

The Empowering Africa's Young People Initiative

A Holistic Approach to Countering the HIV/AIDS Pandemic

A Concept Paper from Seven Global Youth Organizations

World Alliance of YMCAs
World YWCA
World Organization of the Scout Movement
World Association of Girl Guides and Girl Scouts
International Federation of Red Cross and Red Crescent Societies
International Award Association
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I. EXECUTIVE SUMMARY

The HIV/AIDS pandemic, the worst mankind has experienced, continues to be the most important challenge facing Africa - one that has exacted a heavy toll on human lives and affected all aspects of development. AIDS is more than a public health problem; it is a crisis in education, economics, civic, social and security systems. Young people are at the heart of the pandemic with an estimated 8.5 million young people, ages 15-25 living with AIDS in Africa. To stem the further rise in infection rates, prevention, care, access to treatment, support and advocacy strategies that are strategically focused on youth, combined with interventions aimed at the communities in which they live, offer an effective way of mitigating the impact of the disease.

In an unprecedented collaboration, seven global youth organizations have joined together to create the "Empowering Africa's Young People Initiative" – an inter-generational, multi-sectoral program that seeks to empower young people through holistic approaches to prevention, care, access to treatment and support. The organizations are:

- The International Federation of the Red Cross and Red Crescent Societies
- World Association of the Girl Guides and Girl Scouts
- World Organization of the Scout Movement
- World Alliance of YMCAs
- World YWCA
- International Award Association
- International Youth Foundation

Together, the seven organizations and their networks directly represent more than 100 million young people worldwide, of whom over 20 million are members in Africa. In addition, these youth organizations and their networks indirectly reach another 200 million in Africa. The power of these youth networks to reach scale at such unprecedented levels is unparalleled. Such an alliance brings a great added value in the fight against HIV/AIDS such as:

- Ability to reach scale, reaching up to 20 million or more youth in Africa through effective programs
- African-led and African influenced with deep community ties
- Access to young girls and women and ability to address their vulnerabilities
- Reach to young boys and men to improve their social and interpersonal skills
- Ability to reach out school youth through its non-formal educational focus
- A holistic approach, to prevention, care and support
- Powerful in advocacy against stigma and discrimination and for youth interests with consistent messages
- Ability to influence behaviors in young people in the long term through a sustained effort that reaches across generations
- Complementarity of programming and opportunities for learning from strengths of each other
- Access to existing infrastructures and tools for reduced transaction costs
- Legitimacy and political will of its leadership, and supported by UNAIDS and UNICEF
- Supported by the Harvard School of Public Health with whom discussions are on-going.

The overall **goal** of the Empowering Africa's Young People Initiative is to reduce HIV/AIDS transmission among young people, ages 10-25 years over a period of five to fifteen years in selected Sub-Saharan African countries. During the initial five years, the program will be implemented in Ghana, Kenya, Uganda, Tanzania and Zambia as a pilot program. Starting in the third year, the program will extend to other countries such as Senegal, Togo, Mauritius, Rwanda, Madagascar, South Africa,

Gambia, Côte d'Ivoire and Zimbabwe, among others. Beyond Africa, the Initiative has the potential to be replicated in Asia or the Caribbean in countries that have been equally affected by the pandemic.

The specific **objectives** of the Initiative are to:

- a. Scale-up existing effective HIV/AIDS prevention programs to reach more young people;
- b. Expand care, access to treatment, support and opportunities to those already infected with the HIV virus to improve their quality of lives;
- c. Build the capacity of volunteer-based, grassroots, youth organizations to design and implement more effective youth-focused HIV/AIDS prevention programs; and
- d. Increase youth knowledge and skills to protect themselves from the HIV infection, other STIs and unwanted pregnancies.

The Initiative will work at two levels. It will expand programs and services for youth, and it will strengthen the capacity of the national affiliates to deliver these scaled up programs. For youth, interventions will be age-appropriate, and targeted. The multiple needs of the growing numbers of AIDs orphans and child-heads of households will also be addressed by engaging them in on-going programs that accommodate their needs, rather than in discrete programs to minimize the risk of stigma.

The alliance is committed to the following **underlying principles** that are embedded in all the interventions:

- Youth are agents of social change, not passive targets of information, and are central to the Initiative through their involvement in design, implementation and evaluation aspects
- Using holistic approaches to prevention, care, access to treatment, support and advocacy against stigma and discrimination within and outside the alliance member organizations
- Empowering young girls and women especially in the fight against HIV/AIDS
- Involve and support people living with HIV/AIDS in all aspects of the program

Thus, the priority **interventions** for young people will focus on:

- Strengthening Youth – Expanding lifeskills and values formation programs
- Skills-based Peer Education – Expanding peer-to-peer education programs to ensure requisite skills are built and linking with appropriate youth-friendly services.
- Advocacy – through open dialogue that raise awareness of harmful cultural practices and advocating against stigma and discrimination with one voice and with consistent messages
- Livelihoods – approaches that provide marketable job skills development and income earning opportunities for young people, as well as strengthen community safety nets by providing the similar income earning opportunities to orphans' caregivers, child heads of households and families weakened by the disease and the famine.

The selected interventions will equip young people with information and the necessary lifeskills to put knowledge into practice. It will also seek to address the underlying conditions of poverty that further perpetuates the disease by tackling issues of livelihoods, discrimination against those infected and advocacy for better laws and enforcement of existing benefits for orphans and widows.

The approach to implementing these interventions will consist of scaling up existing good practice programs of the participating organizations to ensure expanded coverage to underserved areas and underserved groups of young people, including orphans and vulnerable children. Joint activities will be undertaken on advocacy and awareness raising issues to bring more force to the messages being promoted. Country coalitions will be strengthened through coaching and learning by doing.

The Initiative plans to form a national coalition of the affiliate organizations in that particular country. Thus, in the five pilot countries, the five national coalitions consist of a total of 28 organizations. The **interventions** aimed at the organizational level will focus on strategic capacity building, through joint training and technical assistance activities, to enable these mostly volunteer driven organizations to:

- Improve their organizational skills in basic management, communication and financial management and reporting, curricula development, teacher training and improved advocacy skills.
- Strengthen the collaboration and workings of the country alliances through ongoing coaching.
- Peer learning on best practices or effective programs for youth through networking and exchange of ideas, sharing assets, and documenting and disseminating what is working well in prevention, care and support.

The overall desired outcome is a decrease in the prevalence rates among young people. Specific measurable outcomes will be established for each country.

The Initiative will take a decentralized approach to monitoring and evaluation to assist managers at the country, regional and global levels to make decisions and report on common process and impact indicators. Overall, the plan will use baseline assessments, program monitoring at various levels, process and impact evaluations. The Harvard School of Public Health (HSPH) is supportive of the Initiative and discussions are being finalized to define their role in developing the monitoring and evaluation framework and operations research.

The Initiative will develop an operations research agenda to address the knowledge gaps on youth development and HIV prevention, and to respond to the critical issues facing project participants. In this effort, HSPH will collaborate with the Alliance members and leading African Universities to implement, document and broadly disseminate.

The major activities of the Initiative are structured at global, regional and country levels with global and regional offices, country affiliates and networks of the seven organizations mobilizing to deliver on key objectives and interventions. The Initiative's Global and Regional Secretariats will support and strengthen the country activities through results-oriented grantmaking, capacity building, operations research, impact and process evaluations and facilitating the sharing of best practices.

In August 2002, a Stakeholders' Planning Meeting in Kenya, funded by USAID, Finnida and the 7 organizations, brought together 56 leaders from the 28 organizations in the 5 countries. This resulted in the development of country coalitions, a strong commitment to collaboration, a decentralized structure and clarification on methods of operation. Thus the Initiative's strategy for implementation will begin in these 5 countries and incrementally expand to 15 countries in Africa over 5 years. Given the extreme urgency of the situation, the focus of the first year will be to expand existing effective peer education and lifeskills programs to underserved areas to narrow the gaps in information, education and services through scale-up grant funding. Joint activities will focus on advocacy and awareness raising campaigns. In subsequent years, there would be an increased exchange of good practices, capacity assessments and the provision of technical assistance to scale up livelihoods programs for youth.

The projected budget for the Initiative is an estimated \$48 million over five years for operations in 15 countries with over 80 national organizations, regional and global activities. No one funder is expected to support the whole Initiative; rather the alliance members seek to build partnerships with funders from bilateral and multilateral agencies, private foundations, the corporate sector and individuals.

The pan-African "Empowering Africa's Young People Initiative" offers significant benefits to donors,

- Ability to reach young people at an unprecedented scale,
- Cost-effectiveness in using existing structures, systems and models,
- Outcomes in reduced the infection rates for youth and enhanced capacities of national youth organizations in designing and implementing more effective prevention programs
- Contributes directly to the Millennium Development Goal for Combating HIV/AIDS and indirectly to other targets set for education and reducing poverty.
- Increased donor visibility through global communications strategy

II. THE ALLIANCE OF SEVEN GLOBAL YOUTH ORGANIZATIONS AND THE VALUE ADDED BENEFITS OF THE COLLABORATION

Seven organizations – representing the world’s largest youth movements and programs have joined together in developing an Initiative – the Empowering Africa’s Young People Initiative to respond to the HIV/AIDS crisis affecting young people in Africa. The alliance consisting of the International Federation of Red Cross and Red Crescent Societies (IFRC), the World Organization of Scout Movement (WOSM), the World Association of Girl Guides & Girl Scouts (WAGGGS), the World Alliance of the YMCA, World YWCA, the International Award Association (IAA) and the International Youth Foundation (IYF) represent more than 100 million young people worldwide, of whom more than 20 million are in Africa.

Without exception, all seven organizations are committed to holistic youth development. Notwithstanding the distinct institutional identities of each organization¹, the youth development strategies used in the programs and services offered by them are effective in building young people’s self-confidence, teaching survival skills, providing essential life skills and creating opportunities that enable youth to make healthy choices. Through youth-centered, values-based activities such as guiding and scouting, youth clubs, community activities and self-development programs, youth leaders and their adult mentors are able to impact on young people starting from pre-adolescent years and continuing through early adulthood.

This alliance of the seven Initiative members brings unprecedented and sustained access to young people, both girls and boys, using a non-formal educational approach to reaching youth on a continent where 1 out of 2 young persons is out of school. By working together in the "Empowering Africa’s Young People Initiative", the seven organizations will bring a coordinated and scaleable response to the HIV/AIDS pandemic making this a unique effort.

At the global level, the chief executives of these institutions – known informally as the Alliance of Youth CEOs – have a history of working together for more than six years on policy and advocacy issues. They have issued joint statements on – *Girls and Women in the 21st century*, *The Education of Young People: A statement at the dawn of the 21st century*, and *National Youth Policies: A working document from the point of view of “non-formal education” youth organizations*. These statements have had a far-reaching impact within their networks and affiliates in terms of actual policy changes. The CEOs have also actively advocated on behalf of young people to national governments, multilateral and bilateral agencies including at various UN-sponsored youth conferences.

Value Added Benefits of This Alliance in The Fight Against the HIV/AIDS Pandemic

1. ***Ability to reach scale and depth:*** The organizations directly reach up to 20 million or more youth in Africa, in resource poor areas, including rural villages, refugee camps and displaced communities, as well as well-established urban areas. Indirectly, the alliance members reach over 200 million people in Africa. Moreover, parents entrust the well-being of their children to these organizations; and their strong ties with communities, churches, mosques, religious leaders, teachers and schools puts them in a unique position to reach out to distinct populations of youth, as well as the adults in their lives, through open dialogue and communications.
2. ***African-led and African influenced:*** Each organization in the alliance has national members or affiliates, with roots in local communities. Membership or participation in these organizations represents every ethnicity, culture, class, race and religion. The African leadership of these national organizations and their community-based volunteers and constituents make these organizations more effective in addressing the harmful cultural and social practices that perpetuate the disease.

¹ See Annex I for capability statements of the seven organizations

3. ***Access to young girls and women and ability to address their vulnerabilities:*** All seven organizations work with girls and young women. Gender inequalities that make girls vulnerable to unwanted sexual attention or compromised in their ability to negotiate safer sex are being addressed by building their self-confidence, teaching them ways to protect themselves, postponing sexual debut and providing opportunities for them to earn income through women-to-girls mentoring and gender-focused messages.
4. ***Reach to young boys and men to improve their interpersonal skills:*** Five of the seven organizations work with young boys and provide tools to ensure that they learn the necessary behavior and skills to postpone sexual debut and to protect themselves and their partners, as well as learning good behavior and appropriate social skills for interacting with girls in non-sexual ways.
5. ***Focus on non-formal education:*** Young people are reached using media, theatre, lively arts, recreational activities and by using peers as educators. HIV education is not separated from the context of young people's lives. This approach, including peer-to-peer learning engages young people in activities that interest them and integrates HIV prevention messages to effectively reach youth who are not in school or are unable to learn in traditional education settings.
6. ***A holistic approach:*** The organizations share a holistic approach towards prevention, care and advocacy against stigma and discrimination and for access to affordable medicine and the rights and inclusion of people living with HIV and AIDS.
7. ***Ability to influence behaviors in young people in the long term:*** Recognizing that youth are not a single cohesive group, and that their identities and experiences are varied, the organizations are able to offer programs to meet their expectations and changing needs. By incorporating HIV/AIDS education into ongoing community-based youth programs, weekly scouting and guides meetings, badges and merit systems and through a sustained effort that reaches across generations, sustainable behavior change is possible. The strong ties to the communities and indigenous nature of the affiliates ensure that the programs and services to the communities continue beyond the life of donor funding.
8. ***Complementarity of programming and opportunities for peer learning:*** Although all seven organizations have youth development and non-formal education in common, each also has its specificity. For example, WAGGGS and the World YWCA work with girls and young women, the World Alliance of YMCA and WOSM reach boys and young adult leaders, IAA focuses on character and citizenship building and IYF on life skills, while IFRC's work in conflict and war zones reflects its expertise in disaster relief. The complementarity in programming permits reciprocal learning from best practices among our members and leads to synergy in approaches.
9. ***Access to existing infrastructures and tools:*** These will be used for technical assistance, capacity strengthening, program monitoring and evaluation, and reduced transaction costs in sharing of good practices on what works for young people.
10. ***Legitimacy and political will of its leadership:*** The proposed objectives and activities of the Initiative are supported by UNAIDS, UNICEF, the Harvard School of Public Health and has the backing of the leadership of the seven global organizations, their regional counterparts and the national leadership in the pilot countries². Such an effort from the leadership will be sustained over a long period of time, and will result in greater accountability in implementation.

² See Annex 2 for a profile of the organizations in the pilot countries.

III. THE NEED TO FOCUS ON YOUTH IN THE FIGHT AGAINST HIV/AIDS

Today, an estimated 28.5 million people are living with HIV/AIDS in sub-Saharan Africa, the worst affected region in the world. Of this, an estimated 8.5 million young people, ages 15-25 are living with HIV/AIDS. This represents 72% out of the worldwide estimate of 11.8 million young women and men living with AIDS. The estimated number of children orphaned by AIDS in the region is 11 million, the highest anywhere in the world. In 2002, out of a global total of 5 million new infections, 70% or 3.4 million new infections were in Africa. According to UNICEF estimates, in 12 countries in sub-Saharan Africa, at least 10% of those aged 15-49 years is infected with HIV, with the majority of the new infections in young people ages 15-24 years. In Kenya, for example, an estimated 18% females of the country's total youth population, ages 15-24, is living with AIDS, and it is estimated that 25% of Zambian females are infected. According to UNAIDS, even if exceptionally effective prevention, treatment and care programs take hold immediately, the scale of the crisis means that human and socioeconomic toll will remain significant for many generations in Africa.

In Africa, most transmission is through unprotected heterosexual intercourse. Culture, age, socioeconomic status, gender, education and a host of other factors all influence sexual behavior in different ways. Many countries in Sub-Saharan Africa have young populations, and thus the HIV prevalence rates among youth and other sexually transmitted infections can be found among them.

Young People and Sexual Behavior. Youth are at the epicenter of the pandemic as sexual activity begins in adolescence. Despite the terrible legacy of AIDS, young people still lack basic understanding on the facts of human sexuality and related anatomy, psychology and physiology and consequently a lack of understanding of HIV transmission and risks. They also lack the skills or means to make safer choices. According to surveys in many countries in sub-Saharan Africa, a significant percentage of unmarried girls and boys reported having unprotected sex before the age of 15. In addition, young women are far less knowledgeable about HIV than young men. At this age, young people lack the necessary knowledge and skills to protect themselves from HIV, and are less likely to use condoms. Moreover, young people do not necessarily connect knowledge and risk perception with behavior. According to UNICEF, studies have established that the vast majority of young people globally have no idea how HIV/AIDS is transmitted, how to protect themselves, and misconceptions are widespread as given limited discussions on sexuality and sexual health.

Young girls are especially vulnerable in Sub-Saharan Africa. More than two thirds of newly infected 15 to 19 year olds in this region are women. Girls, more than boys, are forced to drop out of school due to economic pressures or death of a parent or family member due to AIDS, and assume the burden of care giving, depriving them of education and opportunities for relieving psychosocial stress. Severe poverty, the unequal status of girls and women, as well as biological factors are the underlying causes in the differences in prevalence rates among young boys and girls.

Exacerbating already desperate conditions, the current famine in Southern Africa has placed further extraordinary burdens on young people and their families. Poverty, inadequate access to health services, lack of education, psychological stress and exposure to TB, pneumonia or to other infections only increases young people's vulnerabilities, especially those who are orphaned, and further spreads the HIV virus.

Preventing Infection. The key to reducing infection rates is prevention and young people are central to any prevention efforts. Young people who are not infected must be educated about the disease and its spread. Studies have also shown that young people must be equipped with lifeskills to be able to act on this knowledge, and to withstand demands for unwanted or unsafe sex. Those already infected with HIV must learn how to lead productive lives and stop the further spread of the virus. Young people must be allowed to participate in decisions that affect them. Reaching young people with education early in their lives to mold and change their sexual habits, and strengthening lifeskills and coping skills to prepare

youth to deal with the presence of HIV in their families and communities is critical for prevention to succeed.

The economic and social conditions that foster the disease must also be addressed in the context of young people's needs and desires. Livelihoods training and income earning opportunities integrated with HIV/AIDS prevention education must be expanded to address the needs of youth-headed households or families weakened by the disease. Steps must be taken to counter the stigma and discrimination associated with the disease to reduce young people's vulnerabilities. Both youth and adults need to be educated on harmful cultural practices such as initiation or circumcision rites that use un-sterilized tools, early marriages or FGM. Offering positive adult role models and opening communications between trusted adults/parents and children on sexuality issues also empower youth.

This unprecedented challenge calls for urgent action from all. The Empowering Africa's Young People Initiative is a unique effort of seven youth-focused global organizations, and their national affiliates in Africa working together globally, regionally and nationally through synergistic collaborations.

IV. GOAL, OBJECTIVES AND OUTCOMES OF THE EMPOWERING AFRICA'S YOUNG PEOPLE INITIATIVE

The Empowering Africa's Young People Initiative is designed to expand the collaboration of the seven organizations by linking global advocacy with grassroots action in Africa.

The overall **goal** of the "Empowering Africa's Young People" Initiative is to reduce HIV/AIDS transmission among young people aged 10-25 through an inter-generational effort over a period of five to fifteen years in selected sub-Saharan African countries. During the initial five years, the program will be implemented in Ghana, Kenya, Uganda, Tanzania and Zambia as a pilot program. Starting in the third year, the program will extend to other countries such as Senegal, Togo, Mauritius, Rwanda, Madagascar, South Africa, Gambia, Côte d'Ivoire and Zimbabwe among others.

The specific **objectives** of the Initiative are to:

1. Scale-up existing effective HIV/AIDS prevention programs to reach more young people;
2. Expand care, support and opportunities to those already infected with the HIV virus to improve their quality of life;
3. Build the capacity of volunteer-based, grassroots, youth organizations to design and implement more effective youth-focused HIV/AIDS prevention programs; and
4. Increase youth knowledge and skills to protect themselves from the HIV infection, other STI's and unwanted pregnancies and to postpone sexual debut

The Initiative will work at two levels. It will expand programs and services for youth, and it will strengthen the capacity of the national affiliates to deliver these scaled up programs for youth.

Working with young people. Age-appropriate interventions targeted to segments of youth population will engage young people in learning and behavior change while responding to their varied needs. The Initiative proposes to expand outreach to pre-pubescent girls, adolescents (including young mothers), boys, orphans and vulnerable children, both in and out of school and linking education with services in psychosocial and counseling, reproductive health, condom distribution sources, post-test support clubs, etc., whenever appropriate.

The multiple needs of the growing numbers of AIDS orphans and child-heads of households will also be addressed by engaging them in on-going programs and interventions that accommodate their needs, rather than discrete programs to minimize the risk of stigma. Several of the affiliates are already working with orphans and vulnerable children, yet much more needs to be done to meet the needs of the current and projected numbers of AIDS orphans. This Initiative offers real opportunities for affiliates to increase the effectiveness and quality of services in providing education, psychological and

socioeconomic support to orphans, guided by findings from operations research. The non-formal educational approaches utilized by participating organizations use art, music, drama, puppetry, and other media to get children to express their innermost feeling and come to terms with their loss and grief. By engaging children in developing their skills, young people can eliminate the guilt and shame associated with AIDS, build their self-confidence and become a part of the solution.

The following underlying principles are embedded in all the interventions:

- Youth are agents of social change, not passive targets of information, and are central to the Initiative and must be involved in all design, implementation and evaluation aspects.
- Using holistic approaches to prevention, care, support and advocacy against stigma and discrimination within and outside the alliance member organizations
- Empowerment of young girls and women especially in the fight against HIV/AIDS
- Involvement of and support for people living with AIDS

Thus, the priority **interventions** for young people will focus on:

- **Strengthening Youth** – Life skills and values formation programs that strengthen negotiation skills, build self-confidence, educate on human sexuality, promote gender equity in caregiving while strengthening young people’s capacity to provide home care to ill family members; and empowering youth volunteers and strengthen the concept of volunteerism.
- **Skills-based Peer Education** – Expanding peer-to-peer education programs, including referrals to voluntary counseling and testing centers, linkages with youth-friendly services such as family planning clinics, condom distribution, psychosocial support groups, including post-test clubs, and strengthening peer counselors in supporting HIV positive youth.
- **Advocacy** – Raising awareness of harmful cultural practices in the context of young people’s lives, including circumcision, early marriages of girls, sex between older men and young girls and FGM; actively working against stigma and discrimination against people living with HIV/AIDS and for the legal and property rights of orphans and widows. By speaking in one voice, with consistent messages, advocacy nationally, regionally and globally can become much more powerful.

The more complex economic situation and underlying poverty that tend to perpetuate the disease will be addressed by organizations with the capacity to include this added element. Interventions will focus on:

- **Livelihoods** – integrated approaches that educate and prepare young people with marketable job skills, provide alternatives to informal sex work, and strengthen community safety nets for orphans, child-heads of households and families weakened by the disease and the famine that is causing additional stress on families in southern Africa.

Rationale for selection of the interventions. The proposed interventions were selected based on the strengths and existing activities of the national organizations, and effectiveness of these interventions in:

- *Contributing to narrowing the education and information gap* in young people through skills-based peer education that uses the progressive learning and rewards systems, such as those used by scouts, guides, youth clubs, etc. to reach young people with activities that interest them and educating through constant reinforcement. By strengthening linkages between peer education programs with youth-friendly service providers in family planning, reproductive health, VCT centers, post-test support and counseling groups, peer education programs can be rendered more effective.
- *Equipping young people with lifeskills to put knowledge into practice*, integrated lifeskills programs are key to developing critical thinking skills, building self-confidence, learning negotiating, communication and decision-making skills, will empower young people to make informed decisions about sex and sexuality, safer life choices, develop coping skills and create hope for the future.

- *Addressing the root causes through a livelihoods approach* that strengthens families and community safety nets to earn income to support their children and orphans in their care, and income earning opportunities for young people who are heads of households. Poverty is the reason for general poor health which makes young people increasingly vulnerable, or exposed to unsafe sex, and lacking hope. By giving young people and caregivers of children opportunities to earn and provide for themselves and their families, programs are more effective in prevention, care and support.
- *Advocating in one voice with consistent of messages* against stigma and discrimination that perpetuates the disease, for access to affordable drugs, and for the legal and property rights of widows and AIDS orphans.

Working with voluntary national organizations. The Initiative's five pilot countries include a total of 28 national organizations. The interventions aimed at the organizational level will focus on strategic capacity building, using joint training and technical assistance services whenever possible for cost efficiency. As more countries become part of the Initiative starting in the third year, organizations in those countries will need their capacities strengthened. Training will enable these mostly volunteer driven organizations to:

- Improve their organizational skills in basic management, communications, financial management and reporting, curriculum development, teacher training and improved advocacy skills.
- Strengthen the collaboration and workings of the country alliances through ongoing coaching and technical assistance.
- Conduct cross- learning on good practices and effective programs for youth through networking and exchange of ideas, sharing assets, and documenting and disseminating what is working well in prevention, care and support.

The desired **outcome** is a decrease in the prevalence rates among young people. For each country, specific measurable outcomes will be established by the national affiliates in each country from baseline data, and common indicators developed in the monitoring and evaluation framework will track progress towards achievement of outcomes.

The Initiative's Global and Regional Secretariats will support and strengthen country coalitions and activities through:

- **Grantmaking** – IYF will implement a results-oriented grantmaking approach that selects the most effective programs for scaling up using clear criteria. As grantmaker, IYF with the involvement of the its key stakeholders will assess the Initiative's interventions in view of changing economic and social conditions in the countries.
- **Capacity Building** – conducting capacity assessments and strengthening the institutional and programmatic capacity needs of the participating organizations through technical assistance, backstopping support and on-site monitoring
- **Operations Research** - Operations research will be an important component of the Initiative in an effort to address the knowledge gaps in youth development and HIV prevention in Africa with relevance globally on these issues. The partnership with the Harvard School of Public Health will be key in this regard, as well as partnerships with leading African universities, who will be engaged in carrying out field-based activities. Operations research will be a critical to inform and support the essential planning, training and evaluation functions at all levels of the Initiative. Possible research topics may include but are not limited to the following:
 - ❖ Examining multifaceted interventions dealing with stigma issues
 - ❖ Specific aspects of behavior formation and behavior change

- ❖ Examining how peer education programs can meet gender-specific needs of girls and boys and also promote gender equity
- ❖ Effective models for assisting orphans and vulnerable children
- ❖ Mechanisms for maintaining motivations and performance of volunteers and community caregivers of orphans
- ❖ Partnership models that work at the country, regional and global levels
- ❖ Document lessons learned on the collaboration model selected by the Initiative and its effectiveness at the country, regional and global levels.

To ensure that research results are utilized to the fullest by program implementers, key stakeholders will be engaged from the beginning to develop “ownership” of the studies by involving them in setting objectives, periodic meetings to inform them of interim results, seeking their input in interpreting the interim results and in finalizing the study implications.

The Initiative will develop a dissemination strategy for users of operations research studies and match the findings to the audiences of policymakers, administrators, field workers, service users or academics. Multiple media channels will be used repeatedly over a period of time to reach the largest audience possible. Results may be disseminated in the form of research summaries, oral presentations at meetings, end-of-study seminars, web reports, professional journals, etc.

- **Best Practices** – The Initiative plans to capture and disseminate best practices on HIV/AIDS prevention, in Africa and globally, with the intention of improving organizational effectiveness, service delivery and enhancing the professional development of the volunteers and practitioners. Capturing the learning from this Initiative would foster continuous methodological improvements and increase program impact.
- **Global Advocacy** – The global organizations will continue their role in advocacy, and focus on bringing young people’s issues to the attention of policymakers, bilateral donors, legislators, and multilateral institutions such as the UN, World Bank and others, and creating strategic alliances to benefit the Initiative whenever possible.

Partnership with the Harvard University School of Public Health. IYF is in discussions with the Harvard School of Public Health to engage faculty, students and alumni to join the Alliance as a partner in this Initiative. HSPH is supportive of the Initiative and exact details on the collaboration are being finalized. A premiere academic institution, HSPH would bring much added value in developing the monitoring and evaluation plan, the operations research agenda, and in documenting results through publication of case studies, journal articles and other studies. It is anticipated that HSPH would collaborate with African universities in developing their capacity and in implementing field-based research activities. In addition to HSPH, there is wider interest in social enterprise development at Harvard, including at the Kennedy School of Government and the Harvard Business School. Discussions are ongoing to define the exact nature of the support to be provided by these two schools to the Initiative.

V. PROJECT STRUCTURE AND ACTIVITIES

The major activities of the Initiative are structured at global, regional and country levels, with global and regional offices, country affiliates and networks of the seven organizations mobilizing to deliver on key objectives and interventions. By structuring the Initiative at all three levels, the Initiative incorporates the existing infrastructure and systems of the organizations to clearly define the roles, responsibilities and accountabilities in support of the Initiative.

A memorandum of understanding between the organizations at the global, regional and country levels would establish the parameters of the alliance and is in development. As described later in section VI,

key stakeholders at each level have been engaged in planning the Initiative and have accepted the roles and responsibilities described in the chart below.

Country	Regional	Global
<ol style="list-style-type: none"> 1. Participating organizations plan jointly and develop a country plan that describe: <ul style="list-style-type: none"> - Mutually agreed upon goals and objectives to benefit youth in the country - Existing program activities that are coordinated for scaling up purposes - Joint activities on advocacy and policy issues - Budget to support the goals, objectives and activities - Detailed implementation plan 2. Set up a country coordinating mechanism with a designated Secretariat. 3. Implement the program activities and develop long-term sustainability plans. 4. Contribute to the design of the monitoring and evaluation plan and operations research agenda. 	<ol style="list-style-type: none"> 1. Establish a Regional Secretariat in Nairobi (office donated by IFRC) that supports the country alliance operations by: <ul style="list-style-type: none"> - Providing oversight through a Regional Steering Committee consisting of the Africa regional directors of the seven organizations. - Set up a technical office that can serve as the “hub” of all capacity strengthening, technical assistance, coaching and program monitoring services to countries, drawing from the resources of the seven organizations and externally. 2. Promoting cross-country learning by organizing workshops, learning exchanges and networking opportunities for peer learning on best practices. 3. Develop common tools for program assessments, monitoring and evaluation. 4. Serve as the liaison between country teams, African Universities and Global Secretariat. 5. Analyze country program and financial reports and compile for submission to global secretariat. 6. Support the global secretariat in on-going fundraising and new program development efforts. 	<ol style="list-style-type: none"> 1. Establish a Global Secretariat at IYF that supports the regional and country activities by formalizing a Global Oversight Committee (consisting of the seven chief executives of the global organizations) to provide policy guidance to the Initiative and undertake global advocacy. 2. Raise funds from global sources for the country programs and other aspects of the Initiative. 3. Serve as the grant manager in funding results-oriented country plans and monitor implementation progress. 4. Share best practices with regional secretariat on what works for young people in HIV/AIDS prevention from global sources of best practice programs. 5. Manage operations research, monitoring and evaluation framework. 6. Document best practices program data generated regionally and disseminate for the broadest impact. 7. Plan new program development activities in additional countries in the pipeline for the Initiative. 8. Compile programmatic and financial reports to donors. 9. Develop a global communications plan for the Initiative to highlight the issues affecting young people in the fight against HIV/AIDS.

VI. MONITORING AND EVALUATION PLAN

The Initiative will take a decentralized approach to monitoring and evaluation to assist managers at the national, regional and global levels to make decisions and report. Overall, the plan will use:

- Baseline assessments,
- Program monitoring at various levels,
- Process evaluations,
- Impact evaluations.

The plan will take into account existing evaluation systems through an inventory that reviews such things as current systems, human resources – availability and level of experience, and management perspectives – and augment this with common tools that track standard indicators for behavior change, capacity building and quality of services. Information gathered during this inventory assessment will also contribute to the technical assistance plan in the pilot countries.

Allowing for age range samples in youth surveys, standard indicators for measuring sexual behavior among young people that may be included in the monitoring and evaluation plan, among others, are:

median age at first sex, premarital sex in the last 12 months, condom use at last premarital sex, multiple partners in the last 12 months, age mixing in sexual relationships.

Indicators that measure strengthened capacity of participating organizations to implement more effective programs may include ability to meet increased demand, number of households receiving increased support for orphan care, among others. Indicators to assess the strength of the country coalitions and regional Secretariat to deliver technical assistance services and coaching to country coalitions include ability of partners to combine overlapping initiatives or assets to reduce costs and improve quality, pooling resources to spread the risk among members, sharing knowledge and information for improving effectiveness of others, using their added scale to achieve economies for purchasing discounts or other items, and ability to attract additional funding at the country level.

Baseline assessments at the onset of project activities will help establish actual conditions and to set measurable outcomes. Process evaluations will be used to address performance problems identified through monitoring and recommend solutions for improvement, while impact evaluations will be used in determining whether project objectives have been met. In addition, at the country levels, youth will be involved in data collection and analysis, as young people are more likely to share information with their peers.

VII. THE IMPLEMENTATION STRATEGY

A Stakeholders' Planning meeting, held in Kenya with funding support from USAID, Finnida and the seven organizations, brought together 56 leaders from 28 affiliate organizations in the 5 countries to discuss collaborative ways of working together to respond to the HIV/AIDS pandemic. The chief executive and a board member represented each organization and each individual committed to working with others in the Initiative, to securing commitments of their staff and volunteers, and to identifying local resources to start the Initiative. Thus, the proposed Initiative's goals, objectives and desired outcomes reflect the input of the leaders and their youth networks.

Since the Meeting, planning has continued nationally, regionally and globally. Implementation of the plans and interventions will only be possible with additional funding. The approach will be to:

- Scale up existing best practice programs of the participating organizations³ to expand programs to underserved areas and underserved groups of youth.
- Joint activities undertaken on advocacy and awareness-raising issues to impart consistent messages with one voice.
- Strengthening the partnership among country organizations through learning by doing.

General Implementation Framework

Year One

- Country plans, currently in development, would be finalized and approved in order to expand outreach to youth through skills-based peer education, lifeskills and values formation programs. In each country, the participating agencies would establish linkages with the National AIDS Councils, youth friendly service providers and religious groups, and other local partners as needed by them. For example, in Uganda, the team plans to network with and utilize services of institutions such as TASO, AIC and JRC among others. Approved scale-up programs in peer education might include the adoption of the HIV/AIDS curricula developed by the Kenya Girl Guides that currently reaches over 25,000 young girls, both in and out of school, is cost-efficient, meets the needs of young Kenyan girls and is easily replicable.
- National affiliates in each country would begin working collaboratively on advocacy issues that are relevant for young people in their respective countries. For example, the Ghana country team is working on developing its advocacy strategy on adolescent reproductive sexual health issues

³ See Annex 3 for examples of best practice programs.

including training young people in basic advocacy skills, organizing sensitization seminars for opinion leaders, etc.

- The Regional Secretariat would be established and staff hired, although the RSC would continue to meet, discuss and support the country plans, and coach the country coalitions during the year.
- A technical assistance plan would be developed to strengthen organizational capacity and resource providers identified. Country teams have begun to identify their capacity needs and this will be further assessed during implementation.
- A monitoring and evaluation assessment would be completed and a plan launched using existing tools and systems for data collection, analysis and reporting. Baseline assessments will be started.
- The Global Secretariat, IYF, would continue fundraising, grant management and program development activities.

Years Two-Three

- A fully functional Regional Secretariat would be able to organize learning exchanges, workshops or conferences to share best practice programs, learning from the complementary skills of participating organizations, on issues such as policy reform and advocacy, reaching out to youth in different setting, working in conflict situations, etc.
- Key lessons learned and learning would be documented through publication of case studies, articles or other publications for practitioners and broadly disseminated.
- Livelihoods programs would be launched by selected organizations with the strategic capacity to address these issues. Selected affiliates of IFRC, World YWCA and YMCA already have in place livelihoods program that could be made more effective and scaled up. For example, the Kenya Red Cross has a project that provides income earning opportunities for people living with AIDS in making mosquito nets that meet local labor market needs. Programs that have not previously worked in this area may not be able to implement these, but rather develop strategic partnerships with implementing agencies. Capacity assessments will be conducted and investments made in strengthening capacity at the institutional, program and policy levels will be made to enable the selected organizations to scale-up economic and social programs that address the HIV/AIDS pandemic.
- Coalition building process would be accelerated through technical assistance and coaching to the country team staff.
- Process evaluations may be implemented beginning in the third year and adjustments to the business model made as needed.
- At the global level, the plan is to introduce the Initiative in new countries, based on their interest and capacities, to start the collaboration. Activities will include needs assessments, team building, program planning and development in each country and regional planning conferences.

Years Three - Five

- An impact evaluation would be undertaken in the final year of the project and results disseminated.
- All 15-country programs would expand their prevention outreach to youth and strengthen their advocacy and awareness raising activities.

- All global and regional activities to support the countries in fundraising, technical assistance, program support would continue, as would workshops and exchanges to share and contribute knowledge to what works for youth in prevention, care and support during the fifth year.
- At the global level, the Alliance would explore expanding to additional countries in Africa and taking the Initiative globally, either Asia or the Caribbean, where all seven global organizations have extensive networks and partnerships with youth organizations.

VIII. PROGRAM MANAGEMENT

The Initiative is structured at three levels – global, regional and country, and the alliance members aim to duplicate a similar structure at all three levels. The Initiative uses a decentralized approach to program management and operations allowing some flexibility to country teams in the way they operate, and maintaining communication flows at all levels, vertically and horizontally.

Global. The Alliance CEOs or their designees will form the Global Oversight Committee and serve as the policy making body for the Initiative. Each GOC member would have an equal voice in the committee and be advocates for the Initiative while also fulfilling administrative and programmatic responsibilities in grant review and selection, global advocacy, resource mobilization and developing strategic partnerships. A Memorandum of Agreement would define the roles and responsibilities of the organizations. The GOC would meet twice a year.

IYF serves as the Secretariat⁴ and assumes fiduciary responsibility for donor funds. In its Secretariat functions, it would serve as the Grant Manager to disburse funds to the Regional Secretariat for the countries, based on approved country plans. It would support the work of the GOC in coordinating fundraising activities and advocacy, serve as a clearinghouse for best practice programs, in coordination with the Regional Secretariat convene learning and exchange events, coordinate the operations research agenda and the monitoring and evaluation plan with HSPH, and manage global communications to broadly disseminate the results of the Initiative.

Regional. All seven organizations have Regional Africa Directors who would form a Regional Steering Committee that provides guidance to a professionally staffed Regional Secretariat based in Nairobi, Kenya. An MOU will define the roles and responsibilities of all seven organizations at this level. The primary responsibility of the RSC is to ensure implementation of outputs leading to the outcomes, and accountability for use of funds at the country level. The RSC will meet three times a year with one meeting overlapping with that of the GOC to which it reports.

A professional manager with public health, youth development and coalition building experience would head the Regional Secretariat, which would become the center of technical assistance and program support to the country teams, and report to the RSC. It is envisioned that the Secretariat would be minimally staffed, but would have access to expertise on many issues including capacity building, financial management, program monitoring, organizational development, sustainability through the networks of the seven organizations. If expertise on a particular topic is not available within the networks, the Secretariat could procure it elsewhere. The Regional Secretariat would review and analyze program reports from the country teams and facilitate implementation of the evaluation plan and operations research agenda. The staffing would increase to support program development and implementation as new countries launch the Initiative.

Country. At the country level, a Country Coordinating Committee, consisting of representatives of participating organizations would be the coordination point for program activities. An MOU would clarify the roles and responsibilities of the CCC members and would incorporate the specific country plans in its terms. Country plans may include mutually agreed upon goals and objectives, joint activities,

⁴ See Annex 4 for a capability statement of the global Secretariat.

evaluation plan and timeline of activities, and budgets for each organizations' contributions to the plan. The RSC will assist the country teams in the selection of a Secretariat for each CCC.

Youth Involvement. At all three levels of operations, youth will have opportunities to actively contribute to the Initiative. Depending on the country context, youth will be represented on the CCC and will contribute to the country plans. At the regional level, selected young people will be invited to at least one RSC meeting to advise the Regional Directors on the Initiative. The Regional Secretariat will explore ways to create internship opportunities for young people to learn and contribute. Young people will be invited to the GOC meetings when appropriate for their substantive input.

IX. BENEFITS TO DONORS

IYF and the Initiative's collaborating partners seek a funding alliance of donors to support the dimensions of the Initiative. By choosing to work with IYF on this Initiative, benefits to donors include:

- UNAIDS and UNICEF support – UNAIDS and UNICEF, both of which were consulted during the project development stages, fully support the collaborative Initiative, its goals and strategies.
- Allocation of resources to communities most in need – IYF will direct resources to scale up many exceptional efforts that are already being carried and that meet the immediate needs of young people and communities in which they live. By working with the alliance, and the sub-granting mechanisms offered through IYF, funders can reach grassroots communities that may not have been previously funded or are unreachable by national governments. Funders can increase the numbers and diversity of young people engaged in the Initiative without incurring additional programmatic burdens.
- Providing accountability for use of funds - through structures and systems already in place and roles and responsibilities that have been clearly defined and agreed to by all the participating organizations, funders can be assured of proper fund management and reporting.
- Contributes to the achievement of the millennium development goals⁵ - prevention for young people, ages 10-24 years, fits the international target. This Initiative can also be replicated in other regions of the world that have been affected by the pandemic.
- Global communications strategy that provides increased visibility for donors – IYF will work with the donor's public relations and communications strategies for a coordinated campaign to highlight the contributions to the Initiative. This may include features in Financial Times supplements on children and youth, published once every two years, web articles, publications and other print materials, as well as press releases and public launches of the Initiative with senior leaders from the government, private sector and the chief executives of the seven organizations at global, regional and country levels.

X. BUDGET

The estimated budget over a five-year period is over US \$48 million for programs in 15 countries with approximately 80 organizations, regional and global activities of the Initiative. No one funder is expected to support the entire Initiative. The members seek to create an alliance of funders from bilateral and multilateral agencies, private foundations, the corporate sector and individual donors to support various aspects of the Initiative.

⁵ See Annex 5 for detailed analysis of ways in which the Initiative's goals and objectives support the Millennium Development Goals.

Annex I: Capability Statement of the Seven Global Organizations

International Federation of Red Cross and Red Crescent Societies (IFRC) – is the world's largest humanitarian organization providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. Founded in 1919, the Federation comprises of 178 member Red Cross and Red Crescent societies that are located in different regions and sub-regions of the world. The Federation has been involved in the fight against the pandemic since its onset. In 1987, the Federation adopted a policy on HIV/AIDS that was revised in 2000 to include a holistic approach that includes prevention, care support and treatment, and fighting stigma and discrimination. In 1998, the African Red Cross/Red Crescent Societies Health Initiative (ARCHI 2010) was launched. The 53 African Red Cross/Red Crescent Societies and their respective Ministries of Health, the African academic world and various health-related UN agencies have worked together to identify public health priorities where ARCHI could make a difference. HIV/AIDS emerged as a key priority. In 2000, 52 African National Societies committed themselves to scaling up action by involving 2 million Red Cross and Red Crescent volunteers and adopted the ARCHI strategy in which youth – both girls and boys - play a central role.

World Association of Girl Guides and Girl Scouts (WAGGGS) – WAGGGS is one of the largest international voluntary organization for girls and young women in the world, providing non-formal education programs that develop girls and young women personally, spiritually, emotionally, physically and socially. Its aim is to provide girls and young women with opportunities for self-training in the development of character, responsible citizenship and service in their own and world communities. Girl Guiding and Girl Scouting methods include learning by doing, peer group education, teamwork, active cooperation between young people and adults, and service in the community. There are 10 million Girl Guides and Girl Scouts in 144 countries, with over 30 countries working towards membership. WAGGGS has General Consultative Status with ECOSOC and is a member of the Board of the Conference of NGOs (CONGO). With funding from UNAIDS, the WAGGGS/UNAIDS/ICASO Badge Curriculum was established in 2000, focusing on care and support, and prevention of HIV/AIDS. Over 25 Member Organizations are now working on AIDS projects. Funded by the Packard Foundation, WAGGGS and Family Health International have established the Healthy Adolescent Project in India (HAPI) that aims to reach 22,500 young people in West Bengal through peer group education. The Health of Adolescent Refugees Project (HARP) was established in 1997 with the UN Population Fund (UNFPA) and Family Health International in Uganda, Egypt and Zambia. The project continues in Zambia and Uganda.

World Organization of the Scout Movement – The World Organization of the Scout Movement is an international, non-governmental organization providing non-formal education for more than 28 million Scouts - boys and girls - in 216 countries and territories. Scouting is "education for life" - it contributes to the development of young people in achieving their full physical, intellectual, emotional, social and spiritual potential as individuals, as responsible citizens and as members of their local national and international communities. In Africa there are 1 million registered Scouts in 33 countries, and probably 2 million more who are active but not registered. The World Organization's Africa Region Office is in Nairobi, Kenya. The focus of scouting activities in Africa is on development, with the top priorities being HIV/AIDS, Peace and Reconciliation, and "Children in particularly difficult circumstances". Most Scouts in Africa are adolescents and young adults who want to be actively involved in improving life in their communities. UNICEF, WHO, UNAIDS, UNHCR, UNDP, UNFPA, Red Cross and Red Crescent have been vital in the implementation of programmes we have been running throughout Africa. (HIV/AIDS has been priority since the joint publication in 1990 of innovative programme resources by the Scout Movement and the Red Cross.)

The World Alliance of Young Men's Christian Associations (YMCA) – The World Alliance of YMCAs is a world-wide Christian, ecumenical, voluntary movement for women and men with special emphasis on the involvement of young people. The World Alliance is the umbrella organization of 128 National movements. The Africa Alliance of YMCA's, based in Nairobi, is an organization that brings together 27 YMCA's of Africa in order to harness resources, share experiences and face the challenges of the continent as a network. It is the oldest and largest indigenous, pan-African NGO network in the continent, managed by communities through locally elected leaders, driven by volunteers and actively engaging the broadest possible cross-section of the

community in identification, design and implementation of youth programs. The African YMCAs serve a million members and close to 7 million beneficiaries each year, a majority of which are youth and women from low-income families and communities. The African YMCAs are increasingly involved in adolescent reproductive health, HIV/AIDS and STD programs. The YMCAs of South Africa, Uganda, Senegal, Ghana and Kenya are currently involved with the Center for Development and Population Activities in the Better Life Options program that educates and provides contraceptive services reaching over 60,000 youth each year. In addition to reaching thousands of adolescents each day, YMCAs also work with diverse community opinion leaders and have close links with a wide range of government agencies, NGOs, schools, churches, mosques and health providers throughout Africa.

The World Young Women's Christian Associations (World YWCA) – Formed in 1894, the World YWCA is a global women's volunteer movement presently made up of 94 autonomous affiliated national associations and ten developing associations, working with more than 25 million women and girls in over 100 countries. The purpose of the World YWCA is to develop the leadership and collective power of women and girls around the world to achieve human rights, health, security, dignity, freedom, justice and peace for all people. The YWCA is a trusted partner at local, national, regional and international levels. Based on Christian values but open to women of all faiths, based in local communities but linked nationally, regionally and globally, the World YWCA is uniquely placed to reach women and girls across the world. With training and support, women are able to transform communities and affect positive change in the lives of those around them. YWCAs have a programmatic priority for youth (children, girls and young women), which helps ensure that younger members of society are included in decision-making and planning, and YWCA programs promote a philosophy that teaches change and transformation through organized networks working together within the non-profit and volunteer structure.

Since the beginning of the World YWCA, women's health has been a key issue for the movement and the focus has been on education for change. YWCA programs over the years have covered a wide range of issues and, since the early 1990s; HIV/AIDS has been added to the key priorities in many associations, particularly in Africa where the impact and urgency of the epidemic has been catastrophic. Awareness building, prevention and care for people living with HIV/AIDS have been integrated into existing YWCA frameworks of education and support, where women and girls have a "safe place" to grow as leaders and where the issue can be tackled in a non-threatening environment. Community health programs and long-term strategies in the movement have been adapted to bring HIV/AIDS to the forefront of YWCA advocacy work at local, national and global levels.

International Award Association (IAA) – Founded in 1956 as The Duke of Edinburgh's Award, it offers a self-development program to young people worldwide between the ages of 14 and 25, equipping them with life skills to make a difference to themselves, their communities and the world. To date, over 5 million young people from over 106 countries have been motivated to undertake a variety of voluntary and challenging activities that encourages personal discovery and growth, self-reliance, perseverance, responsibility and service to the community. The IAA operates Programs in 36 African countries in schools, youth organizations, clubs, companies, sports clubs, young offender institutions and other agencies that make use of the Award to add value to their services, operating through a National Award Authority or an Independent Operator. The aim of the three levels of Award that can be achieved through this Program is to encourage a sense of responsibility to the community, cultivate a spirit of discovery, adventure and teamwork, development of practical and vocational skills and improved physical fitness and performance. For example the IAA in South Africa, known as The Presidents Award for Youth Empowerment Trust, through the South African Governments Reintegration and Development of Youth Initiative offers the Award Program to young offenders as part of their rehabilitation. This provides a positive alternative to the gang culture with its cycle of violence and crime. To date the program has targeted 18,728 young offenders in jails and of these only eleven have been recorded as re-entering the penal system.

International Youth Foundation (IYF) – Founded in 1990, IYF is a public foundation committed to the positive development of children and youth "where they live, learn, work and play". Focusing on young people between the ages of 5-25 years, IYF supports holistic programs that enhance their characters, build confidence in their abilities,

develop competence and self-sufficiency, and instill a sense of connectedness with the communities in which they live. IYF's four strategies to promote youth development include: (1) Building and supporting a global network of Partner institutions equally committed to young people. (2) Increasing investments on behalf of young people. (3) Making the case for positive children and youth programming to key influencers, funders and decision makers. (4) Increasing program impact through learning, evaluation and training. IYF's Partner Network currently has a membership of 39 national foundation-like organizations. In making the case for children and youth, IYF serves as the outsourcing agent for many global socially responsible corporations managing signature programs with partners such as Cisco Systems, Gap, Goldman Sachs, Groupe Danone, Inditex S.A., Lucent Technologies, Merrill Lynch, Microsoft, Nike, Nokia, Unocal and Visteon and bi- and multilaterals such as USAID, Sida, Finnida, Danida, the World Bank and the Inter-American Development Bank. Additionally, through its series of "What Works" publications, training and conferences, case studies, etc, IYF has contributed to the learning in the youth development field. Currently operating in nearly 50 countries and territories, IYF and its partners have helped more than 26 million young people gain the skills, training and opportunities critical to their success. And in doing so, its innovative programs that have supported, scaled up and improved the quality and sustainability of youth programs throughout the world.

ANNEX II: PROFILE OF THE NATIONAL ORGANIZATIONS IN THE PILOT COUNTRIES

Kenya

Six organizations The Kenya Girl Guides, the Kenya Scouts, Kenya YWCA, Kenya YMCA, President's Award and the Kenya Red Cross – all offer peer education programs and use non-formal educational methods to develop young people's lifeskills, leadership ability and vocational skills. For example, the YWCA, with 7 branches in 8 districts, targets girls in its programs for out-of-school youth in church groups and among communities using materials in local languages. The YMCA operates vocational training programs for orphans while the President's Award, a voluntary program of youth activities with over 30,000 active participants in 7 provinces, develops lifeskills through awards. The Kenya Red Cross assists PLWA with opportunities to earn income by making and selling mosquito nets.

All six organizations rely extensively on volunteers and have incorporated raising HIV/AIDS awareness through their programs, movements, and campaigns. The Kenya Scouts, for example, has integrated AIDS awareness education in all its scouting activities for its membership of 200,000 boys and girls and over 12,000 adult volunteers. The YMCA provides open forums and uses testimonials, home-based prayer, and other church-based activities to raise awareness.

Ghana

Six organizations The Ghana Red Cross, the Ghana Girl Guides, Ghana Scouts, the Ghana YMCA, the Ghana YWCA and the Head of State Awards Scheme serve the needs of rural and urban youth in HIV/AIDS prevention through (1) peer education programs; (2) mobile educational clinics for treatment and counseling; (3) addressing harmful practices by discouraging female genital mutilation, teenage marriages, and ritual cutting of body parts with contaminated instruments; (4) community-based distribution activities where people in communities are trained in family planning and able to distribute condoms. (5) Community outreach and advocacy to sensitize opinion influencers, religious leaders, and tradesmen, and training health workers to be more youth friendly.

All six organizations seek to incorporate aspects of lifeskills education on issues such as leadership, communication and negotiation skills or livelihoods training in areas like agriculture, as a means to offer young people opportunities and hope. They are also engaged in dealing with the problems of stigmatization and discrimination and in working with PLWA in general and young people living with AIDS.

Uganda

Five organizations The Uganda Girl Guides, Uganda Scouts, Uganda Red Cross, Source of Nile Award Association and the Uganda YWCA are represented in all 56 districts and reach out to young people, both in and out of school. In terms of education and awareness on HIV/AIDS, training is provided, starting with leadership training internally for staff and members. Messages are promoted to young people through music, dance, drama, camping, sporting, and recreational activities. Other activities include providing training of trainers to scout leaders, purchasing bikes for peer educators, developing training manuals, constructing shelters for child-headed households, using lifeskills to develop responsible citizenship and offering sex education to bring about behavior change.

Tanzania

Six organizations The Tanzania Red Cross, the Tanzania Scouts, the Tanzania Girl Guides, the Tanzania YMCA, the Tanzania YWCA and the Kuleana Centre for Children's Rights, have institutional leadership at the community, district, regional and national levels and thus are able to provide countrywide coverage through numerous activities. Such activities include education, advocacy and lobbying, home-based care, running VCT centers, dispensaries and clinics, peer education, both in and out of school, orphanage centers. Activities also include supporting income generating activities, training traditional birth attendants and building the capacity of

PLWA, and conducting baseline research. Activities are implemented through non-formal and informal education, providing basic care supplies, information, engaging young people in recreational activities and excursions, as well as volunteers.

Zambia

Five organizations The Zambia YWCA, the Zambia YMCA, the Zambia Girl Guides, the Zambia Scouts and the Zambia Red Cross are engaged a range of activities including peer education and training programs, development and production of IEC materials, advocacy, outreach and awareness raising, counseling, particularly at drop-in centers, home-based care and support and addressing policy issues. An example of engaging youth in bringing about policy change is the Youth Parliament where young people engage in debates with their peers, members of parliament and other government officials, highlighting the needs to people who can make a difference. All nine provinces are covered by the organizations represented on the team.

ANNEX III: EXAMPLES OF GOOD PRACTICE PROGRAMS THAT CAN BE SCALED UP

From Uganda

Some promising programs implemented by members of the Uganda country team include:

- (1) A once a week free pull-out from a national newspaper – Straight Talk: New Vision – and a Help-Line, a telephone hotline, that is helping to bridge the culture gap by answering young people’s questions on HIV/AIDS that they are unable to discuss with parents and relatives. Telephone counseling provides anonymous and non-judgmental help.
- (2) The Save the Youth From Aids (SYFA) clan program involving peer education in a traditional clan setting. Guides and scouts who are peer educators reach out to other young people in their villages based on ethnic, clan or religious bonds and share the messages on HIV prevention with them
- (3) Shows such as *Bagala* and *Ndiwulira*, which use the best of Ugandan music, dance and drama to reach young people with positive messages;

Among the elements that made these programs successful: strong leadership at all levels, involvement of religious leaders and communities from the beginning, and participation of youth and volunteers.

From Kenya

The Kenya Girl Guides award-winning peer education program has reached 25,000 girls and young women since 1999. The program, for both in- and out-of-schoolgirls, uses a core group of teachers in schools that are trained as trainers on the curriculum, and then are required to facilitate the training through a patrol system. Patrol leaders, trained in the curriculum and equipped with simplified talking points, usually lead the discussions in small groups of 6 to 8 girls. The structure of the Girl Guides Association facilitates communication between the management down to the grassroots and vice versa, and partnerships with theatrical organizations help young girls to develop skills in acting, puppetry, and drama. A special HIV badge can be earned and serves to motivate the troops. Senior girl guides (ages 50 and above) serve as role models and custodians of the tradition.

The program is cost effective – by using teachers in the same schools where Girl Guides operate, using existing patrol structures and patrol leaders and existing monitoring and evaluation tools. The key lesson learned: given correct information, girls and young women can make right decisions about their reproductive health.

From Zambia

Members of the Zambian country team with additional support from churches and community organizations, have provided training in home-based care to youth and provided emotional support, skills development, as well as created economic opportunities to make prevention strategies more effective among youth. The rising numbers of people and households who are affected as a result of the spread of HIV/AIDS has meant that more and more young people have been thrust into the role of caregivers. Such responsibilities place greater pressure on young people -- who respond by spending increasing amounts of time away from home and subject to be influenced risky behaviors of others. By easing some of the pressures on youth, organizations are helping them to deal with their grief and become knowledgeable about practical home care.

From Tanzania

The kuleana Centre for Children’s Rights program promotes sexual and reproductive health rights in four regions of the Lake zone in the northern part of the country by mobilizing communities and influencing policy changes. Interventions are designed based on research, data gathered through baseline studies, and evaluations of process and impact. For example, kuleana’s research indicated that sexual encounters occur early – below the age of 15 years and as early as age 9 – and that 15% of new incidences of STIs occur among 10 to 24 year olds. Interventions are thus focused on young people, both in and out of school, through programs that integrate life skills and HIV/AIDS education, build capacity of teachers, and mobilize communities, health workers, and the media to advocate for children’s rights. Focusing on children at an early age with education provides them with

the chance to make responsible life choices. Kuleana acts as a catalyst in initiating networking among grassroots organizations – using advocacy, innovative teaching methods, and strategic monitoring and evaluations to demonstrate the effectiveness of its programs.

From Ghana

From 1993-1994, the Ghana Red Cross developed, implemented and evaluated a pilot peer education project that was part of a larger operational research project to assess the effectiveness of peer education. The pilot was funded by WHO and IFRC and in addressing some of the weaknesses identified, a set of game-based educational activities involving young people in HIV/AIDS, STI information, attitudinal change and skills development were developed. The project has been evaluated five times to assess its feasibility, acceptability, effectiveness, coverage and cost-effectiveness, and following positive results has been replicated in 3 other regions. Based on this experience, there is potential to scale up the peer education program to other regions in Ghana.

ANNEX IV: CAPABILITY STATEMENT OF THE GLOBAL SECRETARIAT

The International Youth Foundation (IYF) serves as the Secretariat for the Initiative, and has been leading the effort to launch the Initiative, including the planning meeting with the country leaders. IYF is uniquely positioned to manage the alliance because of its expertise in:

- *Building and managing complex coalitions with public, private and non-profit organizations* – IYF's greatest strength is as a convenor, to bring together different segments of society to support effective programs for young people. In over 49 countries and territories, IYF has partnerships with national children and youth-focused organizations, where it has worked with hundreds of companies, foundations and civil society organizations to bring much needed resources to young people. Additionally, IYF has also launched several initiatives with multiple partners including the Global Alliance for Workers and Communities, a partnership incorporating the World Bank, Nike, Gap, Inditex S.A. and IYF as well as several contractor factories of the two global corporations in Indonesia, Thailand and Vietnam, where IYF has sought to improve workplace experiences and life opportunities of workers; *entra 21* a partnership between IYF, the Inter-American Development Bank and USAID to provide information technology training and employment to young people throughout Latin America; the Make a Connection partnership with Nokia Corporation and 11 national children and youth foundations in countries around the world; the Global Fund for Education and Learning with Lucent Technologies to support educational reforms in 16 countries; Global Partnership for Youth Development, the youth cluster of the World Bank's Business Partners for Development Project, that promoted tri-sectoral partnerships among civic organizations, governments and the private sector, among others.
- *Identifying, supporting and documenting what works for young people* – IYF is not about creating new programs, rather it focuses on long term solutions by identifying existing promising programs for young people and expanding them to reach out to more youth. IYF seeks to make more effective, scale-up and sustain what works for youth in achieving its goals. In its efforts to ensure the widest possible dissemination of what works for young people on a number of issues, IYF has issued several publications for practitioners, hosted peer learning exchanges, and maintains a database of best practice programs. Thus, as the Secretariat, IYF brings an added value of being a knowledge broker and disseminator on global experiences on what works for young people in HIV/AIDS prevention.
- *Grantmaking and grant management skills* – IYF has successfully disbursed over \$85 million in funding over the past ten years, ranging from the largest grant of over \$11 million to small grants. More significantly, IYF has expertise in working with global corporations and helping them to implement customized social responsibility programs in multiple countries, thus, increasing the level of investments in young people. As the only public foundation in the Alliance, and one that does not run programs itself, IYF is viewed as a neutral organization with the ability to lead the resource mobilization efforts on behalf of the global and country coalitions and disburse such funds.

Annex V: How the Initiative Contributes to the Millennium Development Goals

MD Goal 6: Combat HIV/AIDS	The Empowering Africa's Young People Initiative
<p>Have halted by 2015 and begun to reverse the spread of HIV/AIDS.</p>	<ul style="list-style-type: none"> ▪ Prevention education will focus on 10-25 year olds in some of the worst affected countries in Africa, as well as in low prevalence countries, where the objective will be to keep the rates at or below the same level. There is potential to replicate in other regions of the world, such as Asia, the Caribbean and Latin America, as all seven organizations maintain similar networks. ▪ The Initiative's principles are also committed to the involvement of people living with AIDS in programming; involving youth in design, implementation and evaluation; and empowering girls especially. ▪ Backed by the leadership at global and regional levels, the Initiative seeks to enhance the capacities of the leading national youth-focused organizations in the participating countries to implement more effective, holistic HIV/AIDS programs. ▪ The Initiative proposes to address the basic education and information needs of young people on the disease and their reproductive health, enhance their capacities through life skills that improve their negotiation skills, citizenship and character development, and facilitate communication and dialogue with parents and adults. The Initiative also seeks to address the underlying causes of poverty and harmful cultural practices through a livelihoods approach, and by raising awareness and continued advocacy. ▪ The Initiative seeks to link its interventions with existing youth-friendly services and providers, to ensure greater access by youth to basic reproductive health services. ▪ Monitoring, evaluation, documenting best practices and operations research on what works for young people in changing behavior for broad dissemination and use by practitioners and policymakers alike.
MD Goal 2: Achieve universal primary education	The Empowering Africa's Young People Initiative
<p>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.</p>	<p>In Africa, where 1 out of 2 children are out of school, and more girls than boys are forced to leave school, the Initiative would contribute to narrowing the education gap by:</p> <ul style="list-style-type: none"> ▪ Using non-formal educational approaches that make learning relevant to poor and marginalized youth, and are also flexible enough to accommodate their need to earn a living or care for sick family members. Messages imparted through teaching methods that incorporate art, music and theatre are easily understood by young people, while also providing children whose parents are sick or orphans with outlets for expressing their grief and fear. ▪ The Initiative seeks to empower young girls especially by promoting gender equity in care giving – more girls than boys leave school to care for sick families, consistently imparting gender sensitive messages, and using peers, mentors, and other community safety nets to support them. All of these interventions are aimed at keeping young girls in schools or providing them with alternative opportunities to learn essential life skills and HIV prevention in settings such as youth clubs, scouting, guiding, etc.
MD Goal 1: Eradicate extreme poverty and hunger	The Empowering Africa's Young People Initiative
<p>Halve between 1990 and 2015, the proportion of people who suffer from hunger.</p>	<p>The disease is perpetuated by poverty and hunger that forces young girls and women to engage in unprotected transactional sex in an effort to provide for their families. The Initiative seeks to address this by:</p> <ul style="list-style-type: none"> ▪ Getting resources to people who need it the most and strengthening the community assets and safety nets to benefit AIDS orphans, vulnerable children and youth. ▪ Promoting a sustainable livelihoods approach to economic empowerment, starting with adults so that their children can continue their education, and income earning

	opportunities for child-heads of households and youth.
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- Advocating for legal and property rights of AIDS widows and orphans.
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