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YOUTH LEADERSHIP AND PARTICIPATION ASK PROGRAM EVALUATION 2015

Undertaken for GNP+



John Owuor and Catherine Dodds

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Executive summary

The Youth Leadership and Participation (YL&P) questionnaire described in this report was completed by key stakeholders and project providers. It was the key mechanism for undertaking a summary and process evaluation of youth-led advocacy activities carried out in Kenya and Uganda as part of the wider ASK (Access, Services and Knowledge) program of work developed by Dutch Youth Empowerment Alliance. The YL&P program in Kenya and Uganda focused on young people living with HIV (YPLHIV). The aims of the questionnaire were to explore:

- I. how evidence collected at the outset of the program (through Positive Health Dignity and Prevention (PHDP) operational research) was incorporated into planning and delivery YL&P advocacy activities;
- II. how intra- and inter-partnership decisions and communications were undertaken along the way;
- III. key successes and challenges; and
- IV. how roles, responsibilities and expectations should be configured for similar work in the future.

Methods

A secure online link to the questionnaire was emailed to prospective participants for completion between 14th November 2015 and 18th December 2015. The initial sample was selected based on their previous involvement as key contact persons in the ASK program. These individuals were also encouraged to circulate the link to the survey to other individuals with whom they worked within their national partnerships, who might have not been involved in direct communication within the international partnership.

Key findings

What follows is a summary of the key issues that emerged from the thematic analyses of the data gathered from this evaluation exercise.

Partnership working and communication: The program was underpinned by partnership working involving implementing organizations in Kenya and Uganda and also northern supporting organizations (GNP+, SAN, Population Council). Overall, the partnerships survived the test of time and delivered the program. Intra-organizational communication was highlighted as a challenge by some respondents, but others said they were satisfied with communication flows. Where challenges were apparent, partners worked to overcome these in order to ensure the program was delivered.

Program management: Respondents said they knew all stakeholders in the partnership and the expectations held for each organization, as well as the overall program aims and objectives. They knew who to contact in the partnership about different aspects of the ASK program and were generally satisfied with their role in the program. However, there were concerns voiced that the agencies providing support for this program, at times lacked a connection to realities 'on the ground' in Kenya and Uganda. Some mentioned also that there was a lack of goal clarity and consistency in

some cases, and many pointed out the difficulties that the flow of resources presented at the start of the project.

Improved capacity: The findings suggest that the program led to improved capacity of young people to advocate for and access better Sexual and Reproductive Health and Rights (SRHR) services. Also, the improved capacity of individual providers meant that organizations were better equipped to also advocate for young people's SRHR. The meaning of the concept capacity as used in this report is elaborated upon in the main findings section.

Other key outcomes and lessons learnt. There were a number of other outcomes from the ASK program. These include: widespread enthusiasm for evidence based interventions, acquisition of transferable skills, and tremendous optimism for a brighter future of SRHR of young people with HIV in Kenya and Uganda as a result of the ASK program. In addition, new and unanticipated SRHR initiatives emerged as a result of the ASK program and new partnerships that were formed will sustain work started through ASK program.

Key challenges: The respondents were also honest enough to highlight some of the challenges they faced while implementing the program. The highlight here was the unforeseen staff mobility which created the impression among implementing organizations that there was a communication and management vacuum during some periods of the project. Another major challenge was the severe delay in starting the program due to the length of time that was required to gain ethics committee approval for the PHDP research, alongside limited capacity to lead research at the grassroots level. This led to a delay of all the other processes including this evaluation. The delay thus hindered realisation of the full potential of ASK program, which all the participants felt was a innovative and visionary idea that should be sustained and extended.

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Glossary of key terminologies

ASK	Access, Services and Knowledge program
GNP+	Global Network of People Living with HIV
IPPF	International Planned Parenthood Federation
KASF	Kenya AIDS Strategic Framework
MAXFACTA	Maximizing facts on HIV/AIDS (MAXFACTA) Youth Group
NEPHAK	National Empowerment Network of People living with HIV/AIDS in Kenya
PHDP	Positive Health Dignity and Prevention
SAN	Stop AIDS Now!
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UYNPA	Uganda Network of Young People Living with HIV&AIDS
UYP	Uganda Young Positives
YEA	Youth Empowerment Alliance
YL&P	Youth Leadership and Participation Advocacy component of ASK program
YPLHIV	Young People Living with HIV

1. Introduction and methods

This report describes the findings and methods used in the process evaluation questionnaire relating to the Youth Leadership and Participation (YL&P) advocacy activities carried out between 2013 and 2015 in Kenya and Uganda as part of the wider ASK program. In this section of the report, we present the background to the program, the aims of the YL&P ASK program and the methods we adopted for the survey.

1.1 Background

The *Access, Services and Knowledge (ASK): What young people want, what young people need*, was a program developed by the Dutch Youth Empowerment Alliance made up of; AMREF Flying Doctors, CHOICE for Youth and Sexuality, Dance4life, International Planned Parenthood Federation (IPPF), Rutgers WPF, Simavi and STOP AIDS NOW!. The first phase of the program ran from 2013 to 2015. The overall aim of the ASK program was to improve Sexual and Reproductive Health and Rights (SRHR) of young people, defined as those in the age range of between 15 years old to 24 years old, through increasing their access to and use of sexual and reproductive health (SRH) services. The full ASK program was implemented in collaboration with partners in Ethiopia, Ghana, Indonesia, Kenya, Pakistan, Senegal and Uganda.

This evaluation focuses on the processes and the outcomes of the Youth Leadership and Participation (YL&P) ASK program component in Kenya and Uganda, which was funded by STOP AIDS NOW! and coordinated by Global Network of People Living with HIV (GNP+). This work focused on the overall ASK program's Key Result area 4: Greater Respect for the sexual and reproductive rights of young people and young people from marginalised groups (Youth Empowerment Alliance (YEA), 2014). The ASK program in Kenya and Uganda involved two phases. The first phase focused on Positive Health Dignity and Prevention (PHDP) operational research among young people with HIV, and the second phase involved Youth Leadership and Participation advocacy activities which were underpinned by the PHDP operational research.

In Kenya, Maximizing Facts on HIV/AIDS (MAXFACTA) Youth Group and the National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) with support from GNP+ implemented the ASK project for young people living with HIV (YPLHIV) what was formerly called coast province (Kwale and Mombasa), Western Kenya (Kisumu and Bungoma) and in Nairobi (Embakasi). In Uganda Young Positives (UYP) and Uganda Network of Young People Living with HIV & AIDS (UYNPA) with the support from the GNP+ implemented the project in Gulu, Pader, Kitgum and Amuru districts in Northern Uganda, and Iganga, Jinja, Bugiri and Tororo districts in Eastern Uganda.

1.2 Aims and objectives of the program

All ASK program activities in both Kenya and Uganda were geared towards attainment of the overall ASK program goal (to improve the Sexual and Reproductive Health and Rights (SRHR) of young people (15-24 years) by increasing uptake of SRH services among young people living with HIV, particularly among those in marginalised populations (i.e. young gay men). The program of work in both countries was intended to be driven by youth-led advocacy, informed by local needs

assessment. Below are the stated goals of the YL&P ASK program in Kenya and Uganda (see appendix 1 for details on the corresponding objectives and stated activities in each country).

In Kenya, the three main goals were to;

- 1. Improve meaningful participation of YPLHIV in development and implementation of policy, strategies and legislations at all levels of HIV and SRH response by increasing YPLHIV participation in policy/program making, implementation, monitoring and evaluation processes of activities relevant to HIV PHDP and SRHR; as well as availability and access to YPLHIV friendly SRH information, commodities and services in health facilities.*
- 2. Improve funding for YPLHIV activities by increasing funding to YPLHIV capacity building, monitoring & evaluation of HIV and SRHR activities.*
- 3. Improve HIV and sexual reproductive health of YPLHIV by creating awareness about PHDP and human rights; as well as promoting compliance to PHDP and human rights among YPLHIV, service providers, parents, teachers and opinion leaders.*

The following were the goals of the program in Uganda. The first goal being the same as the first goal in Kenya.

- 1. To improve meaningful participation of YPLHIV in development and implementation of policy, strategies and legislations at all levels of HIV and SRH response by increasing YPLHIV participation in policy/program making, implementation, monitoring and evaluation processes of activities relevant to HIV PHDP and SRHR; as well as availability and access to YPLHIV friendly SRH information, commodities and services in health facilities.*
- 2. Increase respect of human rights of YPLHIV by empowering YPLHIV with knowledge of policies and laws on human rights so that they are able to observe and demand for protection of their rights including legal aid services; and by reducing stigma and discrimination against YPLHIV in the health, education and community sectors.*
- 3. Improve HIV and sexual reproductive health of YPLHIV by advocating for the provision a comprehensive package of HIV/SRH information and services, and increasing the utilization of HIV care, treatment and support services amongst YPLHIV.*

The YL&P ASK program thus aimed at addressing challenges on the SRHR supply side (affordability, availability and quality of SRH services and commodities) and the demand side (knowledge, skills, and self-efficacy of young people) (Oportunidades, 2015). To achieve this, the program aimed at building the capacity of young people to address their SRHR. Part of this task involved making young people more knowledgeable about their SRHR needs so that they could make informed choices with regards to their sexual and reproductive health.

1.3 Program Implementation

With funding and oversight provided by SAN, the implementation activities of YL&P ASK program were coordinated by GNP+, and undertaken in two phases between 2013 and 2015. The first phase involved Positive Health, Dignity, and Prevention (PHDP) local needs assessment research, which was led and supported with research capacity training in Uganda and Kenya by the Population Council as

a technical assistance partner on behalf of GNP+. The second phase involved advocacy activities supported by GNP+, which had a specific remit to build advocacy capacity in the implementing organizations. Each of the four implementing organizations in Kenya and Uganda led a specific phase of YL&P ASK program. UYP led the operational research in Uganda while MAXFACTA did the same in Kenya. When it came to advocacy work, UNYPA was the lead agency in Uganda while NEPHAK was the lead agency in Kenya. All the organizations were involved in both the operational research and advocacy activities in their respective countries. An organizational chart is provided in Appendix 2

All advocacy activities entailed in the program's delivery in Kenya and Uganda were to enable YPLHIV to assume leadership roles and actively engage in all processes related to their SRHR. The ASK program thus identified key focus areas to target in order to enhance leadership and participation of young people in issues related to their own SRHR. These key focus areas included information and education; youth-targeted and youth-friendly services; and raising awareness and acceptance of young people's sexuality (Rutgers, 2015).

SAN did not have a direct role in the day to day program management of YL&P, instead, it was intended for GNP+ to have a more hands on role. At six-monthly intervals, implementing organizations in each country were expected to complete a joint monitoring report which was considered in depth by SAN and GNP+. It was not clear to the evaluation team if there were regular collaborative meetings between supporting organizations.

1.4 Process evaluation methodology and recruitment

Owing to time and available resources, we adopted a voluntary self-completion questionnaire directed at program managers, coordinating agencies, funders and providers to enable reflection on the processes and outcomes from their perspective. The questions were developed in consultation with GNP+.

Ethics approval was not required for this internal evaluation, as it did not include service users of the various organizations or other vulnerable individuals.

GNP+ sent out emails inviting eighteen prospective respondents who had been involved in delivering, managing and funding the programme to consider taking part. The invitation email provided an overview of the evaluation, why it was being carried out, who was carrying out the evaluation and the potential use of the findings. The prospective participants were also assured of their anonymity, confidentiality and voluntary participation in the evaluation. The researchers also urged those who were contacted through the available email list (provided by GNP+) to forward the questionnaire link to other individuals they might have worked with in ASK program who were not included in the initial email list. Three respondents were recruited through this snowballing method of referral. The questionnaire was designed in English using the Bristol Online Survey tool (<https://www.survey.bris.ac.uk/>). Researchers were able to monitor completion rates in real time across a range of parameters: country level, organizational level and levels of responsibility within the ASK program. At one stage, when it was apparent that responses were lower than anticipated in one setting, the researchers were able to follow up with key contact persons to prompt participation. The researchers thus sent out blanket reminder emails to remind potential respondents of the deadlines.

1.5 The sample

A total of twenty individuals completed the survey questionnaire and submitted valid responses. There was equal gender representation in the final sample (10 women and 10 men). A considerable proportion of those taking part were younger, with half (n=10) under 30 years old. The countries in which respondents were based indicated a good distribution of those providing funding, coordination, management and delivery of the program of work: Uganda = 9, Kenya = 7, Netherlands = 2 and one each from United Kingdom and Republic of South Africa. Two of the respondents were agency directors, three were finance officers in their organizations, eight were program managers or ASK program focal points, five were youth advocates or young people living with HIV (YPLHIV) and four were individuals who were involved in the project as technical advisors in their capacity as consultants or managers from the funding organization. Some of the program managers were also YPLHIV.

Nearly half of the participants (8) said they were either program managers or focal points for the ASK program within their organizations (See table 1 below). This suggests that the views expressed in this report are insights of individuals that were directly involved in day to day processes of YL&P ASK program. Some participants nominated themselves as undertaking more than one role. We noted with interest that no participants categorised themselves as 'funders' for the purpose of this questionnaire even though SAN provided all of the funds for this activity, and representatives from SAN completed the questionnaire. In addition, although GNP+ dispersed SAN's funds to technical advisors as well as to implementing organizations, GNP+ staff who responded to the questionnaire did not categorise themselves as funders. This is interesting because many of those from implementing organizations regarded one or both of these agencies as project 'funders' (please see Appendix 2 for an organizational chart).

Table 1 Roles of the participants in YL&P ASK Program.

Role in the project	Numbers
Funder	0
Trainer	0
Program manager/focal point	8
Agency director	2
Service provider	0
Youth Advocate/YPLHIV	5
Data enumerator (PHDP research)	0
Finance officer	3
Other	4

Those performing 'other' roles identified themselves as technical advisors or consultants who supported the implementing organizations on various capacity issues such as designing and managing the PHDP research process.

As illustrated in table 2 below, the majority of the participants were based in Kenya and Uganda, where most of the YL&P ASK program activities under evaluation were implemented.

Table 2 Country of operation

Country	Numbers
Kenya	7
Uganda	9
Netherlands	2
Other	2

More than 16 out of 20 respondents had been involved in ASK program for more than one year. Therefore, the majority had been involved either directly or indirectly in both phases of the program (the PHDP operational research and the subsequent advocacy activities).

The aim of the evaluation was not to achieve statistical representation of those who were involved in YL&P ASK program but rather to gain insights into the processes and outcomes of the program. We therefore believe this sample is able to provide sufficient insights into the program from a range of perspectives.

2. Findings

This section provides a summary of the key findings arising from thematic analysis of the survey data focusing on: partnership working and communication, improved capacity, key outcomes and lessons learnt.

2.1 Partnership working and communication

The YL& P ASK program was centred around partnership working within each country. Effective communication within the partnerships was therefore a key pillar in the delivery of the stated objectives and a vital determinant of the ultimate success of the program. As outlined above, the partnerships involved in the YL& P ASK program in Kenya and Uganda was led by GNP+. In both countries, GNP+ worked with two key organizations which in turn worked with other organizations in their national networks.

We asked the participants whether they were satisfied with the flow of communication about YL&P ASK program within their organization, the flow of communication between partner organizations (and also with supporting organizations) and whether it was easy for them or their partners to know what was expected of them in terms of their contributions to YL&P ASK program. A half (10 out of 19) of those who responded to the question on satisfaction with communication within their organization said yes they were satisfied, whereas slightly fewer (8 out of 19) said they were less satisfied with communication or some aspects of communication about the program. A similar range

of responses were also given for the question on flow of communication between partner organizations. Many of the respondents who were satisfied with the communication flows were satisfied with both internal and external communication. Where troubles with communication were commented upon, these tended to be reported as challenges in communication between implementing partners. Most implementers reported good levels of communication between their organizations and the supporting organizations (GNP+ and SAN).

Generally, those who reported satisfaction with internal communication (within an organization) described it as very satisfactory. Participants indicated that everyone in their organizations knew what was expected of them and who to contact about ASK program issues. Some noted that platforms for feedback existed to ensure everyone was up to date about ASK program. It was clear from some of the responses that ASK utilised existing communication channels in some of the organizations such as regular team meetings to facilitate internal flow of communication about YL&P ASK program.

Most of us in the organization knew about what was going on about the project. This was possible through regular meetings, exchange of emails, telephone calls at every point in time
[Participant 11]

Communications from external partners were channelled through specific individuals in each organization making it easier to coordinate. In other words communication flowed through the hierarchies in the organization both inwards and outwards from and to external partners.

Communication from GNP+ and SAN went through the secretariat of my organization and was always shared with members on the project in time. For information which required feedback, the feedback was often collective. It sometimes took time to respond because there was always an effort to get views from members on what they thought about given situations. However, for those which needed quick responses, decisions were taken quickly, but still, those decisions would be shared with members accordingly. Meetings (internally) were the main channel of communication. [Participant 13]

External communication with supporting organizations (GNP+ and SAN) was generally considered excellent. Funders communicated with key contact persons in the implementing organizations whose role was to facilitate communication with all relevant team members. Responses suggested that decisions were made through a consultative process to accommodate views of all relevant staff. The extract above highlights smooth communication with GNP+ and SAN regarding YL&P ASK program. Overall, any information about ASK program that was already in-house was communicated accordingly to relevant team members using all existing internal communication structures which ASK program relied upon.

The participants also reported a number of initiatives to promote smooth communication between implementing partner agencies. For example there was a “joint secretariat” [Participant 15] set up in Uganda to enhance smooth coordination and communication. In Kenya, it was reported that the SRHR alliance leadership for example supported the implementing agencies to ensure coordinated work [Participant 17]. Some participants also noted that program initiation meetings were also

useful in ensuring partnership bonding and good working relationships since the meetings were used to outline the roles and expectations of each agency [Participant 13].

However, there were also bound to be challenges given the nature of multi-agency collaborative working arrangement involved in the program. A number of respondents noted that communication between implementing partner organizations was sometimes strained or delayed.

Poor communication between the 2 implementing partners ... regular updates of what was going on and what each partner was doing or involved in. (No joint activity planning or evaluation meetings)[Participant 6]

Where partners were supposed to carry out common activities, sometimes such activities were not undertaken jointly due to internal constraints within individual organizations. The resulting individualistic approach sometimes compromised the opportunity to maximise the intended leverage provided by working in partnership. The participants noted that the joint activity most affected by these problems were the biannual monitoring reports.

Inter-organizational communication was also partly affected by changes in personnel responsible for the YL&P ASK program in some of the organizations in the partnership. For example, some of the individuals who took over the coordination of the program were not able to fully gain from lessons learnt during the initial stages of the program as illustrated below.

We didn't travel though the journey of the project together [and] as a result our shared understanding of our roles, deliverables etc. was completely disjointed. [Participant 19]

Overall, the partnership survived the test of time and delivered the program despite these challenges. All the participants noted the lack of time as a major challenge rather than communication. Generally, it was the senior level management who at time felt frustrated with communication bottlenecks whereas the front-line implementers generally reported being happy with the flow of communication. The staff changes at GNP+ (who were supposed to provide technical guidance, capacity building and support to implementing partners) did leave some partners in the South feeling the project was disjointed and unable to follow through their work plans. There will be more detail on how this influenced both program management and capacity in the sections below. The fact that participants engaged with this process evaluation questionnaire via existing communication channels suggests that the flow of communication remained functional, even though there would be room for future improvement.

2.2 Program management

Participants expressed satisfaction with several aspects of ASK program management structure. For example, they expressed satisfaction about knowing who to contact about different aspects of the ASK program in the partnership, even though communication flow was not always as smooth as discussed above. The participants were aware of all stakeholders in the partnership and the expectations relating to each partner, as well as the overall program aims and objectives.

However, the following issues emerged as perceived barriers that were directly linked to the way the ASK program was managed.

Inadequate capacity (among implementing partners) was an issue reflected in the majority of the responses (and there is a separate section on this topic below). There was an initial capacity needs assessment carried out online but some participants suggested that the assessment mechanism itself was inadequate and did not effectively assess the capacity needs or the reality on the ground. Participants noted that for capacity building to be effective, it ought to be continuous, not a one off exercise. Some participants suggested for example, that ongoing mentoring would have brought considerable benefits for the implementing ASK partner organizations in Kenya and Uganda. Furthermore, poor handover processes left those coming into the new roles uninformed about the program situation on the ground.

Disconnection between top and bottom. Participants in Kenya and Uganda reported their sense of the project actually taking a top-down approach, rather than the sort of bottom-up approach that had been envisaged as part of the program design and stated intent. Some of the participants felt that some of the individuals from the support organizations were too distant from the implementation realities on the ground, therefore exacerbating this situation.

Communication sometimes came across as demands rather than working through the differing capacities [of organizations on the ground] [Participant 19]

There should have been a follow through after training and attempts to measure impact of the program for example to measure the level of satisfaction with SRF service. [Participant 13]

It should also be noted that as a part of the larger ASK programme, this YL&P component also faced an additional layer of expectations within that broader context, making the task of connection between top and bottom even more of a challenge.

These findings might help to encourage further reflection on the need for better development of community ownership of the program.

Job titles/role descriptions also posed a challenge because individuals' roles of responsibility within their organization were not always in line with the roles they played in ASK program, in relation to their partner organizations. This created coordination and communication challenges because external partners were not fully conversant with internal processes in the partner organizations. For example in certain organizations, communication into and out of the organization went through internal hierarchy via the director whereas in others all ASK communication went through ASK focal person. In some cases where joint action was necessary such as joint reporting, lack of clear responsibilities led to severe delays, as there was no one designated to take the lead on joint tasks.

Keeping the focus. The data suggests there were challenges with regards to keeping to the focus of the ASK program, and although the energy and diversity of approaches can be regarded as evidence of 'bottom up' planning, we note that more needed to be done to reflect on key objectives throughout. Although the participants said they were clear about the expectations of the ASK program, the responses from some of the participants demonstrated that mission drift and task prioritisation was an issue. For example, evidence from Uganda suggests that activities focused on a considerable range of range of issues; awareness raising, schools work, human rights documentation, paralegal training etc. These myriad of activities undertaken within the limited remaining time (as

most participants reported) makes it unclear whether these were intentional decisions made about the necessity of such a broad spectrum of activity, and if so, on what grounds. A similar lack of clarity on the precise focus target groups emerged from some Kenyan participants. Even the target groups were not clear, some participants for example reporting on sex workers and LGBT having improved access to SRH services (e.g. participant 8), with others reporting on young people whereas others talked of young people living with HIV. Whereas all these are vulnerable groups that ASK program targeted, it was not clear which organization worked with which vulnerable groups, given that the implementation period was significantly shortened by the delayed PHDP research.

Stigma was identified as pre-cursor issue that needed to be tackled in order to dispel SRHR myths and then move toward advocacy goals of the ASK program. But there was insufficient capacity to sufficiently take on HIV related stigma in terms of resources, time or personnel. Some of the many activities mentioned above made an attempt to do so, but participants reflected on the difficulty of trying to take on such a pervasive issue, while also seeking to achieve advocacy outcomes. In Uganda for example, an anti-stigma campaign called Y+ beauty pageant was run alongside ASK advocacy activities.

Unmet expectations. Different stakeholders had unmet expectations which were related to the way ASK program was managed. For example, a participant noted that young people expected financial rewards but instead got capacity enhancement. Another noted that YPLHIV also need their socioeconomic needs met in addition to SRHR needs, something that was not part of ASK program but has a potential impact on how young people engage with such interventions or their expectations. Different stakeholders in the partnership also reported unmet expectations within the partnership itself. For instance, it was intended that the PHDP findings would inform advocacy goals, but in the end the majority of project time went into developing the research and gathering the evidence, leaving only the last year of the project to start using it to inform advocacy.

The changes in staffing further complicated shared expectations within some domains of the partnership, resulting in a view that some of the organizations did not live up to the high expectations held by others. This could partly be attributed to the complexity of the partnership-working demanded by the ASK program, and it may also reflect a lack of clear terms of reference regarding what organizations should have expected from one another on both a day to day and a periodic basis. What this illustrates is the complex mixture of expectations in the partnership that each organization had to deliver. Whereas each organization believed they met most of the expectations of their partners as data suggests, it seems that there was lack of clarity on expectations across the partnership. For example, the data suggest a lack of clear role clarification and appropriate feedback mechanisms between the supporting organizations through which expectations and roles could be easily relayed within the partnership. Such lack of clarity at times created tension between partners. This was worsened by what some participants called a shift in expectations as the program progressed, which in turn affected the roles that key individuals subsequently played in the project. For example, when SAN felt that there was a communication bottleneck between GNP+ and implementing organizations, (and they felt pressure from the Alliance that was organizing ASK to deliver something immediately) they took the initiative to communicate directly with implementing organizations in order to obtain the information they needed to relay to the SRH alliance, leaving GNP+ and implementing partners less sure of their respective roles in this modified dynamic.

Resource flows. A significant number of participants reported delays in budget allocation, especially at the start of the program.

It was also not foreseen that the project would be so short to require an end-line PHDP study for comparison purposes. This was even made worse by the delays in commencement of project implementation. This hampered on (meaning affected the ability to measure) quantitative measurement of achievement and possible attribution.
[Participant 13]

As mentioned already in relation to the duration of the initial research phase, shortage of time was a recurring theme in participants' responses, and was bound up most often with a lack of reasonable expectation and planning across all partner agencies about how much time sustainable capacity building was going to take. Some respondents thus reported a desire to consider any future extension of this project to keep building on the existing capacity and continue with unfinished tasks. Given that the project was funded for only three years and experienced severe delays, there was a feeling that the project had never been given enough space and time for full development. But there was also a sense that the existing resources were not used fully, again due to time limitations:

"We have not fully - or maximally made use of all the data, capacity and energy of YPLHIV at the various levels [due to the delays in the project]." [Participant 20].

This suggests a desire to maximise the existing resources in addition to the need for extra resources suggested by other participants to *"sustain the gains made"* so far (Participant 17).

2.3 Improved capacity

The notion of capacity building is so commonly used that one may assume a common understanding of the concept. But its meaning is actually not so obvious (Bergh, 2011; Kaplan, 2000). Furthermore, the concept means different things in different disciplines (Fukuda-Parr & Lopes, 2013; Jörgens, Weidner, & Jänicke, 2013). In this report, we take capacity to mean the ability to perform functions, solve problems and set and achieve objectives (Fukuda-Parr & Lopes, 2013). Capacity building in this report therefore means those activities that aimed at empowering (Bergh, 2011) individuals and organizations involved in the ASK program to perform the above functions. We adopt this definition because we view ASK program as a development program. However, it is worth pointing out that the ASK program had aimed to avoid the usual development oriented capacity building shortfalls such as top-down approaches and assuming a homogenous local community (Bergh, 2011) by basing the program on local evidence through PHDP research. There were also efforts to carry out local capacity assessment before coming up with capacity building plans.

The findings suggest that the YL&P ASK program led to the improvement of capacity at different levels. Although this evaluation did not directly involve the beneficiaries of the YL&P ASK program, there were a significant number of young people who worked on the program, as part of their employment, whose insights on their own increased capacity were invaluable, and further insight on this issue was also gained from older stakeholders. In addition to changes in capacity among young

providers and their respective organizations, participants also described improved capacity within the target group (YPLHIV). The findings did reflect some limitation to the potential for even further capacity-building, given the aforementioned staffing and oversight changes. This made it challenging to maintain momentum in the capacity-building efforts that had been expected of GNP+.

The data suggests that the capacity of young people was improved in a stepwise process. First, the respondents noted that the PHDP research helped to identify the needs of young people that required targeting in order to enhance their capacity to lead on and to engage with issues related to their SRHR. Young people working and volunteering in partner agencies learned how to carry out research.

Youth took lead in reviewing literature on policies which was key at identifying policy gaps in implementation. Youth collected data and took part in the initial data management processes, some youth also participated at analysing district based data, finalization of the report and dissemination of findings at different fora to different stakeholders. [Participant 13]

Young peoples' skills were improved through training and subsequent experience in undertaking, analysing and dissemination of the actual research findings. This style of direct involvement enhanced their capacity to lead and actively participate in research affecting their SRHR, an objective of the ASK program.

The evidence from the PHDP research was used to directly inform the development of activities that would target various aspects of young peoples' SRHR in order to empower them to advocate for and access young people-friendly SHR services. The evidence from the PHDP research also indicated just how much unmet need there was with regards to the capacity of YPLHIV to demand their rights, thus ensuring appropriate responses to their needs from policy makers and service designers or providers. Some of the young service providers then took on roles where they were able to lead on issues affecting them such as leading advocacy campaigns as ASK focal point program managers. Others were involved in regional or national policy dialogues regarding young people's SRHR whereas others even took part in international UN meetings where they represented the views of their peers.

One of them (young person involved in ASK program) accompanied the president to the UN General Assembly meeting this year. [Participant 18].

Acquisition of a range of transferable skills were described by participants, enabling application of what had been learned through ASK to other programs at an individual or organizational level. For example skills that could be applied in related initiatives or interventions targeting SRHR of vulnerable groups in the participant's settings.

The narratives suggested that several participants involved in the implementation of YL&P ASK program acquired an array of transferable skills. Such skills include self-confidence through interaction with different people from different backgrounds, advocacy skill, knowledge about SRHR, paralegal skills, collecting and managing research data, managing human resources, project planning and management, writing funding proposals and financial reporting. Some of the participants, for example, said they learnt how to work with young people, in other words how to make their services young people friendly, noting that previously their services were not sufficiently sensitive to the

needs of young people; *“previously we dealt with them the same way as adults LHIV while they are a special group”* [Participant 17]. Some of the participants said that they learned about the realities of living with HIV and the challenges YPLHIV face in terms of their SRHR, hence were able to serve such young people better. The participants also acquired team working and interpersonal skills. The ASK program was grounded in alliance working and all participants were involved in multi-agency team working such as *“joint meetings to share the progress about the project and discuss new plans and strategies for improvement”* [Participant 7].

Most of the transferable skills were attained through the various trainings offered to the relevant participants during the program such as training in research management, financial reporting, provision of paralegal training and advocacy skills building.

The different trainings kept on improving our skills, throughout the project cycle young people were becoming more and better in advocacy a sign that proves gain in skills.
[Participant 6]

In other words, the ASK program involved a range of training and practical application opportunities through which those involved acquired diverse transferable skills. This was a positive outcome of the program given that ASK program started from a point where there was notable *“lack of skills/capacity from YPLHIV organizations”* [Participant 19].

Overall, the fact that the project contributed to individuals’ skills improvement highlights the added value ASK program had and its contribution to the overall knowledge and skills base of the target communities.

The ASK program also led to the development of other initiatives that appear likely to build future capacity among young people. For example, a national network of young people living with HIV called *“Sauti Skika”* was formed in Kenya as a direct offshoot of the ASK program. This national movement is likely to further build the capacity of YPLHIV through providing them with a national platform through which to air their views and champion their sexual health rights. For example the network has enabled the expansion of the target audience for HIV prevention from only *“HIV negative youths to all youths in Kenya”* [participant 15], thereby including a recognition of YPLHIV in these interventions.

The data also suggests that more could be done to compliment the great strides made in improving the skills and capacity of young people in the program settings. Some participants for example said there was need for further capacity-building in resource mobilisation and financial management. Furthermore, since the project focused on specific geographical areas, some participants observed that there was need to expand the ASK program into other parts of Kenya and Uganda, in order to enable similar benefits to young people associated with other organizations.

The programme built capacities of staff of the two organizations (UYP and UNYPA) and members in mostly in Kampala, Gulu and Iganga, leaving out other districts. This should be extended to other areas as well as considering the following. Arrangement for exchange visits to share best practices with other countries. [Participant 11]

The current geographical boundaries of the existing ASK program in both Uganda and Kenya means that there is room for expanded scope within each country. Some participants suggested cross country exchange visits to share experiences.

Overall, there remains a substantial number of young people who have and who will benefit from the capacity building initiatives of the ASK program in both Kenya and Uganda. Those who worked to deliver the program had their capacity improved in different areas to different levels. However, it is difficult to quantify the outcome of capacity building efforts since there was no clear baseline to benchmark the outcomes against. This rapid evaluation exercise was not designed to capture the different levels (YPLHIV, members of staff and organizations) of capacity building that took place through the ASK program, however some of this is documented in the biannual monitoring and evaluation reports collected by the supporting agencies.

2.4 Outcomes and lessons learned

This section summarises the participants' perspectives on the outcomes and lessons from YL&P ASK program. It focuses on enthusiasm for evidence based interventions, transferable skills, hope for improved SRHR for YPLHIV in the future, key challenges encountered, unexpected outcomes of the program and missed opportunities.

2.4.1 Widespread enthusiasm for evidence based interventions

The respondents expressed a widespread enthusiasm about PHDP research findings and elaborated on how the evidence informed their activities as summed by the extract below.

Evidence based advocacy has the potential to create [more] desired change than those advocacy intervention based on hearsay or literature. [Participant 1]

The participants from Kenya and Uganda broadly viewed the PHDP operational research not merely as a source of evidence for the advocacy work but also as a form of capacity building in its own right through the skills those who were involved gained. The research was both informative and a capacity enhancer for the young people who were trained to carry out the research. A majority of the respondents (17 out of 20) said that the findings of the research directly informed the advocacy activities.

The results of the PHDP research showed us where the gaps were, the results were used to develop advocacy activities accordingly. [Participant 9]

The evidence from PHDP research also helped the agencies to identify their own organizational gaps as well as national structural deficits with regards to PHDP framework. For example, the research helped in identifying national SRH policy deficiencies and the findings were used to firm up such policies and national strategies

The review provided evidence for the gaps in policy around SRH for YPLHIV which were later used to drive the advocacy agenda and to feed into the Kenya AIDS Strategic Framework (KASF) which was being developed at that time and review of the Adolescent SRH Strategy (2015). [Participant 1]

The evidence from PHDP research for example informed the national AIDS strategic network in Kenya and a resulted in the publication of an influential position paper on YPLHIV in Uganda. However, as already noted above, it was noted that the process of gaining research ethics committee approval and then gathering and analysing the evidence took most of the available time hence there was very limited time to put the evidence into practice and to effectively evaluate the extent to which the activities addressed identified areas of need.

Yes it did (PHDP findings informed advocacy activities), but the results and final report were heavily delayed and I think that we could have drawn more and/or use the results more than we are currently doing. [Participant 20]

Thus the great enthusiasm for evidence based practice and the widespread efforts to apply the evidence was tempered by the fact that that insufficient time had been allocated for this component of the project within the three year project. Apart from time, there was also a somewhat limited capacity to interpret and use the evidence accordingly. Some of the young people who were supposed to take a leading role in designing advocacy using the evidence did not have the technical capacity to do so. Hence a number of participants reflected on the gains that might have been made, had more been done to build young people's capacity to analyse, disseminate and apply the findings themselves.

I don't think the findings uniformly informed all the advocacy activities. Primarily the development of the research papers were significantly delayed, the capacity of the YPLHIV to develop the advocacy tools were limited. In hind sight we needed to build in more time to work with the young people to develop and use the advocacy tools in order to facilitate greater ownership of the findings and the associated tools developed. [Participant 19]

There is therefore a tension that emerges within the questionnaire responses, between the considerable enthusiasm that the prospect of participatory research and evidence based practice that this project had ignited, and a recognition that in reality, the appropriate elements had not been put in place to fully realise this kind of approach in this project.

Nonetheless, this was mainly regarded as a point of learning, and the participants universally approved of the ASK program approach of basing interventions on local evidence generated by target beneficiaries. There was therefore considerable support for the community participatory approach used by Population Council in placing young people at the centre of PHDP research, resulting in the generation of evidence by young people for young people. Such an approach was said to be a good recipe for young people's ownership of the processes aimed at improving their SRHR.

2.4.2 Optimism for the future

There was a high degree of optimism regarding an improved SRHR for young people in ASK program coverage areas expressed across most questionnaire responses. The participants noted that the improved capacity of young people and the individual organizations serving vulnerable young people as well as an array of transferable skills acquired through ASK program made the future look

promising. Participants felt that with sustained support, young people would be increasingly able to champion their SRHR issues and to be engaged fully in all levels of SRHR policy and programming.

Those who provided technical assistance for example were optimistic that their role in the ASK program would help inform future programs on SRHR and improve the lives of YPLHIV. Statements such as the following *“balanced mode to accommodate top-bottom and bottom-top approaches. Bottom-up is more ideal”* [Participant 13], were used to signal a desire for change in management structure and communication and optimism for a brighter future of SRHR of YPLHIV – all of which is directly attributable to the ASK program.

Some respondents noted the need for widened geographical coverage beyond the limits of the current ASK program phase [Participant 11], indicating a need for the continuation of ASK program to enhance more young people’s capacity to play a leading role in their SRHR. The participants also expressed a desire for a modified format of future interventions. There was a desire expressed to include tangible, ‘events’ based interventions such as *“edutainment”* within the mix of advocacy work [Participant 6, ASK focal point/program manager]. A possibility would be perhaps a stronger mix of different activities which feeds public facing desires, as well as more strategic lobbying roles.

2.4.3 Unexpected beneficial outcomes

The participants were asked to describe **any unforeseen or unexpected outcomes of YL&P ASK program for them personally, for their organization, or more broadly**. The following provides as summary of key emerging responses. The views expressed here are reflective of those who were involved in the implementation only. It is also worth noting that some of the issues outlined here such as young people taking centre stage in policy and program processes was actually a key goal of ASK program. The fact that the respondents perceived them as unexpected outcomes possibly indicates that the program might have surpassed the individual expectations of some of implementing partners.

- There was a sense that young people developed a common view of their SRHR needs irrespective of their HIV status or sexuality. Thus the ASK program helped galvanize young people to forge a common desire to improving their overall SRHR [Participant 1]
- Some of the organizations involved in this program (YL&P) acquired new strategic partners, which will be useful for the sustainability of their future work in promoting SRHR of young people [Participant 6]
- National and local government departments as well as other relevant bodies were engaging young people who were involved in ASK program in their SRHR-related committees and advisory groups in recognition of YL&P ASK program. For example staff members of an implementing agency were involved in the *“national steering committee on violation of sexual reproductive health and rights of women living with HIV research in clinical and community settings [...] by the International community of women living with HIV in Eastern Africa”* [Participant 11]. Young people have thus become a new face that relevant bodies aspire to have in their fora as highlighted here: *“Government and civil society now require a young PLHIV to grace their forums”* [Participant 15]
- The ASK partnerships became stronger through the program despite the difficulties already described in their joint working arrangements. Due to these partnerships, some or the

organizations involved used the partnership as leverage to help develop further opportunities [Participant 13].

- The program initiated a new peer-to-peer movement that is likely to lead to the spread of the developed resources and information through the alliance to “more young people” [Participant 16] in Kenya and Uganda.
- Some members of staff from implementing agencies and some of the young people who benefited from YL&P ASK program ended up representing their peers at regional and internal conference including the UN assembly on other issues.

2.4.4 Missed opportunities

The participants were asked to **describe any ideas or opportunities that arose, but ultimately could not be implemented or acted upon during the program**. Below is a summary of some of the perceived missed opportunities.

- Some of the participants believed that the ASK program made some of the national policy makers acknowledge YPLHIV as a critical group that required immediate policy and program action. However, this opportunity was not fully seized due to the limited lifespan of YL&P ASK program [Participant 1]
- The program was limited to specific geographical locations within each country, and the momentum it created could not be turned towards national processes immediately due to resource limitations, and also the slow pace of change required by such processes.
- There was a realization that the HIV and sexual health materials developed could be made more appealing to the target audience by using innovative means such as films, infographics or edutainment. But few of these could be executed due to budget and time limitations.
- Some participants noted that a great opportunity to get rich quotes to capture young people’s views through the PHDP operational research was lost because recording verbal quotes from young people was not part of the study design [Participant 11]. Some participants noted that they would have liked to assess levels of satisfaction and outcomes for YPLHIV at the end of the YL&P ASK program, as had been originally planned [Participant 13]. A concept had been put forward by GNP+ to deliver a comprehensive review of the program which was not implemented due to the lack of remaining time at this stage in the project (given the need for ethics approvals etc.) [Participant 20].

2.4.5 Key challenges

This subsection summarises the issues the participant considered as challenges.

- There was an indication that the project was top-down in nature and was actually not fully youth led as intended. One participant noted that its failure to recognise existing capacities made it difficult for a purely youth led organizations to meet some of the ASK program expectations such as program management and successful funding applications.
- Joint working and reporting was another challenging area, especially with regards to financial reporting which was to be undertaken jointly by implementing partners in both Kenya and

Uganda. There were reported instances of lack of willing leadership on such joint initiatives, leading to slow progress or inaction at times. This was worsened by lack of capacity and limited guidance on financial reporting (Participant 12, Kenya). In Uganda, some respondents reported lack of an appropriate mechanism for effective joint working. The partners were thus thrown in together, and expected to work in partnership when this was perhaps a source of slowdown, as there appeared to be limited mechanism for supporting joint working at local level (Participants 3, and 11). The joint working efforts partly slowed down progress, and might have led to the sorts of reporting challenges that ultimately were particularly evident from the Kenyan partnership.

- A number of participants also noted that the PHDP research findings were not exhaustively utilised due to time limitations. Too much time was spent in planning for research, gaining ethics clearance and then generating the findings and very little time was left for development of the advocacy work based on the findings (Participants 14, 20)
- Involvement of young people in project leadership was not strong enough, due to the limited time left after PHDP research. Young people were involved in several roles, for example members of various steering committees, but in some cases, these were perceived to be mainly to meet the program requirement, or “*merely cosmetic*” as participant 14 noted.
- Intra-partnership communication was a challenge in some cases as discussed under the theme on communication. As a result, some of the agreed joint activities such as joint reporting never worked out well according to some participants; “*agreed joint work plans were not followed through*” (participant 14). Country specific analyses indicated that the communications challenges in the Kenyan partnership were more extensive than those encountered in Uganda. In fact, a number of Kenyan respondents maintained a silence on questions about project communication.
- The unforeseen staff mobility interrupted the potential to learn from the institutional knowledge gathered over the period and key working relationships built over time were hampered along “the journey of the project” [Participant 19].

Conclusion and recommendations

Given the experimental nature of the YL&P ASK program, some of the challenges could have been anticipated. For instance, the issues described as ‘delays’ such as having to wait for research ethics committee approval might have been built into the planning, in order to better manage expectations. As it stands, the YL&P component of the ASK program in Uganda and Kenya was ambitious, and it should not be a surprise that it was unable to accomplish all it had set out to achieve. Such learning is part and parcel of an innovative intervention such as the YL&P ASK program, which provides useful insights for making the processes better in the future.

This report has illustrated that the YL&P ASK program has ignited something special that is worth continuing, in the form of procedures and communication as well as the delineation of roles and expectations that require special attention in future extensions or similar programs. The findings reveal that complex working partnerships have been formed, which put future collaboration on a strong footing. Despite of the challenges outlined in this report, the management structure served to deliver a complex program, under the prevailing circumstances, and can be improved to anchor future interventions targeting SRHR of vulnerable populations in the implementing countries (Kenya and Uganda). More importantly, the program enhanced the capacity of individuals and the organizations involved at different levels. Staff and volunteers in implementing agencies gained numerous transferable skills that enhanced their personal and professional capacity in various areas such as research, project management and monitoring and evaluation which will make them more capable in delivering future programs. All these achievements provide a basis for taking forward the vision of the YL&P ASK program in the future.

The report has elucidated the enthusiasm all the participants expressed regarding the YL&P ASK program and a huge desire to see it continued and extended to reach other parts of the relevant countries (Kenya and Uganda) that were not covered by the time this phase closed at the end of 2015. Thus, the participants believed that the participatory, community-led approach used in the project was the right one and should be replicated and strengthened going forward. Needs assessment through PHDP research was praised by all participants as a useful way of ensuring that the advocacy work was grounded on local need. At times, there was sense that the program could have done more to be led from the grass roots experience and expertise of young people, however it was also acknowledged that further capacity-building was required in order to make this a reality. All potential future work focusing on SRHR or other related interventions can therefore build on the established ASK program networks or partnerships by addressing some of the recommendations we outline below.

Timing and planning

Unrealistic planning for YL&P ASK program led to the experience delays in the implementation of the program. For example, a significant amount of time and energy went into designing the PHDP research and gaining ethics clearance. This meant that the implementation of advocacy and other program milestones had to be deferred and delayed.

- Future programs aiming to use this ASK approach (starting by research to inform subsequent activities) should be more flexible with regards to time planning and have contingency plans for handling foreseeable issues such lengthy delays in obtaining ethical clearance for research.

Communication

As discussed above, the YL&P featured communication at the heart of all delivery, and yet internally this was considered a central challenge by stakeholders. Some described considerable program management bottlenecks because of communication gaps.

- We recommend that future related programs should establish clear communication guidelines and channels that can be easily understood and adhered to by all relevant stakeholders.
- As part of communication, future programs should also aim to rapidly disseminate interim research findings and program outcomes across the partnership, to form a basis for improvement of ongoing work and/or to provide a foundation for related work.
- We recommend regular updates within and across such partnerships to discuss progress and expectations as part of ongoing communication during program implementation. There should be inter-alliance communication plans built in from the outset. This could be supported with a process evaluation which allows for reflective intervals where all study partners are able to discuss progress to date, and suggest mechanisms to improve practice.

The report has also highlighted a strong desire by the participants, especially those from implementing organizations, to be informed about the future of the program beyond the current funding period. The participants noted that it would be a good idea to receive a brief program wrap up report detailing for example the outputs, outcomes and lessons learnt.

- We recommend that future programs should incorporate sustainability plans, developed in collaboration with the implementing partners, so that all parties have a common understanding of the course of action to take beyond the program funding cycle.
- Summative program evaluation reports should be shared with all key stakeholders in the entire partnership to showcase the outputs, outcomes, lessons learnt and the way forward.
- Data outputs and raw data should be more accessible and useful at local level so that implementing partners can feed into such data generation and also used it to inform relevant program activities such as SRHR advocacy activities in the case of YL&P.

Managing expectations

The report has also highlighted the complexity of expectations that the program partners had of each other. Whereas there was a general consensus that each party knew what was expected of them, it was not absolutely clear whether each partner organization was clear of what was expected of them by their partners, leading to a sense of frustration within the partnership in some cases.

- We recommend clearer partnership agreements that spell out roles and responsibilities at organizational level and also role descriptions of individuals.
- As suggested above, regular inter-partnership briefing sessions and feedback mechanisms will better enable the management of shifting expectations and resultant role changes.
- Future programs should involve the local communities in establishing a suitable framework for assessing the capacity development needs of implementing partners to ensure local ownership of the resultant capacity building processes. The framework should include plans on how to sustain the capacity building process within the implementing organizations, so

that it does not become a one off process which is likely to be rendered redundant by staffing changes.

Monitoring and evaluation

One of the key challenges in YL&P ASK program management was monitoring and evaluation. Implementing organizations in each country were supposed to provide joint reports to the supporting organizations in the North. However, this sometimes was considerably hampered by communication breakdowns as well as a lack of capacity to carry out adequate monitoring and evaluation. We also perceived that the monitoring and evaluation expectations set out at the start were unrealistic. There is need for improvement on how monitoring data is collected and reported to supporting organizations in future related programs.

- Consider separate reporting by implementing organizations in such a complex partnership, but retaining standardised template. Possibly an electronic system that can be updated by the responsible individuals in each implementing organization independently but accessible to all relevant individuals in the partnership would be preferable. This would ensure knowledge-sharing and also enable the supporting organizations to follow up any emerging issues such as delayed reporting with specific individuals.
- Evaluation of related future programs should involve all stakeholders. Thus it should include the beneficiaries, implementers, supporting organizations and all other relevant stakeholders. In the next ASK phase, there should be an evaluation involving YPLHIV to find out their perceptions about YL&P ASK program and how it can be made more relevant to their needs.

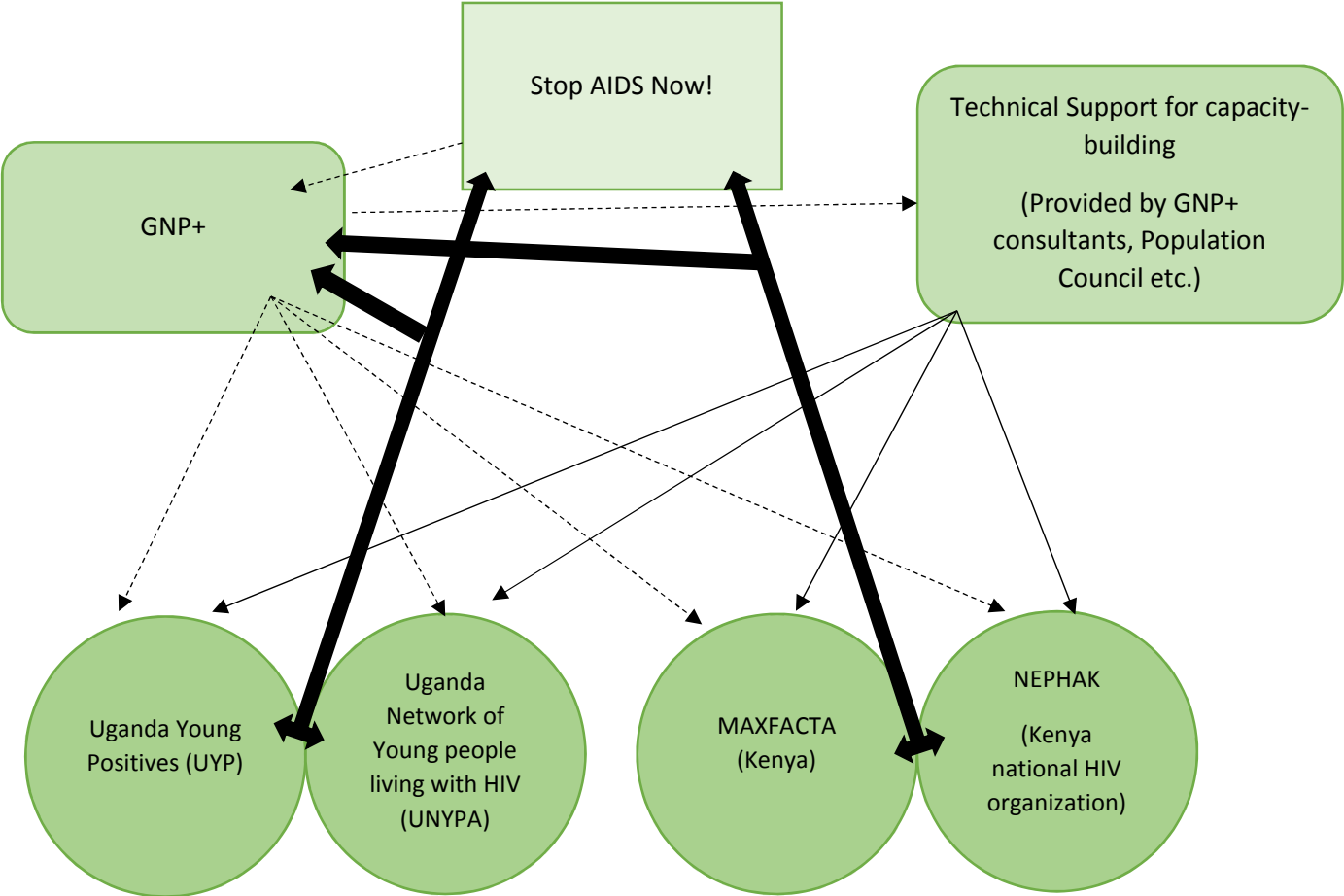
Appendix 1. Goals objectives and activities of YL& P ASK program in both Kenya and Uganda

Goal	Objective	Activities
<p>KENYA GOAL 1: Improve meaningful participation of YPLHIV in development and implementation of policy, strategies and legislations at all levels of HIV an SRH response by increasing YPLHIV participation in policy/program making, implementation, monitoring and evaluation processes of activities relevant to HIV PHDP and SRHR; as well as availability and access to YPLHIV friendly SRH information, commodities and services in health facilities.</p>	<p>To increase meaningful participation of YPLHIV in policy or program making, implementation monitoring and evaluation processes of activities relevant to HIV PHDP and SRHR in Kisumu, Kakamega, Kwale, Mombasa and Nairobi counties.</p>	<p>Conduct 3 dialogues with YPHIV, county leaders, authorities, parents and teachers on PHDP and needs or rights of YPHIV. Develop PHDP and SRHR advocacy materials (policy briefs, position papers, scorecards, informative materials and disseminate messages to YPLHIV, service providers and others through social media and other media platforms. Train 300 YPLHIV in advocacy skills for engagement in decision making to address their HIV/SRH needs.</p>
	<p>To increase availability and access to YPLHIV friendly SRH information, commodities and services in health facilities in Nairobi, Coast and Western regions before 2016</p>	<p>Conduct stakeholders meeting to identify policies that hinder provision of appropriate HIV and SRHR information and services to young people Advocate for revision of the guidelines and rules that deter the provision of HIV/SRHR information, commodities and services to young people.</p>


Goal	Objective	Activities
<p>KENYA GOAL 3: Improve HIV and sexual reproductive health of YPLHIV by creating awareness about PHDP and human rights; as well as promoting observance of PHDP and human rights among YPLHIV, service providers, parents, teachers and opinion leaders.</p>	<p>To create awareness about PHDP and human rights among YPLHIV, parents, teachers and opinion leaders Nairobi, Kisumu, Kakamega, Mombasa and Kwale counties.</p>	<p>Conduct community dialogues on PHDP and SRHR of YPLHIV with opinion leaders and young people. Hold 3 debates on issues relevant to PHDP and rights of YPLHIV in schools</p>
	<p>To promote observance of PHDP and human rights among YPLHIV, service providers, parents, teachers and opinion leaders in Nairobi, Kisumu, Kakamega, Mombasa and Kwale counties</p>	<p>Develop and disseminate behaviour change communication messages on PHDP and SRHR messages to YPLHIV, service provider and others through media. Train YPLHIV about PHDP, human rights and psychosocial support in HIV/SRH service delivery</p>
<p>UGANDA GOAL 1: Improve meaningful participation of YPLHIV in policy development and HIV response by increasing awareness, knowledge and capacity of YPLHIV on existing HIV and SRH policies; as well promoting meaningful engagement of YPLHIV in policy and program development including programming processes at national level;</p>	<p>Increase awareness, knowledge and capacity of YPLHIV on existing HIV and SRH policies and in ASK program districts from 23% to 50% before 2016</p>	<p>Conduct YPLHIV stakeholders meetings to discuss and agree on the HIV/SRHR policies that YPLHIV lack knowledge about based on the UYP analysis of gaps in HIV/ SRH policies Develop an advocacy position paper on the agreed knowledge gaps on national HIV/SRHR policies related to YPLHIV. Advocate for policy revisions to address concerns of YPLHIV</p>
	<p>Promote meaningful engagement of YPLHIV in policy and program development implementation processes at national level in ASK program districts from 32% to 60% before 2016</p>	<p>Train 10 YPLHIV in policy and programmes development Conduct meeting of YPLHIV to decide and prepare a position paper on gaps in key policies to address, and to agree on policy and program development spaces YPLHIV can contribute well Disseminate position paper to relevant policy agencies, and jointly push for action on the gaps in the national AIDS, health education and social development policies</p>
<p>UGANDA GOAL 2: Increase respect of human rights of YPLHIV by empowering YPLHIV with knowledge of policies and laws on human rights so that they are able to observe and demand for protection of their rights including legal aid services; and by reducing stigma and discrimination against YPLHIV in the health, education and community sectors.</p>	<p>Empower YPLHIV with knowledge, information on policies and laws on human rights from 10-30% so that they are able to observe and demand for protection of their rights including legal services in the ASK program districts from 28% to 40% before 2016</p>	<p>Conduct assessment of human rights violations, protection and access to legal aid services among YPLHIV Train 10 YPLHIV on policies, laws, rights, abuses, human rights protection, and legal aid services Conduct meeting with stakeholders to discuss YPLHIV rights abuses, agree on actions and share roles</p>


	Address stigma and discrimination against YPLHIV in the health sector and communities in the ASK program districts from 33 to 80% before 2016	Conduct educational campaigns to address self stigma and discrimination against YPLHIV among YPLHIV and health workers and schools
Goal	Objective	Activities
UGANDA GOAL 3: Improve HIV and sexual reproductive health of YPLHIV by advocating for the provision a comprehensive package of HIV/SRH information and services, and increasing the utilization of HIV care, treatment and support services amongst YPLHIV.	Advocate provision of a complete package of HIV/SRH information and services to YPLHIV in the ASK program districts from 40 - 55% in 2016	Lobby for provision of comprehensive package of HIV/SRHR information and services to YPLHIV attending health facilities
	Increase utilisation of HIV care, treatment and support services by YPLHIV in the ASK program districts from 20 – 70% before 2016	Orient health workers and YPLHIV to change attitude on and improve provision and the use of a complete and integrated package of SRH and HIV services Hold dialogues with YPLHIV on the use of HIV care, treatment and support services in media and community Disseminate to YPLHIV messages on the available care, treatment and support services, and how to access or use them through various media


Appendix 2: Partnership roles for the YL&P ASK program in Kenya and Uganda



KEY

 Dotted arrows indicate funding and coordination

 Solid arrows indicated capacity building

 Bold arrows indicate activity reporting

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