouraged discussions via SMS, a call-back line, social media, and 40 listener groups set up at youth-run salons and shops.

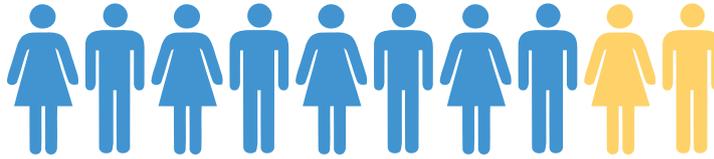
Radio reach

About half of youth surveyed in Kampala and Mubende listened to the radio programmes, compared to 21 per cent in Wakiso and 14 per cent in Mityana.



FROM WORDS TO ACTION

PROJECT DISTRICTS



YOUTH

in Kampala and Mubende acted after listening to a YEM radio programme

CONTROL DISTRICTS



YOUTH

who reported taking action inspired by the YEM radio programmes

WAKISO
63%

MITYANA
67%

ACTIONS TAKEN BY LISTENERS IN ALL DISTRICTS



67%

Testing for HIV occurred most frequently



44%

followed by testing for STIs



43%

and abstaining from sex

BUSINESS PRACTICES OF YOUNG PEOPLE

Slightly more than half of participants operated small businesses in Kampala and Mubende. Even while studying at VTIs, four in 10 students ran a business.

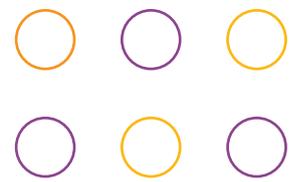
- After exposure to YEM, eight in 10 participants in all districts carefully considered the maintenance cost before buying an item.

The survey indicates the need to bolster a culture of savings among youth, not only for their economic benefit, but because investing in their future may reduce risk-taking behaviours (unsafe sex, drugs and alcohol abuse).

Across the four districts, the attitude of about a quarter of young people was to live for today and let tomorrow take care of itself. Two in 10 reported finding more satisfaction in spending money today than in saving for the future.

However, qualitative results indicate that many participants have learned a lot about savings, budgeting and planning from YEM financial literacy sessions.

- After interacting with a peer educator, more than half of young people in Kampala and Mubende started saving their earnings, and nearly one third opened a bank account. In Mubende, nearly half of youth, and slightly fewer in Kampala, started budgeting for their income from their earnings.
- In Kampala and Mubende, four in nine callers to the toll-free line wanted guidance in business development, budgeting, savings and investments, compared to one or less than one in the control districts.



OUTCOME 3

Strengthen the capacity of social and institutional structures to deliver SRHR behaviour change programmes.

YOUTH-FRIENDLY SRH SERVICES

YEM worked with 29 health facilities, 17 of them in Kampala and 12 in Mubende. The evaluation assessed 12 health facilities in Kampala and five in Mubende, using the WHO Global Standards for Quality Health Care Services for Adolescents. In terms of the WHO Standards, such services should be accessible, acceptable, equitable, appropriate, and effective.

It was found that 75 per cent of health facilities in Kampala and 80 per cent in Mubende met YFS requirements. Limited logistics, infrastructure and financial resources are some barriers to meeting all YFS requirements.

Commonly provided services included STI/HIV screening, management or referral for treatment, GBV counselling and referral, post-abortion counselling and contraception. Maternal services such as pregnancy testing, antenatal care (ANC) and postnatal care (PNC) were not universally available. Limited expertise was available in mental health and drug and alcohol abuse.

Highlights of the assessment of 17 health facilities

- Most offered special days or hours for services for young users.
- Most have trained outreach workers.
- Only nine offered recreational amenities.
- Seven indicated occasional stock-outs of medicines and supplies.
- YEM trained at least two staff from each health centre every year.
- Most facilities have community members, including youth, in their governance structure.



TRAINING IN VTIs and SMEs

VTIs

YEM aimed to have at least three trained instructors and ten trained peer educators in each VTI. All VTIs achieved the target of ten peer educators and about half achieved the target of three trained instructors.

SMEs

The majority achieved or surpassed the target of five peer educators per SME.

- The findings show a strong integration of SRH in the institutions and an evolving capacity to provide SRH information and services.

ENGAGEMENT WITH GOVERNMENT AND DEVELOPMENT PARTNERS

YEM policy and advocacy engagement took the form of advocacy meetings and report sharing, as well as in project implementation. This collaborative process was critical in bringing issues of young people's SRHR to the fore of sectoral agendas.



3.3 EFFICIENCY

Assessing **cost-effectiveness, efficiency and quality**: the evaluation found that YEM's design allowed it to achieve maximum benefits with limited external input.

By using existing structures, from microcredit schemes to VTIs and health centres, YEM was able to optimally tap into available resources, avoid duplication, and ensure sustainability. Training peer educators through these structures proved to be very cost-effective.

In comparison, the ICT components were rather expensive, especially the toll-free line and the free SMS platform. Debates and dialogues were dropped due to their high costs. Radio was effective but also relatively costly, since YEM paid the stations for airtime and for hosting the free SMS platform.

- **PEER EDUCATORS WIN!** Peer educators proved to be cost-effective and popular. On average, the cost for every individual reached by a peer educator was 1,000 to 1,200 Ugandan shillings (around US\$0,25). As influencers for contraceptive use, peer educators ranked at 14 per cent, while the toll-free line ranked lowest (1 per cent), followed by the YEM WhatsApp group (2 per cent). This is consistent with baseline data indicating that most youth preferred face-to-face communication for SRH information.



3.4 SUSTAINABILITY

The evaluation assessed the sustainability of both interventions and outcomes or benefits. Factors in the YEM approach that promote sustainability are:

- Partnerships with a variety of public and private institutions and enterprises.
- Buy-in obtained from government ministries and district structures.
- A strong component of training and skills development of staff at partner institutions.
- Creation of a dedicated network of trained peer educators rooted in institutions and communities, and who developed good working relationships with training and mentoring partners.
- Better health-seeking behaviours adopted by young people are highly likely to result in continuous use of health services.
- A range of SRH services exists in all health facilities, backed by well-trained personnel to ensure the delivery of youth-friendly services.

3.5 IMPACT

- The successful achievement of YEM's objectives points to a potentially lasting impact on participating youth, institutions and health facilities.
- The network of peer educators and trained VTI instructors strengthened the integration and delivery of appropriate and accessible information and services to young people in and out of school.
- Qualitative discussions showed that the provision of condoms through peer educators and vending machines at participating institutions had helped reduce SRH risks among young people.
- Training health staff on the provision of youth-friendly services attracted more young users.
- Respondents strongly appreciated the link between SRH services and economic and business development, attesting to the effectiveness of the integrated model.
- As a result of evidence-based advocacy by YEM, SRH and life skills are now part of the curricula of vocational and secondary education institutions. The modules were designed by the NCDC.
- The Ministry of Gender, Labour and Social Development is promoting the YEM model within the district local government structures and plans to make SRHR a core requirement of its youth livelihood programmes.

4. CHALLENGES, PROMISING PRACTICES AND RECOMMENDATIONS

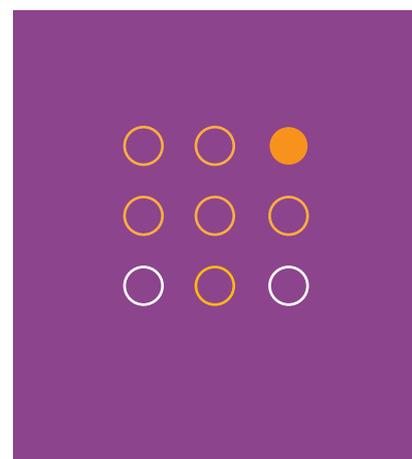
CHALLENGES

- How to maintain the momentum of the network of peer educators remains a challenge.
- Costly health outreaches may be discontinued without YEM funding.
- Although family planning is free in the public health sector, screening and treatment of STIs is not, and these costs may deter young users.
- Not all implementing partners coordinated their activities to optimum levels.
- While the financial institutions appreciated the YEM model, their capacity and motivation to integrate it into their financial literacy programmes seems dependent on active partnerships.
- The ICT component has limited sustainability due to its high cost.
- Logistical constraints at youth-friendly health centres, such as lack of appropriate spaces to ensure the privacy of young users, remains a challenge.
- High levels of turnover of trained staff at partner institutions remain problematic.
- Irregular engagement of YEM with upstream partners.
- Limited geographical scope. YEM is only operating in two districts.



PROMISING PRACTICES

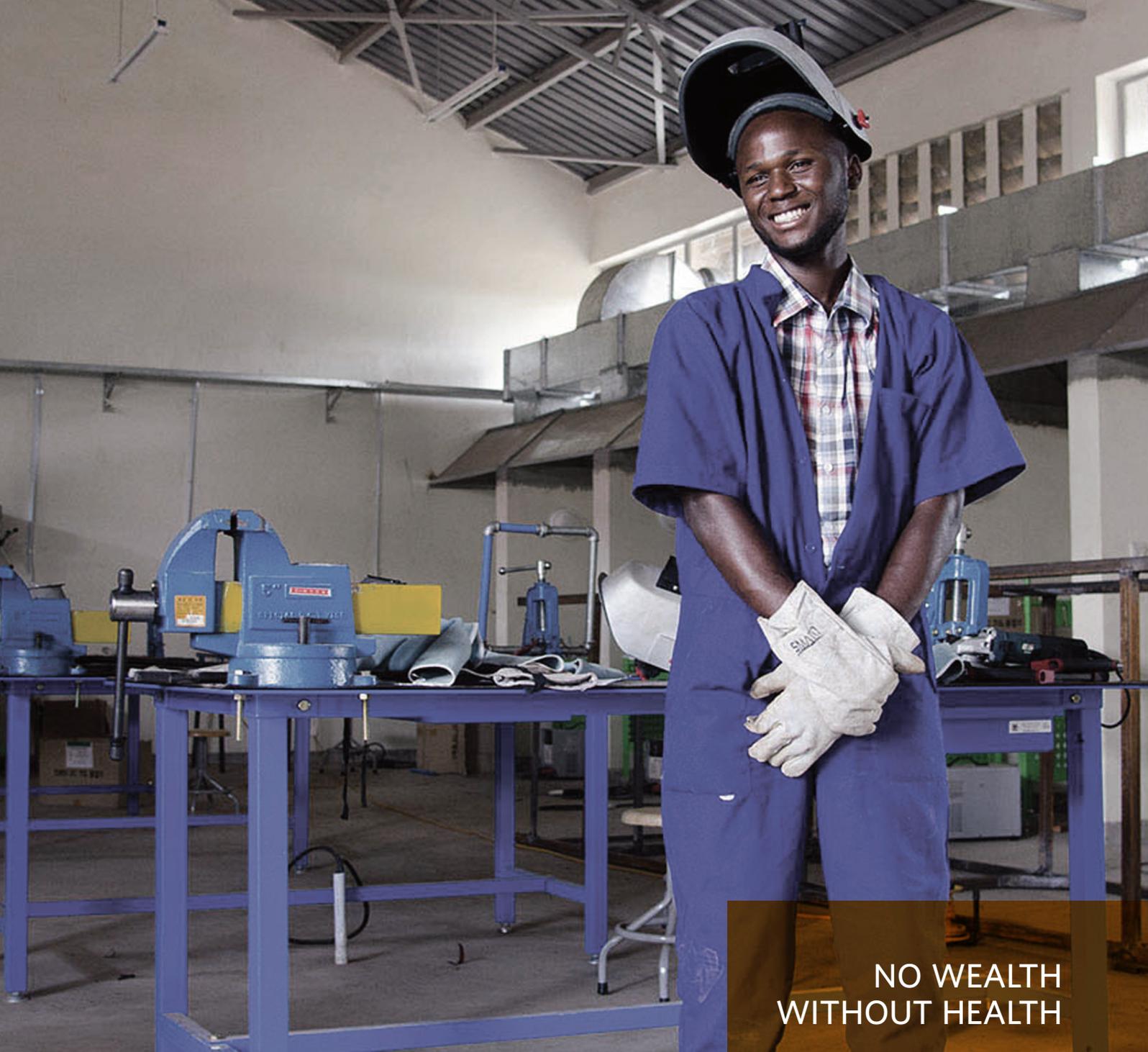
- The integration of SRH with business skills is popular among young people.
- Training people who work with adolescents is critical for SRHR programming.
- Training non-traditional SRH service providers such as vocational instructors and bank loan officers is cost-efficient and sustainable.
- Synergy of approaches throughout YEM, for example, the ICT components, promoted each other to ensure a higher reach.
- The phased nature allowed flexibility in implementation and time to learn, adapt and refine.
- Interventions that rely on ICT were effective but difficult to sustain, which means that the most promising practices are those that promote face-to-face interactions.
- YEM's success influenced the integration of SRH and life skills training in the curricula of vocational and secondary education.



RECOMMENDATIONS

- Replication of the YEM model at national scale is relevant, useful, and feasible through government initiatives such as the Youth Livelihood Fund and Youth Capital Venture Fund.
- Invest more in face-to-face approaches. Individuals, rather than digital platforms, tend to influence young people to access services.
- Partner with the Ministry of Gender, Labour and Social Development to take advantage of its skills and livelihood programmes for out-of-school youth in the informal sector.
- Continue addressing the cultural barriers to contraceptive use. Six in 10 adolescents aged below 15 years believe that contraceptives are for the use of adults only, although early initiation of sexual activity is a reality.
- Build on the established peer educators' network by developing creative ways to sustain it.
- Carefully plan the use of radio programmes to address issues of listenership, reach, and language.
- Social media is attractive for young people in urban areas but must be backed up by a network of trained counsellors.
- Develop partnerships with media houses to place SRH messaging as part of social corporate responsibility.
- For financial institutions, advocacy for integration of SRHR should begin at higher management levels, and adoption of the practice cascaded into the branches.





NO WEALTH
WITHOUT HEALTH



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