

ISSUE 2 - 2022

PASS IT ON! (AND ON, AND ON...)

EFFECTIVE AND UNIVERSAL PROGRAMS FOR YOUTH

IN SUPPORT
OF SDG3.

Ensure healthy lives and promote well-being for all at all ages

TARGET 3.7 [...]

ensure universal access to sexual and reproductive healthcare services.

3 GOOD HEALTH
AND WELL-BEING



OUR CHILDREN NEED COMPREHENSIVE SUPPORT AND SERVICES TO BE HEALTHY.

There is still much to be done to advance the sexual and reproductive health of rural youth in Madagascar.

40%

of rural girls become mothers before they turn 18 years old¹

20%

of girls aged 15-24 are sexually active before the age of 15.²

These figures suggest patterns of sexual coercion, violence, child marriage, or unhealthy sexual behaviors that themselves point to harmful gender and cultural norms.

Many actors – from various Ministries, large international NGOs and multilateral institutions, health entities, and civil society – are involved in addressing these challenges. As the country refocuses its commitments to its young people, it is our collective responsibility to ask:

Are we providing youth with **COMPREHENSIVE and **EFFECTIVE** support and services to help them thrive in areas of sexual and reproductive health?**

Around this goal, we are **united**.

Let's spread and amplify our work to achieve this goal and target.

Re-examining “BEST PRACTICES”

In 2015, Dr. Venkatraman Chandra-Mouli (WHO), Catherine Lane (USAID), and Sylvia Wong (UNFPA) wrote the commentary: “What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices.”³

In summary, they explain how:

- 💡 Many adolescents are **not reached** by the interventions that are intended for them, especially youth who are most marginalized or vulnerable.
- 💡 There is a lot of evidence that certain interventions are **ineffective yet they continue to be widespread**.
- 💡 In some cases, the intervention is effective, but the *approach* of implementing the program is ineffective, particularly because:
 - The interventions are **implemented in pieces** and are **not comprehensive**.
 - The interventions are **too short** in duration or **not rigorous** enough (“inadequate dosage”)

^{1,2} Data from UNICEF Madagascar. (2018). MICS 6.

³ Chandra-Mouli V, Lane C, Wong S. 2015. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices.

What do our school communities think?

In 2022, NGO *Projet Jeune Leader (PJL)* created and circulated magazines for their local partner communities in the Haute Matsiatra, Amoron'i Mania, Vakinankaratra regions around key "hot topics" related to youth and their health. Magazine readers – youth, parents, community members – wrote back their ideas and opinions through 8,498 paper comments in total, which the *Projet Jeune Leader* team then collected and analyzed.

This magazine shares some of the comments received about common practices in Madagascar in adolescent sexual and reproductive health.



8,498

total comments received on topics of adolescent health, education, and rights

KEY TAKEAWAYS

- **Communities voiced the importance of providing adolescents with sexual and reproductive health knowledge and services, even as many acknowledge the sensitivity around some topics.**
- **Local communities are the ultimate experts on whether a program is working or not, because they experience it.** Communities have clear and specific feedback about why they value certain interventions, and how they believe others could be improved to respond to their needs and values.

FEEDBACK FROM COMMUNITIES

There is a common misconception that communities – adolescents, their parents, their teachers, and others – do not want to engage with SRHR topics in Madagascar. However...

The majority of comments we received are strongly supportive of SRHR, including school-based SRHR programs.

"It is necessary to **help youth take on puberty**. It is also necessary to guide them on what to do, for example during menstruation. It is necessary to **educate them that men and women have the same rights**. It is necessary to inform them how to have assertive behavior, to respect human rights. It is necessary to **teach them** how to cope with anger, stress, and conflict."
(Student, Vakinankaratra)

"As a mother, I will try to be closer to my child in order to **give them information about adolescence**. I tell them that they have a **full right** to choose the number of children they have, and the person they will marry, and I also believe that the PJL Educator* nurtures them in this renewed education."
(Parent, Amoron'i Mania)

***Continue reading to learn more about PJL Educators!**

"One way we can help young people in rural areas is to **inform them in detail about reproductive health**. However, the fact is that there is a big obstacle that prevents us from doing it: that it is taboo for fathers and daughters or mothers and sons to talk about it with one another. Therefore, we must **educate parents and encourage them** to have the courage to talk freely about reproduction between parents and children."
(Parent, Haute Matsiatra)

"What we can do to help rural youth strengthen their right to health is: They should be given **knowledge about sexual health**, and this should be **done from school**. We should promote health awareness in the community. We parents **should not be ashamed** to talk about sexual health with our children so that they can **have information** they need."
(Parent, Haute Matsiatra)

Rather than avoid and ignore issues of adolescent SRHR, policies and programs in Madagascar should amplify their focus in response to strong demand from communities.

Digital and One-Time Sensitizations

Do they **REACH** the intended populations?

The majority of young Malagasy people live in rural settings and are impacted by poverty. Less than half (45%) of people in rural areas have a phone, and only 7% have access to internet.¹

In this context, **digital and media-based youth sexual and reproductive health programs cannot reach a significant proportion of Madagascar's youth** – notably, those that are already the most vulnerable. Yet, many implementors are pushing more and more for online sensitizations.

Are they an **EFFECTIVE** intervention?

Given their **lack of depth and range of content**, digital education projects and one-time sensitizations are rarely effective in helping youth develop the **necessary life skills** to make informed and healthy decisions in face of the challenges in their lives.

- ★ Sensitive issues such as healthy relationships, family planning, and gender equality require sensitization by **trusted individuals** to be effective.
- ★ Improving youth's health requires more than information alone: it requires helping youth **change behaviors, gain confidence, and build skills**. These types of complex interventions require **sustained, repeated approaches**.

¹ Data from MICS 6 (2018). Enquête nationale sur la situation socio-démographique des ménages. Mass media, communication et Internet

In our school communities' words...

"I really feel prepared for my future thanks to the PJJ Educator's lessons. I hope that they continue because since those PJJ Educators came, I've started to **believe in myself** and started to **have better relationships**."
(Student, Haute Matsiatra)

"In my opinion, peer educators are best placed to educate youth and share information with them about behavior change because if I had a problem, they can advise me because are **closest to me, are trustworthy**, and will not spill secrets. They sensitize their peers about reproductive health... and help youth with skills to **deal with everyday life**."
(Student, Vakinankaratra)

"Young people should be given a platform to **prepare for their future**, and be encouraged every day through their education. One of the most important things young people need is an **educator to guide them**. Youth should be made aware of their health risks through **physical, mental, and spiritual education**."
(Parent, Vakinankaratra)

They tell us that, beyond information alone, effective adolescent SRHR interventions require...

Fostering youth's self-confidence

Encouraging positive relationships and social norms

Reaching youth through trusted messengers, mentors, and educators

Giving youth regular, sustained support and services

Holistic support that considers youth's full development

Interventions and messages that help adolescents and their communities relate in multiple ways

COMMON APPROACH

Youth Spaces (“Coins Jeune”)

Reviews of evaluations of youth center programs from around the world, as well as in Madagascar, have found that the approach of improving adolescent SRHR through **offering youth spaces is not effective**; it **does not result in increased use of sexual health services** or in any meaningful **health behavior change**, yet the cost per youth served is very high.^{1,2}

Learning from Real Experience of an Evolving Program

One decade ago, NGO Projet Jeune Leader (PJL)’s program included building Youth Spaces at partner schools: a one-room building where PJL Educators taught sexuality education courses, offered counseling, and provided safe, recreational activities for students. But as the program’s grew and PJL focused its efforts on serving the hardest-to-reach rural schools in Madagascar, we wondered:

- ? Were youth spaces improving **measurable outcomes** around young adolescents’ health and education?
- ? Was the high cost of construction – an average of \$7,500 per building, plus ongoing maintenance – the most **effective use of resources**?

¹ Youthpower2. 2020. USAID/Madagascar cross-sectoral youth assessment.

² Chandra-Mouli V, Lane C, Wong S. 2015. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices.

Lessons from the Data

In 2018, PJL began collecting evidence, which showed that **the Youth Space, although a nice benefit for students, is not a critical component of a successful youth program**. Instead, the most impact came from our specialized Educators’ daily presence, their trusted relationships with school communities, and PJL’s comprehensive curriculum. PJL decided to **eliminate the construction of Youth Spaces** from its program: utilizing existing infrastructure (such as unused school classrooms) rather than building expensive, unsustainable buildings, a change that allowed for significantly more reach in rural Madagascar.

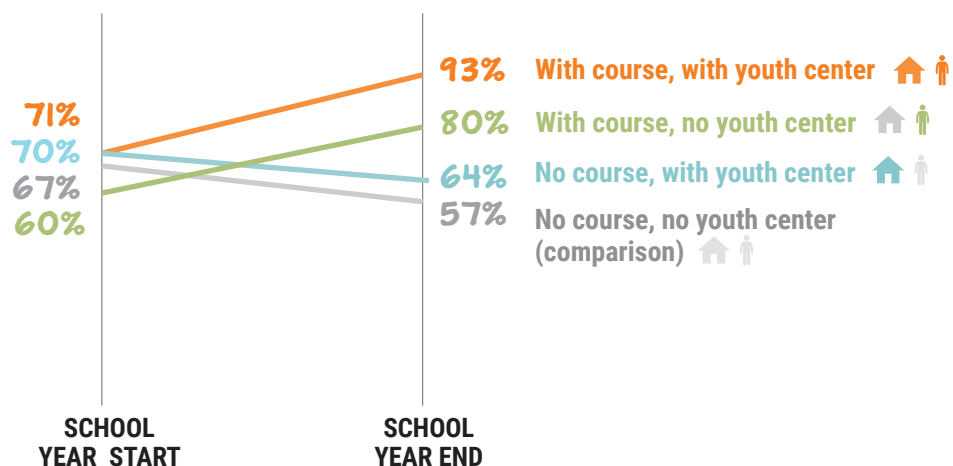
See an example of the evidence that PJL collected on the following page. 



In 2013, Projet Jeune Leader was only able to work in 4 schools, but since looking at the evidence and stopping construction of Youth Spaces, we have been able to expand to 51 schools across 3 regions of Madagascar (80% in rural communities!), serving over 30,000 youth. What’s most important is that partner schools and communities are still incredibly supportive of Projet Jeune Leader -- even without the upfront, tangible benefit of a Youth Space for their children.

Lessons from the Data¹: Case Example

% of students who believe that women are allowed to bathe when they have their period



The data collected in this example and others by PJL showed that the differentiating factor between the groups evaluated was the **COURSE**.

- Students who had a youth center but no course showed *nearly the same outcomes as students who received no intervention at all*.
- Students receiving the course showed nearly the same degree of improvement *whether they had a youth center or not*, indicating that the construction and maintenance of youth centers – a costly intervention – IS NOT high impact.
- Only *students who received the course showed significantly improved learning outcomes* – indicating that a highly trained educator teaching a comprehensive sexuality education curriculum IS high impact.

COMMON APPROACH

Peer Educators

Utilizing peer educators has been a popular approach to reach young people in Madagascar. Research about peer education around the world, as well as the comments we received from school communities in Madagascar, indicates that **peer education CAN be more successful than other education and sensitization approaches** because:

- ★ Peer educators can be seen as more **trusted and credible** than non-peers
- ★ Peer educators can **reach youth** in locations where they feel comfortable and already frequent
- ★ Peer educators can **adapt their tone and message** as they are more likely to know how to relate to the target audiences, thus increasing their effectiveness

However...

Peer education programs can have limited effectiveness in promoting healthy behaviors and improving health outcomes amongst target groups **if they peer educators do not have rigorous training, specialization, and structure**¹ – a risk that must be mitigated in Madagascar, where peer education programs are so widespread and relied upon as an adolescent SRHR intervention.

¹ Chandra-Mouli V, Lane C, Wong S. 2015. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices.

✓ **Trained, Specialized, Supported**

Transforming the Effectiveness of Peer Educators

NGO Projet Jeune Leader (PJL) and its Ministry of Education partners train and support specialized educators in public middle schools. These educators' sole task is to teach comprehensive sexuality education to the students, as part of a standalone course.

Like peer education programs, PJL's approach **invests in the power of a skilled, approachable educator**, but overcomes the limitations of peer education programs in a few key ways:

✓ **TRAINING** – Many peer education programs provide a one-time training for only a few hours or a few days. PJL trains its educators intensively over a few months, then provides regular follow-up trainings once they begin working.

✓ **SPECIALIZATION** – PJL's educators receive extensive training in SRHR topics, adolescent development, and pedagogy. They are paid to teach a rigorous curriculum that gives students knowledge on health, leadership, safe relationships, and other critical topics, AND that develop students' life skills.

✓ **STRUCTURE** – PJL's educators are integrated full-time in public middle schools. They have clear expectations and timetables and are a full member of the school community. They interact regularly with students' parents, teachers, and school directors. They have a curriculum and activity schedule per day and per month.

Comments from school communities show that peer- and near-peer educators, such as PJL's Educators, are valued when they are integrated, trusted, and highly-skilled.

"The best person to educate youth and change their behavior are youth who: can **connect** with their near-peers, can **relate** to their lives and what they are going through, are **not shy** and can **inform** their near-peers about the positives and negatives of decision-making, have the necessary knowledge, and know how to boost others' self-confidence."
(School Principal, Vakinankaratra)

"The best person to educate youth and share information with them is the PJL Educator because they have **specialized training** about that."
(Student, Haute Matsiatra)

"In my opinion, the most suitable person to educate youth and share knowledge with them is the **peer educator (like PJL Educator)** because they **know how to communicate** with everyone and are willing to help and educate young people. They provide **good information** and are **approachable**."
(Parent, Amoron'i Mania)

"Peer educators are who I see as the best way to **help young people change their risky behavior**. For example, if a midwife is going to talk to my child, the advice he gives may not be enough because he is not **trained on how to educate adolescents**, and he doesn't have enough **tools to explain and educate**, then the teenager gets the wrong idea."
(Parent, Vakinankaratra)

"Peer educators should be given **responsibilities** so that they are a real **role model**, and not just [someone who received] training."
(Parent, Amoron'i Mania)

"It is true that the **teacher** should teach youth about behavior, but they may have difficulty because they have to **rush to finish their own curriculum**. Youth should get advice from peer educators."
(Student, Vakinankaratra)

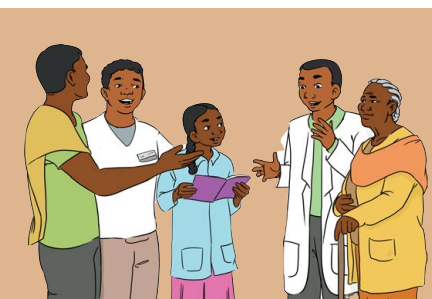
"At our school we used to see a lot of teenage pregnancies before, but since the PJL Educator started, everyone has **received advice** since there are **a lot of lessons** about early pregnancy and **help for the students and the teachers**... now teenage pregnancies have stopped... there wasn't a single pregnant 9th grader."
(School Principal, Vakinankaratra)

"My advice: add Projet Jeune Leader so that youth know about the rights of children where they live. Now the majority of young people here **know their rights** because they all study with Projet Jeune Leader. People need to talk to PJL Educator directly and the PJL Educator needs to **collaborate with the principal, parents, and Chef ZAP** so that they also know about these rights."
(School Principal, Haute Matsiatra)

Our youth need high-quality, comprehensive sexual and reproductive health and education programs to thrive and grow into well-rounded, healthy adults.



Implementors and policy-makers have a responsibility to ensure that resources are used on effective programs that reach ALL youth in Madagascar.



Programs and policies that respond to communities' needs and feedback will be more effective, valued, and long-lasting.

Together, let's build a healthier future for the youth of Madagascar.

The Pass it On! magazines are designed to gather and respond to **invaluable insights from communities** on their experiences and values with youth health policy and programs.



Combined with **strong leadership** and **evidence-based initiatives**, we believe we can create the greatest impact for our children to grow up into healthy, happy, and well-rounded adults.

LEARN MORE

Projet Jeune Leader believes that to be effective, programs and policies need to respond to communities' knowledge and feedback. To see more constituents' feedback, get more information about impactful approaches for youth health policy and programming in Madagascar, AND to give your own feedback, visit:

<https://fr.projetjeuneleader.org/ressources>

“HEALTH FOR ALL”

There's something to talk about, something to remember.
It's not talked about often, yet it's important.
It's not just 'something', it's the health of youth.
Needs to be talked about, needs to be protected, every day,
every hour.

So, what should be done? To protect it?
Or should everyone just do whatever they want to?
No, not that, there's best practices.
They're not hard, and work well for everyone.



The solution is simple.
And youth are the ones that know it.
They have the knowledge, skills, and insights.
So, who are we waiting for?

No more putting their voices at the bottom.
Waiting for international celebrations before we call them.
Help youth support one another,
Don't push them away, but instead hold them close!
Support them, give them the tools they need.
Training and salaries, the package doesn't need to be
limited.



It's their responsibility, yet look after them,
Having good quality is what makes it best.

Give them your blessing to take on this role.
And guide them, don't just leave.
If we can achieve this and make it right.
Then we will all be blessed here in Madagascar.

Poem by Lanja Godefroy and Tahiry Anjarasoa, Youth
Leaders in Ambositra and Fianarantsoa

**ENSURING THAT EVERY YOUNG PERSON HAS
iNFORMATION, EDUCATION, COMMUNiCATION,
CARE, AND REFERRAL iN MATTERS OF SEXUAL
AND REPRODUCTIVE HEALTH.**