the Plan:
Making a meaningful difference to the health of young people in Maranhão

Where
Maranhão State, Brazil

What
Young Health Programme

When
November 2013 - October 2015

Aim
Contribute to the improved health and gender equality of adolescent girls and boys between 10-19 years old in five municipalities of Maranhão, Brazil.
Project location

The Young Health Programme (YHP) in Brazil operates in five municipalities in the State of Maranhão, Brazil: São Luis, São José de Ribamar, Codó, Timbiras and Peritoró. These municipalities fall into two distinct geographical regions – the Cocais region, and São Luis region.

Map showing Maranhão state, where it is positioned in Brazil and the areas where the YHP is working

São Luis Region:
- São Luis is the capital of Maranhão in Brazil. The population of 1,227,659 people is distributed in both the urban center with 122 neighborhoods (semi urban) and 122 communities (rural zone) making it the most populated city in Maranhão and the 15th largest city in Brazil.
- São José de Ribamar is the third most populous city in Maranhão. Its population is approximately 162,925 people and has 30 neighborhoods. São José de Ribamar is part of the metropolitan region of São Luis. It is one of the four municipalities which compose the big island of São Luis. It is located 32 km away from the capital São Luis.

Cocais Region:
- Codó is another municipality in Maranhão state with a population of 118,072. Codó is the sixth most populous city in Maranhão.
- Timbiras has a population of 54,321 people and is located in the east of Maranhão, in the micro-region of Codó, approximately 316 km from São Luis.
- Peritoró has approximately 20,274 inhabitants and is located in the south of Codó.
Target beneficiaries

Over the first phase of the programme (November 2010 – October 2013), 57,082 young people (38,963 girls) benefited directly from the YHP in Brazil, surpassing the target of 40,000 young people.

YHP also reached 75,625 people in the wider community during this period exceeding the target of 65,000 people. In total, over Phase One of the programme (Years One-Three) reached 132,707 people, including young people, wider community members, parents, teachers and health professionals.

During Years Four-Five, the YHP aims to reach 20,000 young people aged 10-24 (10,000 girls) directly through project interventions. The programme also expects to reach a further 50,000 people from the wider community including policy makers, educators and health professionals from the communities in which the young people live.

By the end of Year Five, YHP is expected to reach directly in total over the five year period 77,082 young people (48,963 girls) and 182,707 people from wider community.

Goal and Objectives

Overall Goal:
Contribute to the improved health and gender equality of adolescent girls and boys between 10-19 years old in five municipalities of Maranhão, Brazil.

- **Objective 1**: To inform, engage and empower adolescents on health, with a primary focus on gender and sexual reproductive health and rights.
- **Objective 2**: To influence public policy, engage with key decision makers, and increase public awareness of adolescent health issues.
- **Objective 3**: To strengthen the existing delivery of health and education services to provide improved quality and access to adolescents
Summary of achievements during Year Four (May 2014 – October 2014)

Reach:
- During the period reported, the YHP Brazil has directly benefited 10,715 adolescents (6,418 girls).
- 108,229 members of the wider community in this period including parents, community members and health professionals have also been reached.
- Training started for an additional 76 adolescents (59 girls) as Peer Educators. There are 132 adolescents (98 girls) who are being trained in total across Year Four.
- Since the beginning of the programme, the YHP Brazil has benefited 67,919 young people directly from the YHP (45,466 girls); and has reached 183,854 people from the wider community.

Sustainability:
- Building the capacities of public education employees who are part of the existing public education system and will continue to work with students from municipal schools.
- Preparing the young people to best communicate their voice. The Basic Education Support Centre Maranhão was hired to train the YHP adolescents in communication skills through workshops. They are being trained to best represent young people and communicate their voice within and outside of their communities.
- Empowering the YHP adolescents to act as leaders and identify/act on the health needs in their own communities. Due to the engagement of the NGO CEDAPS (Health promotion centre - Rio de Janeiro) 70 YHP adolescents have been trained in leadership and advocacy.

Impact:
- The YHP has incorporated the topics dealt with in the project into teachers’ educational plans, through digital platform training. This will contribute to a more robust and better quality education system with a strong approach to the YHP’s main thematic areas: adolescent friendly services, non-communicable diseases (NCDs), harmful use of alcohol and other drugs, sexual & reproductive health and gender.
- The YHP has allowed young people’s voices to be heard in an official public policy related to health – through the review and implementation of adolescent PTA (Plano de Trabalho e Avaliação – health secretariat office health work plan and evaluation). The PTA is a state work plan and shall be implemented in all of the 217 municipalities of the state of Maranhão.
- Young people more aware and conscious about non-communicable diseases thanks to the modules on the subject being inserted into the training schedule
- Participation in research about NCDs for the new chapter of UNICEF book ‘Facts for life’ with health workers and students from schools which support the YHP. Our contribution to this chapter will bring the insights from YHP to a wider audience and support a better understanding of NCDs.

Local Advocacy:
- After having the PTA reviewed by the young people, the health secretariat office has officially approved all of the suggestions made by the young people and the document is approved for implementation and monitoring throughout the whole state of Maranhão.

Youth Voice:
- Youth-designed campaigns. Four Peer Educator groups took part in workshops related to communication skills; the materials they produced have already been used in the YHP thematic campaigns, broadcasting the voices of the adolescents to many people.
- Participation of YHP Peer Educators in six important regional and national discussion spaces e.g. participation in ‘Free conference on the rights of children and adolescents’ in São Luis.
**Activities and Outcomes**

**Objective one:** To inform, engage and empower adolescents on health, with a primary focus on gender and sexual and reproductive health and rights

**Planned activities from Log frame Years Four-Five**

- Expanding the Young Health Programme into new schools
- Training new Peer Educators
- Training Peer Educators on communications skills
- Carrying out seminars on adolescent health issues
- Peer Educators leading outreach activities including workshops, health fairs, competitions, games, theatres etc.

**Description of activities against objective one**

**Expanding the Young Health Programme into new schools and Training new Peer Educators:**

In accordance with the design of Phase Two of the YHP Brazil, the programme will train 100 adolescents as new Peer Educators to support the roll out of the programme in new areas and be youth advocates for spreading health messages among young people.

The Peer to Peer Educator training has been ongoing since March 2014 in both regions. In the Codó region, one new school has been identified and added to the YHP. In the São Luís region an additional 76 adolescents (59 girls) have begun the Peer Education training: in total 132 adolescents (98 girls) will be trained as Peer Educators once training completes, exceeding the original target of 100.

The Peer Education is being delivered through partnerships with a number of schools across the project areas; both existing schools involved with YHP during Phase One and new schools identified as part of the expansion during Phase Two. In total the YHP has expanded into four new schools. We had initially aimed to target five new schools, but in Peritoró it was difficult to secure commitment from the municipal authority which is key to support the programme effectively. Instead we have created a new Peer Education group in one of the existing Peritoró schools we worked with in Phase One, and have created additional groups in the new schools in other areas to ensure we still reach the same target numbers across the project. The programme continues to work with twelve existing schools through multiplication activities and works with existing Peer Educators.

The main training themes included: sexual and reproductive health; maternity; paternity and assistance to the newborn; HIV and Aids; gender and violence; tobacco use and the harmful use of alcohol and other drugs; mental health (such as stress, emotion management, conflict resolution, suicide, etc.); healthy eating habits and physical activity. Each module takes about a month to deliver.

At the time of the last report, the first batch of Peer Educators had completed the sexual and reproductive health modules. They (and later PE batches) have subsequently gone on to complete other modules that have included topics such as mental health and dealing with pressure, tobacco use and the harmful use of alcohol and other substances, healthy eating and exercise, and links to chronic diseases such as cancer and heart disease. All Peer Educator groups will have an official graduation ceremony in February 2015 when the new academic year starts.

See NCD Training Module outline on p.6 for more detail
The module is delivered by the Project Social Educator

1. **NCDs – What are NCDs?**

   - **Round table** – the young people gather and the conversation starts around what they already know about NCDs and what they may have heard.
   
   - **Presentation** – the NCDs are presented to the group of young people: diabetes, cancer, lung disease, heart disease and mental health conditions.
   
   - **Quiz – true or false?** The young people are divided into groups and they answer each quiz question. The group who answers the most correct questions around NCDs wins the quiz.

2. **NCDs – Healthy food and physical activities**

   **Dynamic:** The Social Educator places some foods that are rich in fat and sugar and on another table healthier food is placed (this can be done with the food itself or with images.) The young people are asked to choose the items that most attract them. After that, they start a group discussion around healthy eating habits and what are the consequences on their health.

   After much discussion, the group gather and a conversation is started around the importance of practicing physical activities and the impact for people’s health.

   The young people are then divided into smaller groups and asked to draw up charts with specific topics and talk about them to everyone present – one group would talk about how to prevent NCDs, another group would talk about risk factors. The third group would explain what the main NCDs are. The charts and drawings are displayed in the school afterwards.

3. **NCDs – Application of learning**

   **Dynamic:** the young people are divided into four groups – each group draws different sections of the adolescent body. Each group then presents what can be done to prevent NCDs in each part of the body.

   An informative session is then conducted by the Social Educator, explaining the main aspects of each disease. After that a closed box is given to the young people. Music is played and the box goes around the group, person by person. When the music stops, the person who has the box removes a piece of paper from it and answers the question they’ve picked. The Social Educator guides the explanation where needed. This continues until all the questions are answered.
In addition the YHP continues working with existing Peer Educators trained during Phase One. Most of the Peer Educators trained in Phase One have now finished secondary school and gone onto college or work, but there are a small number of highly committed young people who have continued to be involved in supporting project activities (currently around 36 adolescents from across the two project regions). These young people continue to carry out multiplication workshops, participate in the project campaigns and in discussion spaces. For the adolescents who continue with the project, they have also received training on the additional module on NCDs, as this was not part of the original Peer Education training when they participated three years ago.

**Training Peer Educators on communications skills:**

During the period reported, 74 Peer Educators received training in communication skills, bringing the total number of adolescents trained in this area to 98. The main objective of the training is that before each of the project campaigns, the adolescents themselves can be part of the planning and design of the campaign and produce communications materials and products to be used.

Young people are trained in the following techniques: videos, cartoons/illustrations for internet, photography, radio spots, radio novels, fanzines, animations, blogs and others. The training was delivered through a series of sessions focusing on different mediums. To date training on cartoons/illustrations (June), photography (July) and fanzines (August) has been conducted.
Carrying out seminars on adolescent health issues:

During September the YHP organised a seminar as part of Adolescent Health Week which was delivered in both São Luis and Codó. The seminar was titled ‘The Challenges and Possibilities of Implementing Friendly Services to Adolescents’. In São Luis the panel was composed of a professor from the Social Services department of the federal university who is a specialist in early pregnancy; a gynecologist who supports the Adolescent Health department at the federal university; the State Coordinator of the Health in School programme; a nurse from the Family Health Strategy Unit; and one of the Peer Educators. Each invitee presented the actions, strategies and advances towards adolescent health within their scope of work. The mediator of the discussion was Plan Brazil’s Health Manager and the ceremony entertainers were two of the Peer Educators. Additionally, the Project Coordinator presented the project and its reach to date. The theatre group PLAN RADIO also performed.

Many doubts and queries of the young people were answered, amongst them: the privacy with regards to the adolescents’ medical appointment; the importance of following up with the adolescents’ reproductive cycle; the use of contraceptive methods; sexual abuse; personalising health social services; the positive and negative impacts of non-planned pregnancy; the importance of the health in school programme and many other topics. An estimated 320 adolescents were reached across both seminars.

Adolescent Health Week:
Panel participants - The Challenges and Possibilities of Implementing Friendly Services to Adolescents Seminar
São Luis, September 2014
Peer Educators leading outreach activities including workshops, health fairs, competitions, games, theatres etc:

One positive development, which has led to an increased impact of the YHP, is that since August 2014 the YHP has linked into a wider Plan Brazil initiative called “Plan in Action” which aims to enable projects to reach out to wider communities where Plan is not currently delivering projects. This has enabled the YHP to reach out to where there is an identified need in project areas even beyond the targeted communities (but still within the project municipalities). The YHP Peer Educators carry out multiplication activities in these communities and use the knowledge acquired through the YHP. The participation of the YHP Peer Educators was suggested in response to demands from young people and parents in these communities.

Using their initiative, the existing Peer Educators from Phase One from a school in São José de Ribamar, decided to re-start the theatre rehearsals forming a unique drama group which will be supporting multiplication activities. The group has taken a play (that was written in Phase One) and is redeveloping it. They are inserting new aspects based upon the additional NCD module training they have received. The play was previously on the theme of early pregnancy, it now focusses on alcohol and on its effect and consequences for young people. The play will be performed from January 2015 onwards.

The Peer Educators from the Codó region were called to carry out an intensive training to a Quilombola Community School (Quilombola are communities who descend from the original slave population – they tend to be very isolated and have specific habits and practices). The Centro Quilombola de Formacao por Alternancia Ana Moreira (Quilombola School) management staff requested the YHP to carry out multiplication activities with their 70 students as the Quilombola communities often find it more difficult to access information and services due to their isolation. In September the YHP lead the initiative, delivering workshops, speeches and presentations in the school, but brought along with them representatives from many government health service providers to take the opportunity to link the Quilombola students to accessing actual health services on the day. The government partners included the Health in School Programme of Codó; Testing and Counselling Center Municipal Health Secretariat office (Department of Immunisation) and the Secretariat Office of the Adolescent and Child. The YHP Peer Educators carried out activities around gender, NCDs (heart disease and cancers etc.) and sexual and reproductive health.

Peer Educators carry out training for students around condom use, Quilombola Community School, September 2014

The Health in School Programme collected data from the young people (weight, height) and carried out some basic exams whilst the immunisation team applied vaccines on tetanus, hepatitis B, HPV and distributed the vaccination cards. At the end of the activities, the students thanked the team very much and talked about the importance of that event to them. They felt that they had been heard and that the day was a good way to exchange information and knowledge, as well as an opportunity to use services they normally struggle to access.
A workshop about healthy eating habits and practice of sports was held in a school in Codó, in October 2014. Pictures of fatty, sugary and unhealthy foods were hung on a clothes line and on another, pictures of healthy foods were hung. The project facilitators asked the young people to choose the line which attracted them the most and share why.

During the activity, the young people discussed their eating habits and the consequences of some of these habits to their health. The young people talked about the importance of practicing sports or any type of physical activity and what are the impacts of not doing so. As groups, they produced charts with the following subjects: how to prevent non communicable diseases; risk factors; what are the main NCDs. The groups presented the charts to all of the young people present and exchanged information and experiences. This encouraged the promotion of physical activity and healthy eating habits.

Peer Educators participated in a consultation group for the UNICEF ‘Facts for life’ chapter. The objective was to provide information which would contribute to the creation of the chapter ‘A healthy life and the prevention, control and management of NCDs in children and adolescents’. The YHP met with current Peer Educators and carried out workshops to sensitize young people around topics such as: concepts and factors of NCDs, healthy eating habits, practice of sports and physical activities, growth and development, tobacco use and the harmful use of alcohol and other drugs, mental health and chronic diseases.

After the young people became more familiar with the topics, the project facilitators handed out the questionnaire provided by UNICEF which raised vulnerabilities, behaviors, attitudes and choices in the lives of each adolescent as well as the availability of services around these issues. The participation of the young people in this consultation process has contributed in identifying the realities, the deficiencies and intervention possibilities – besides confirming the need of having specific modules related to NCDs (which have been successfully accepted by the young people).

Planned outputs from Log frame Years Four-Five
- Five new schools participating in project activities (three in São Luis and two in Codó) alongside 12 existing
- 100 new Peer Educators trained (boys and girls)
- 200 Peer Educators (boys and girls) trained in communication skills
- Four seminars held reaching 1,000 adolescents (two in São Luis region and two in Codó region)
- 9,000 adolescents reached through outreach activities

Outputs achieved against this objective
- Four new schools are participating in the Project activities (three in São Luis and one in Codó), in addition to the 12 schools from Phase One
- 132 new Peer Educators (98 girls) will be concluding the Peer to Peer training by February 2015
- 98 of the Peer Educators completed the communications skills training
- Two seminars held reaching 320 adolescents (145 in São Luis and 175 in Codó)
- 5,441 adolescents (3,335 girls) were reached through outreach activities

Planned outcomes from Log frame Years Four-Five
- % of adolescent boys and girls demonstrating an improved knowledge of key health issues
- % of adolescents demonstrating positive changes in attitude relating to gender stereotypes and violence against women and girls
- Number of adolescent boys and girls reporting a positive change in behaviour relating to substance use and/or condom use
Outcomes and impact against this objective

The Peer to Peer education activities carried out by the young people have been improving as the project progresses. The empowerment of young people around the project themes is noticeable. They not only carry out the workshops in a confident manner but also foster and encourage discussions around the topics. They have become a point of reference in their communities and more recently to a broader public. Observations by the YHP staff are that the language they use is completely different as they are better able to describe and articulate issues, are more empowered, informed and prepared to talk to others. A clear demonstration of this is their ability to participate in advocacy events and talk clearly and confidently about health issues affecting adolescents.

Additionally, the project staff who regularly interact with the young people have observed changes. An important example is related to the NCDs module. The YHP project staff noticed that the young people have been demanding healthier food from the school lunches provided by the government, and also from the project staff (which we had already considered healthy) – so, the young people are becoming demanding on their rights, which is one of our objectives. In the activity evaluations some of the young people have said they now avoid drinking fizzy drinks and are questioning both Plan and their schools as to whether these should be served. They have also raised issues with the school about the school menu, asking for food to be more homemade, simpler and healthier.

The YHP staff have also noticed a clear change in participation of the adolescents before and after the modules on gender. Before, the adolescents were more likely to conform to gender stereotypes. Since these modules, their language and understanding has changed. Now they see things differently, they are able to recognise stereotypes and are able to give clear examples from their own lives. One area is domestic chores: previously boys would seldom admit to helping with domestic chores, they would be embarrassed as this was perceived as a girls’ thing. Now they are happy to talk about what they do around the house because it is seen as a positive thing to be helping their families.

In terms of positive changes relating to tobacco use, harmful use of alcohol and other drugs and condom use, it is important to be realistic and recognise that the adolescents are in a period of their lives where they tend to experiment, and changing attitudes is a slow process. However from discussions between YHP staff and young people, it is clear that these adolescents are much more aware of these issues and the effects on health and wider well-being, and are much more likely to consider the consequences.

Quotes from NCD training workshops

“I have learnt much about friendly services, chronic diseases and about other diseases which I had not heard about before. I learnt a lot about healthy eating habits. Having good eating habits and performing physical activities can lead to better quality of life.”

(Andressa, 14 years old)

“In the NCDs workshops, I noticed the importance of practicing physical exercises. It is important to prevent diseases. We should promote our own health, through a good eating with fruits and vegetables.”

(Catarina, 15 years old)

“In the activities related to NCDs, I have learnt to identify the symptoms of diabetes; I was also very interested in healthy food that can bring me wellbeing and a healthy life. Now I can clearly identify the different symptoms of NCDs and the ways to prevent them.”

(Geisiane, 17 years old)
Objective two: To influence public policy, engage with key decision makers, and increase public awareness of adolescent health issues

Planned activities from Log frame Years Four-Five

- Carry out campaigns targeting adolescents and the wider public with key health messages linked to thematic national and international days, using mass media and face to face activities
- Develop communication materials
- Organise debates and discussions targeting parents
- Development of YHP advocacy strategy
- Train existing Peer Educators in leadership and youth advocacy
- Support leadership groups to research, identify and take action on local community needs in collaboration with government
- Identify key forums and conferences for adolescent participation
- Working with the State Government to revise the PTA on Adolescent Health (State level guidance to municipal authorities)
- Meetings with municipal authorities to advocate for the implementation of the revised PTA

Description of actual activities delivered against this objective

Carry out campaigns targeting adolescents and the wider public with key health messages linked to thematic national and international days, using mass media and face to face activities:

Three major campaign events happened during this reporting period:

1. **18th May National Day for Fighting Sexual Abuse and Exploitation of Children and Adolescents:**
   There were campaign activities at two schools within both regions. The YHP team developed an agenda for the campaigns which included: thematic workshops being held in the classrooms and a presentation in the format of a talk-show with the teachers and some special invitees of the Rights Guarantee system. The special invitees answered the questions from young people in the audience. Additionally, marches, awareness raising activities (through billboards and other means) and video presentations (which were developed by the Peer Educators themselves at the communication skills trainings) also occurred as part of Peer to Peer education activity. In both of the regions, the Peer Educators prepared theatrical plays and dances to present the information in a fun way.

2. **Health Fair Campaign: Adolescent Health Week:** This was carried out in September in Codó and in early October in São Luis region, connecting activities to the Adolescent Health Day which was marked on the 23rd September. To mark the week health fairs were carried out in schools which brought together adolescents and the communities to focus on key adolescent health issues. This also provided an opportunity for friendly health services to be directly delivered to the adolescents by linking up with service providers who participated in the event. During the fairs the YHP provided health friendly services such as access to immunization (hepatitis B; HPV, etc.), appointments with nurses or dermatologists and support with condom distribution. There were also workshops implemented by the Peer Educators and YHP staff with activities such as: dialogue wheels about mental health, bullying, NCDs, Aids, alcohol and drugs, youth friendly health services and dancing workshops; healthy roulette with themes about reproductive and sexual health, gender and others themes from the H and M manuals; theatre presentations; and the adolescents’ booklet delivery. In total 683 girls and 417 boys were reached during the health fair in the two municipalities of Codó and São Luis.

Besides the Health Fair, the Adolescent Day (“D” day) was marked in some of the health units with the objective of sensitizing, adopting and implementing friendly services for adolescents. This day involved the adolescents, the health unit staff and the community itself. In the Cocais region, the D day occurred in two health units of Codó, one in Timbiras and another one in Peritoró. The students of schools close to the health units were called to join in and get to know the services that were being provided. The Peer Educators shared messages about sexual and reproductive health, and distributed informative flyers, bracelets, buttons with information related to friendly services.
In São Luis, the “D” day happened in one health unit in the rural area of São Luis. Here the YHP helped connect schools to health units in the neighbourhood. The whole technical health staff including doctors, nurses, dentists, immunization crew, health community agents, dental hygiene staff, etc. took part. The young people were provided with dental material (e.g. Floss, toothbrush), immunization services, fast test for HIV/Aids, hepatitis B, syphilis, and the distribution of female and male contraceptives. The young people also had a chance to talk about sexuality, violence and drugs.

3. **11 October International Day of the Girl**: some YHP Peer Educators participated in Plan’s ‘Because I am a Girl’ Campaign (BIAAG) - an international Plan campaign which happens in all Plan countries focused on gender equality. The campaign activities were centralized in the municipalities of São Luis, with the participation of approximately 450 children and adolescents of several Plan projects. In Codó, approximately 679 children and adolescents participated in the campaign’s activities.

The YHP took part by exhibiting the pictures taken by the YHP participants, related to early pregnancy, produced during the communications skills training. As part of the training, the young people went out into their communities and took photos which they felt represented health issues associated with early pregnancy. Then they came back and explained what is meant by the pictures and why they felt the issues were important – for example one adolescent captured an image of a young person smoking during pregnancy, another brought images of medications that could affect the health of young people. The most impactful images were selected to go into an exhibition which has then been used to support specific events. In Codó the images were exhibited in the main square, in São Luis they were displayed in one of the major schools.

Mass media promotion was also conducted around the Adolescent Health Fairs, the BIAAG campaign and the “D” Day. Radio spots focused on fighting sexual abuse and exploitation. This enabled YHP to have a focused and broader reach across the targeted municipalities. The radio spots were broadcast by the radio stations for 15 days, approximately six-eight times per day. In conjunction with the mass media promotion, the YHP also developed and used a variety of communication materials in the campaigns. For each of the campaigns we focused on a specific type of communication material in line with what the adolescents were learning about in the communications training. Over the period reported these included videos (May 18\textsuperscript{th} campaign), photos (BIAAG campaign) and cartoons (Adolescent Health Week).
Develop Communications materials:

YHP Brazil supported UNICEF and NCD Child who were developing a new chapter on NCDs by carrying out research to field test the draft chapter with adolescents and health workers. 46 adolescents and six healthcare providers (nurses, social workers, social services academics) were consulted in this process. There was also a discussion on NCDs, looking at aspects such as symptoms, prevention, prevalence, vulnerability, indicators, eating habits and lifestyles. The adolescents and health workers were encouraged to share their experiences, concerns and suggestions relating to these issues. This process was really valuable for the YHP in strengthening our own understanding of the context and key issues for adolescents in Brazil in relation to NCDs.

“We need to change habits at home, school, everywhere”

“As adolescents we think that nothing will harm us and we don’t obey the rules of a healthy diet”

Some of the responses from Peer Educators who completed the questionnaire

Letter received by YHP Brazil project coordinator from NCD Child and UNICEF thanking for collaboration with the Facts for Life chapter on NCDs
Organise debates and discussions targeting parents:

The YHP has also started planning for the debates targeting parents which are scheduled to start in February 2015. Fathers and mothers have been involved in campaigns, and consulted for permission of use of images and participation of young people. This engagement will be built on in Year Five with activities directly targeting parents. The YHP has started designing tools for pre and post testing of parents and begun identifying key topics for the debates which will be based upon topics related to the modules of the Peer Educator training.

Development of the YHP Advocacy Strategy:

During the period reported, the YHP team had several planning meetings between project staff and the Plan Brazil Advocacy Adviser to develop an advocacy strategy and map out plans. The strategy is composed of the following overall goal and specific objectives:

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**Overall Goal:**
Contribute towards the approval of an adolescent health policy in the YHP intervention municipalities by October 2015

**Objectives:**
1) The Health Secretariat incorporates into the adolescent PTA components of youth participation, links between NCDs and SRH and gender awareness by December 2014
2) Influence the environment for the creation of a law project focused on adolescent health
3) Empowered adolescents develop adolescent-related advocacy actions in their municipalities

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Train existing Peer Educators in leadership and youth advocacy:

The leadership and youth advocacy training was initiated in October. The institution hired to deliver the training was CEDAPS (training center from Rio de Janeiro). The consultants and the Plan staff had planning meetings in order to reach an agreement on the agenda.

The training happened at two different levels: the first level was with Plan staff and the second was with the adolescents themselves. As a result 70 adolescents had the opportunity to build capacity in social participation, leadership and advocacy.

The purpose of the training is to prepare young people to be able lead on advocacy issues so they can become young leaders and represent their communities. The training taught the adolescents general concepts of advocacy and informed them about relevant legal frameworks in the Brazilian context (such as the constitution, municipal and state level frameworks etc.). In December 2014 a third training event will build on this activity and focus on putting this into practice. The adolescents will be organised into leadership groups and they will then lead practical action for advocacy on health issues.
Identify key forums and conferences for adolescent participation:

YHP Peer Educations have been recommended to participate in advocacy and discussion spaces locally:

I. Two Peer Educators (one girl, one boy) were chosen to represent the adolescents for the Municipal Children and Adolescents Rights of Codó; October 2014

II. One Peer Educator (boy) is representing the YHP in the Adolescents and Youth Network for the rights of safe and inclusive sports - REJUP São Luis/MA; planned for November 2014

III. One Peer Educator (girl) is representing the YHP in the meetings of child friendly network, with focus on youth protagonism - PROJU São Luis; October 2014

The YHP team has identified six key forums and conferences for adolescent participation regionally and nationally:

I. Ten Peer Educators took part in the Eight State Meeting of young people living with HIV, in São Luis, October 2014. This event gathered around 45 young people and young people living with HIV to discuss advocacy actions and build up intervention proposals for improving the basic health services directed to young people living with HIV/AIDS. During the three day event, speeches were held; the Project Coordinator, Poliana Cozzi, facilitated one of the activities about political advocacy amongst other participants. Young people from Codó, Timbiras and São Luis contributed to proposals with the objective of them becoming effective, for example they elaborated a letter with the demands of the young people. This will be taken forward by the network.

II. Two Peer Educators (boys) were chosen to represent the YHP in the Third North East Regional meeting of Adolescents living with HIV in Joao Pessoa, the state of Paraíba, planned for November. The regional event is a continuation of the local network and these give the young people opportunities to participate in important debates around their rights.

III. One Peer Educator (girl) was chosen to represent the YHP during the International Seminar of Girls Empowerment in Brasilia which took place in October. This was an initiative from Plan’s Because I am a Girl campaign. She was chosen due to her strong communication skills and to represent and share the best practices of the YHP Peer to Peer methodology.

IV. One Peer Educator (boy) and Project Facilitator were chosen to represent the YHP in a Gender, Sexuality and Health seminar in Codó School. In October of 2014, the Peer Educator and the Project Facilitator were invited to represent the YHP and Plan in the school seminar. It was up to the Peer Educator to present the programme, the objectives, strategies, actions and scope. The Project Facilitator implemented a workshop about NCDs focusing on healthy food habits, prevention methods and examples of STIs transmission. 108 boys and 162 girls were part of this seminar.

V. YHP Peer Educators were invited to participate in the State Meeting of MST youth (Brazil’s Landless Worker’s Movement). This was an opportunity to reach a large group of young people. The Peer Educators Theatre group RADIO PLAN took part. It was estimated 127 young people attended, all from Maranhão state. The Peer Educators were invited to talk about sexual and reproductive health, STDs and HIV/AIDS.

VI. Eight YHP Peer Educators took part in the Free conference on the Rights of Children and Adolescents in São Luis in October 2014. Peer Educators were invited by the Municipal Rights Council of São Luis to participate. They took part in work groups and contributed to the discussion. RADIO PLAN theatre group closed the event with their play around sexual and reproductive health. 87 boys and girls from several communities were the audience.
**Working with the State Government to revise the PTA on Adolescent Health:**

Between 3rd and 4th of June 2014, workshops were conducted with the intention of reviewing the PTA. The workshop involved a working group including: a representative from the State Health Secretariat office of Maranhão (represented by the children and adolescent health and attention department – DASCA – which are a reference for adolescent health issues within the city of São Luis and within all the state); a representative from the STD/HIV-Aids department (also from the State Secretariat office); a representative from the Foundation of Children and Adolescents; a representative from the Health in Schools programme (of the municipality of Codó); a representative from the Children’s municipal Hospital in São Luis; a representative from the Health Ministry; staff from the YHP from both regions (Codó and São Luis); and five adolescents from the YHP (two girls and three boys), representing each municipality (São Luis, Sao José de Ribamar, Codó, Timbiras and Peritoró). The initiative is led by the State Health Secretariat office in partnership with the YHP. Some of the suggestions by young people included addressing gaps identified in the current guidance relating to ensuring youth participation, gender, sexual and reproductive health, tobacco use, the harmful use of alcohol and other drugs, mental health and healthy eating.

*More detail on the involvement of a young person in this meeting can be found in Marcos’ Case Study p.25*

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**Plano de Trabalho e Avaliação – Health Secretariat Office Health Work Plan and Evaluation**

The PTA is state level guidance to municipal health service agencies and the YHP identified certain gaps around gender, SRH, alcohol, tobacco and other substance use and youth participation in the PTA. One of the key advocacy activities for YHP in Brazil has been to work with young people, health staff and staff from the local and municipal authorities to encourage them to include youth-friendly elements in the PTA.

In October 2014, the YHP received the official approval of the revised PTA through a formal memorandum, which is a fantastic achievement for the YHP.
Planned outputs from Log frame Years Four-Five

- Seven campaigns carried out linked to national and international days
- 10,000 adolescents (boys and girls) reached through face to face campaign activities
- Range of mass media used to promote the programme including radio spots, programmes and billboards
- Range of communications materials produced including YouTube videos, photobooks, newsletters, cartoons, posters and postcards
- 400 parents (men and women) participate in debates and discussions relating to adolescent health
- YHP advocacy strategy developed
- 70 Peer Educators (boys and girls) trained in leadership and youth advocacy
- 12 leadership groups active in identifying and taking action on community needs
- Four events identified for adolescents boys and girls to represent YHP issues
- Revision of PTA to incorporate gaps relating to gender, sexual and reproductive health, NCD risk behaviours and youth participation issues
- Meetings held with municipal authorities to advocate for the implementation of the revised PTA and support to incorporate activities proposed where possible

Outputs achieved against this objective

- Three campaigns carried out linked to National and International days
- 6,134 adolescents (3,564 girls) reached through campaign face to face activities
- Range of mass media used to promote programme including billboards and radio spots for the May 18th campaign National Day for Fighting Sexual Abuse and Exploitation of Children and Adolescents
- Range of communication materials produced included videos, photo exhibitions and cartoons
- Preparation has started for parents meetings scheduled for February 2015
- YHP advocacy strategy developed for Years Four and Five of the project
- 70 Peer Educators trained in leadership and youth advocacy
- Six events identified for adolescents boys and girls to represent YHP issues
- Revision of PTA to incorporate gaps relating to gender, sexual and reproductive health, tobacco use, the harmful use of alcohol and other drugs, mental health, healthy eating and youth participation issues

Planned outcomes from Log frame Years Four-Five

- % of men and women demonstrating an improved knowledge of adolescent health issues
- Parents and children report increased dialogue with each other on adolescent health issues
- The PTA on Adolescent Health (state level guidance to municipal authorities) is more responsive to the health needs of adolescent boys and girls
- The number of actions taken by government stakeholders to improve adolescent health in response to youth advocacy

Outcomes and impact against this objective

There is some evidence that the dialogue between parents and children in relation to health issues is improving. The adolescents have indicated they feel more able to talk to their parents about sensitive issues such as condom use. The Peer Educators in particular have explained that they feel they should become examples to others, and always carry a condom in their purse to demonstrate these positive protective behaviours to others. As a result this has opened up conversations between them and their parents.

All the training on NCDs has opened more conversations on substance use. The adolescents have explained because they have had access to materials on this topic, which they have taken home, this has led to more conversations between them and their parents about alcohol, tobacco and other drugs.

In October 2014, the YHP Brazil received official confirmation of the revised PTA. Some of the changes suggested by the adolescents were for the document to include references to gender, sexual and reproductive health, tobacco use, harmful use of alcohol and other drugs, mental health, healthy eating and
youth participation issues. There was official approval that all of the suggestions from the adolescents were accepted and are now included in the actual document itself – which means that the municipal authorities are now expected to implement it. This applies to all of the 217 municipalities within the state of Maranhão, so the impact of this piece of work goes far beyond the five municipalities in which the YHP is implemented. The main impact of this piece of work is that the state level guidance to the municipal authorities now reflects the perspectives of young people. The YHP will be following up advocating for sharing information around the PTA with necessary bodies within the health units of the public system, and also advocating for effective implementation within the YHP municipalities.

The leadership and advocacy training has been very important in preparing the young people to continue to demand their rights. The objective is to have the young people empowered to act as leaders and identify and act on health needs in their own communities. The participation in so many advocacy events is a clear result of the empowerment of these young people, not only to the specific themes of the project, but also in rights as a whole. The training is designed to empower them, for them to know their rights and be able to identify things that need improvement, and then demand improvement. Ultimately this will help young people to better access and receive better quality services.
Objective three: To strengthen the existing delivery of health and education services to provide improved quality and access to adolescents

Planned activities from Log frame Years Four-Five

- Training of educators on Adolescent Friendly Services and quality sex education using digital platform
- Carry out seminars for educators on adolescent health, sexual education and gender issues
- Carry out seminars for health workers
- Strengthening the capacity of trained CHAs (Community Health Agents) to identify and support adolescent health issues
- Working with technical schools to integrate adolescent health issues into their training curriculum and related activities
- Score-carding of Adolescent Friendly Services carried out by adolescents and providers

Description of actual activities delivered against this objective

External circumstances have caused delays to some of the activities planned under Objective Three and so the main focus of this period has been on the design and planning of activities which will be delivered in early 2015.

Training of educators on Adolescent Friendly Services & quality sex education using digital platform:
The digital platform was initially intended to launch during the period reported. However in the run up to the election period in Brazil (which took place in October 2014), it was not possible to get the Education Secretariat office to provide the necessary approvals, which is mandatory when providing training to public school teachers. Despite this setback, the YHP had a series of meetings with the education authorities which were very positive. Discussions were held to agree the content of the portal (which follows similar topics to those covered by Peer Educators but with a greater focus on how to provide support and signposting to adolescents), and also the logistics of delivery. Following the elections, the memorandum with the Education Secretariat has now been signed, and this activity will commence from February 2015.

The YHP has also continued to liaise with the teachers who had previously been identified and mobilised to participate in the digital portal. The positive sign is that they have been continuing to agitate for the digital portal to start as soon as possible – they see this training as a real opportunity for them to build their capacity on topics which are supposed to be part of the school environment and curriculum but which they feel they have gaps in their skills and knowledge to be able to deliver. They have responded very positively to the news that the portal will finally be launched in the new academic year.

Carry out seminars for educators and health workers:
The planning of the seminars for health workers and educators has begun and the YHP has been developing tools to measure pre and post knowledge of the participants before and after the events. The YHP has also started to identify key contacts across the health sector and academic institutions that will be supporting in delivering the seminars. These seminars will start in the first quarter of 2015.

Strengthening the capacity of trained CHAs (Community Health Agents) to identify and support adolescent health issues:
The work with the technical schools has also been held up for the same reasons, as they have been unable to make commitments whilst waiting for news on who will be running the schools post the election. The YHP has held meetings with the technical schools to design a plan for training of CHAs and curriculum development to take place during Year Five, so that we are ready to deliver once the approvals are confirmed. In the meantime, the YHP is continuing to work with the CHAs trained during Phase One of the project - the CHAs have been heavily involved in the planning and delivery of other key project activities such as the health fairs and face to face campaign activities.

Score-carding of Adolescent Friendly Services carried out by adolescents and providers:
The YHP has also been planning for the score-carding process which will begin implementation in March 2015. We have begun designing the steps in the process and timelines, which will include identification and training of adolescent participants, sessions held together and separately with adolescents and health unit staff to analyse the youth friendly aspects of current service provision, a period of monitoring and support to
the technical units to make identified changes, and then a final review with the adolescents and health staff to analyse what has changed in provision of youth friendly services. The YHP has now identified the two health units which will be participating in this process, one from each project region.

**Planned outputs from Log frame Years Four-Five**

- 90 educators (men and women) trained through digital platform
- 400 educators (men and women) sensitised through seminars
- 300 health workers (men and women) sensitized through seminars
- 200 CHAs (men and women) receive further training to identify and support adolescent health issues
- Two technical schools integrate adolescent health modules and tools into the training curriculum, materials and tools
- Two health facilities pilot a score-card process by adolescents and providers

**Outputs achieved against this objective**

- Approval secured for the digital platform to begin in early 2015
- Preparations underway for seminars for health workers and educators
- Meetings held with technical schools to plan training for CHAs in 2015
- Two health facilities identified to participate in the score-carding process

**Planned outcomes from Log frame Years Four-Five**

- % of adolescent boys and girls reporting an improvement in the quality provision of sex education in targeted schools
- Targeted Family Health Units are assessed as improved following adolescent monitoring of ‘youth-friendly’ characteristics

**Outcomes and impact against this objective**

One change that has been clearly evident during this period has been in the approach and level of engagement of health workers (CHAs and others) trained during the first phase of the programme. In particular this was evident during the activities around Adolescent Health Week, where the level of engagement and commitment to supporting the activities was extremely high. They health workers were heavily involved in working alongside the adolescents to design, plan and deliver the activities on the day. This is a significant positive development from the early stages of the YHP when it was quite challenging to mobilize the CHAs to be involved in YHP activities, and reflects a shift in their understanding of the key health topics, their willingness to collaborate with young people themselves to jointly deliver activities, and their confidence and capacity to participate in public events relating to key adolescent health issues.
Challenges

The programme has experienced some external challenges during the period reported which have caused some delays to project activities. In particular the national elections which took place in October 2014 had an impact on scheduled activities, because several of the external partners that we work with (such as the technical training schools and the municipal authorities) were anticipating staff management changes following the election result. As a result, in the run up to the election, they were unable to make certain decisions and commitments for the future. This caused delay in establishing the digital platform to provide training to teachers, and also delayed the work with the technical schools on the training for health workers and redesign of the training curriculum. Since the election the YHP has now been able to make progress on these things and activities have been reincorporated into the Year Five activity plan.

During June – July 2014 Brazil hosted the World Cup. During this period, schools were closed, offices shut early, and it had some impact on general productivity. Anticipating this, the YHP rescheduled activities that involved linking up with external stakeholders to take place before and after the tournament to minimise the effect on project participation and achievement.

AstraZeneca’s Involvement

- Regular call (once a month) with AZ Global and AZ Brazil to update and discuss upcoming events.
- Collaboration between both local teams has taken place in planning materials and communications for May 18th campaign, Adolescent Health Week, ‘Because I am a Girl’ campaign, and the upcoming 1\textsuperscript{st} of December campaign around World Aids Day.
- AZ Brazil and Plan Brazil have worked together to develop a video about the YHP in Brazil. One of the objectives of the video is to engage the AZ Brazil employees with the YHP. The video was launched during the Adolescent Health Week and will be used to present the programme and activities for future events.
- Partnership between AZ, Plan and UNICEF to carry out the ‘Facts for Life’ chapter consultation with São Luis and Peritoró Peer Educators.
- Plan Brazil and AZ Brazil are scheduling a field visit to Maranhão for AZ Brazil staff to visit the project in 2015, see the programme in action and directly meet with the beneficiaries.
Lucy’s Story

My name is Lucy and I’m 17. I live in São Luis with my father, step-mother, half-sister aged two, brother and sister-in-law and three year old nephew. I’m in the second year of secondary school and I especially like studying sociology, philosophy and biology – I like that they are concerned with people and society. I’ve never met my mother and I don’t know any of her family. I’ve always felt the absence of my mother especially around special days like mother’s day. Since my mother left she has tried to contact me but at the time I refused – I couldn’t understand why she chose to leave me.

To start with I lived with my grandmother, I even called her mother. After she died I went to live with my father and his current wife.

Growing up I have suffered a lot, especially when friends would ask me where my mother was. I have always been very quiet and would close myself off to other people. I would only communicate with people with my notebook and pen – I would not talk, just write. I don’t have many friends at school but most people are ok.

Some people told me it was my fault my mother left because of my behaviour and when I heard this I would get angry; at school I beat up another student because they made me so upset. Around the age of 12 I started making myself vomit on purpose and I lost a lot of weight. My aunt noticed when she was fixing my school clothes and took me to the doctor. I also started drinking, spirits mainly like vodka, rum and whisky. I was able to buy drink without any problem; there are many places near my house that would sell to me and not ask my age. My friends would offer me drugs like marijuana and crack but I refused because I was afraid drugs would make my asthma worse. I was also cutting myself on my abdomen and legs with a steel blade.

I remember the day very clearly that I got involved with the Young Health Programme. It was July 18th and a girl I knew at school was part of the YHP. She noticed I was being really quiet so on that day invited me along to see what the activities were like. I was very shy so I just sat in the corner of the library and watched. I saw everyone was laughing a lot and it made me wonder how is it possible to smile and laugh so much? I’ve always been so serious. It was then I decided to participate, I joined in right away!
When I joined the group was talking about sexuality and after that we talked about many things: drugs, adolescent friendly health services, non-communicable disease, healthy eating and violence.

I was really interested in the health services for young people and YHP helped me by linking me to a doctor and psychologist at the health post in my community after I joined the project.

I’ve participated in many YHP activities like the school health fair. We used a roulette to talk about things like sexuality, alcohol and drugs. It was very interesting to talk to other people and to see so many young people participating and talking about their fears. Many students now seek my help, even in my home, and my father was very surprised that I had learnt so many things and how I am able to share this knowledge.

Since I joined the project my friends and family have noticed lots of changes in me. Before I would just go to school and then come straight home and stay in my room, now I look forward to the days the activities take place. Nowadays, I have good dialogue with my father. I still have problems with my step-mother but things have improved! When I understood that alcohol could not solve my problems I asked my father if he could buy me a guitar. I joined a singing class at the local church and I also started a technical course. I stopped cutting myself as I realised there were other things I could do with my life.

I also talked to the doctor and a nutritionist about my bulimia and now my eating habits have changed and I am eating much more healthy food too. I have learnt a lot in these sessions.

I am really happy to have made new friends in the project and I now have two best friends who I find it easy to talk to. Before I never used to speak to my teachers but now I can talk to them too. I have come to the conclusion that it is important to talk to other people, I felt I needed to lose this fear of getting close to people. I have become a different person.

“I want to learn more with the YHP and I want to continue to multiply and share the knowledge with other people. I want to encourage other people to change their lives as well based on my own experience with the YHP.”
Marcos’s Story

“Even though I am young, I can still play a role. I want to know more, to participate more and have a voice within all the spaces that deal with public policy and young people.”

My name is Marcos; I am 17 years old and in my final year of secondary school. I live with my Mother, Step-Father and sister. I am already thinking about my future and would like to go to university so afterwards I can become a journalist; I think this will allow me to continue to help communication with young people.

The YHP was happening at my school and I saw one of the dramas they did about sexuality. The way the subjects were discussed and debated captured my interest and I decided to join. I had already been very active at school in sports and human rights but I wanted to learn more through the YHP about other topics so I could discuss them with confidence whether at school, home or out with friends.

What motivates me most about YHP is that young people like me spread the word themselves about what they hear and learn. I can take information to young people and have conversations. Through conversation transformation becomes easier.

Because I am really passionate about advocating for young people I was chosen to take part in the PTA consultation process. To begin with I didn’t really know much about the PTA but I was able to meet the team who explained it to me in detail. I learnt that the PTA is really important as it is the state level guidance for all municipal health service agencies. In the PTA we saw a need for change. A lot of the proposals would not encourage young people to access health services and information. Many things important to adolescents simply weren’t mentioned. If we are talking about the health needs of adolescents, then there is nothing better than hearing from adolescents themselves.

To begin with I noticed a lot of the stakeholders during discussions did not readily accept the perspective of adolescents but we all persevered as we knew no one could understand better what it is like for a young person to go to a health post and not get the help they need. We made many suggestions to improve the PTA for young people such as adding information on mental health, sexuality, gender, abortion, violence, tobacco, harmful use of alcohol and other drugs as well as healthy eating habits. The PTA is very ambitious and it won’t be easy to put into practice all that we have recommended, but even if we can change people’s mind-sets then we will be happy!

UPDATE: Thanks to the hard work of young people like Marcos and the YHP team, the health secretariat office has officially approved all of the suggestions made by young people and the revised PTA will be implemented throughout the whole state of Maranhão.
### Annex One – Progress against Log frame indicators

<table>
<thead>
<tr>
<th>Indicators from Log frame</th>
<th>Numbers achieved during Phase 1 (Years 1-3)</th>
<th>Numbers reached during Phase 2 up until last report</th>
<th>New numbers reached during this six month reporting period</th>
<th>Total numbers reached throughout entire programme</th>
<th>Explanatory comments</th>
</tr>
</thead>
</table>

#### Goal Level

<table>
<thead>
<tr>
<th>Goal</th>
<th>Numbers reached</th>
<th>New numbers reached</th>
<th>Total numbers reached</th>
<th>Explanatory comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>% increase in number of adolescent boys and girls accessing Family Health Unit services</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in Year 5 – we have put in a formal request for records from the municipal health authorities, and are also planning to survey targeted FHUs on an ongoing basis</td>
</tr>
<tr>
<td>% increase in number of peer educators (boys and girls) who report increased self-efficacy as a result of their participation in the project</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in Year 5 – it has been included in the pre and post testing of Peer Educators</td>
</tr>
<tr>
<td>Reduced rates of adolescent pregnancy in the targeted schools</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in Year 5 – we are planning an informal survey of schools</td>
</tr>
<tr>
<td>% decrease in reported violence experienced by adolescent boys and girls in targeted schools</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in Year 5 - it has been included in the pre and post testing of Peer Educators</td>
</tr>
</tbody>
</table>

#### Objective 1: Output Level
<table>
<thead>
<tr>
<th><strong>Objective 1:</strong> Initial Level</th>
<th><strong>Objective 2: Output Level</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 new schools participating in project activities (3 in São Luís and 2 in Codó) alongside 12 existing schools</td>
<td>7 campaigns completed so far</td>
</tr>
<tr>
<td>12 schools from Phase 1 are continuing with the programme in Phase 2</td>
<td>3 campaigns completed so far</td>
</tr>
<tr>
<td>5 new schools participating: 3 in São Luís 1 in Codó 1 in Peritoró</td>
<td>3 campaigns completed so far</td>
</tr>
<tr>
<td>3 in São Luís 1 in Codó 12 schools from Phase 1 = 16 school in total</td>
<td>3 campaigns completed so far</td>
</tr>
<tr>
<td>100 new PEs trained (boys and girls)</td>
<td>4 seminars held reaching 1,000 adolescents (boys and girls) – (2 in São Luís region and 2 in Codó region)</td>
</tr>
<tr>
<td>263 Peer Educators were trained in Phase 1 (150 girls)</td>
<td>N/A</td>
</tr>
<tr>
<td>56 adolescents (39 girls) started PE training</td>
<td>0</td>
</tr>
<tr>
<td>An additional 76 adolescents (59 girls) began the training = 132 PEs (98 girls) currently being trained</td>
<td>320 young people (219 girls) from 2 seminars</td>
</tr>
<tr>
<td>395 PEs trained (248 girls)</td>
<td>320 young people (219 girls) from 2 seminars</td>
</tr>
<tr>
<td>200 Peer Educators (boys and girls) trained in communication skills</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>24 (11 girls) trained in communication skills</td>
<td>320 young people (219 girls) from 2 seminars</td>
</tr>
<tr>
<td>74 additional adolescents trained in communication skills (44 girls)</td>
<td>320 young people (219 girls) from 2 seminars</td>
</tr>
<tr>
<td>98 trained in communication skills (55 girls)</td>
<td>320 young people (219 girls) from 2 seminars</td>
</tr>
<tr>
<td>9,000 adolescents (boys and girls) reached through outreach activities</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>66 (46 girls)</td>
<td>3 campaigns completed so far</td>
</tr>
<tr>
<td>5,375 (3,289 girls)</td>
<td>3 campaigns completed so far</td>
</tr>
<tr>
<td>5,441 (3,335 girls)</td>
<td>3 campaigns completed so far</td>
</tr>
</tbody>
</table>

**Note, this is just from the Peer to Peer outreach and doesn't include PE training, seminars, face to face campaign activities etc.**
<table>
<thead>
<tr>
<th>Activities / Programs</th>
<th>N/A</th>
<th>Goals and Results</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000 adolescents (boys and girls) reached through campaign face to face activities</td>
<td>N/A</td>
<td>0</td>
<td>6,134 adolescents (3,564 girls)</td>
</tr>
<tr>
<td>Range of mass media used to promote programme including radio spots, programmes and billboards</td>
<td>N/A</td>
<td>1 radio spot 1 billboard</td>
<td>2 radio spots 5 billboards</td>
</tr>
<tr>
<td>Range of communication materials produced including YouTube videos, photo novels, newsletters, cartoons, posters and postcards</td>
<td>N/A</td>
<td>6 videos</td>
<td>6 videos More than 20 cartoons More than 200 photographs (15 selected for exhibition)</td>
</tr>
<tr>
<td>400 parents (men and women) participate in debates and discussions relating to adolescent health</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>YHP advocacy strategy developed</td>
<td>N/A</td>
<td>Under development</td>
<td>1 advocacy strategy completed</td>
</tr>
<tr>
<td>70 PEs (boys and girls) trained in leadership and youth advocacy</td>
<td>N/A</td>
<td>0</td>
<td>70</td>
</tr>
<tr>
<td>12 leadership groups active in identifying and taking action on community needs</td>
<td>N/A</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4 events identified for adolescents boys and girls to represent YHP issues</td>
<td>N/A</td>
<td>0</td>
<td>6 events identified</td>
</tr>
<tr>
<td>Objective</td>
<td>Activity</td>
<td>Status</td>
<td>Details</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Revision of PTA to incorporate gaps relating to gender, sexual and reproductive health and youth participation issues</td>
<td>N/A</td>
<td>Under development</td>
<td>1 revised PTA</td>
</tr>
<tr>
<td>Meetings held with municipal authorities to advocate for the implementation of the revised PTA and support to incorporate activities proposed where possible</td>
<td>N/A</td>
<td>N/A</td>
<td>2 meetings scheduled February 2015 (Codó and Sao José de Ribamar)</td>
</tr>
<tr>
<td><strong>Objective 3: Output Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 educators (men and women) trained through digital platform</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>400 educators (men and women) sensitized through seminars</td>
<td>1,071 school staff reached in phase 1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>300 health workers (men and women) sensitized through seminars</td>
<td>554 other health professionals reached in phase 1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>200 CHAs (men and women) receive further training to identify and support adolescent health issues</td>
<td>641 CHA trained in phase 1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 Technical schools integrate adolescent health modules and tools into the training curriculum, materials and tools</td>
<td>None at start of Phase 1</td>
<td>Negotiations underway with 1 technical school</td>
<td>Ongoing discussions</td>
</tr>
</tbody>
</table>

Negotiations have been taking place, it will now be delivered in Year 5
This will be delivered in Year 5
This will be delivered in Year 5
This will be delivered in Year 5
Ongoing – Year 5
<table>
<thead>
<tr>
<th>2 health facilities pilot a score-card process by adolescents and providers</th>
<th>N/A</th>
<th>0</th>
<th>2 facilities identified to participate</th>
<th>Planning has started for this activity and it will be implemented from February 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: Outcome Level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent boys and girls demonstrating an improved knowledge of key health issues</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in February 2015 when all the Peer Educators have completed the graduation process and pre and post testing results are analysed.</td>
</tr>
<tr>
<td>% of adolescents demonstrating positive changes in attitude relating to gender stereotypes and violence against women and girls</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in February 2015 when all the Peer Educators have completed the graduation process and pre and post testing results are analysed.</td>
</tr>
<tr>
<td>Number of adolescent boys and girls reporting a positive change in behaviour relating to substance use and/or condom use</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in February 2015 when all the Peer Educators have completed the graduation process and pre and post testing results are analysed.</td>
</tr>
<tr>
<td><strong>Objective 2: Outcome Level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of men and women demonstrating an improved knowledge of adolescent health issues</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in Year 5 through pre and post testing of parents attending the debates, and teachers and health worker attending the seminars.</td>
</tr>
<tr>
<td>Parents and children report increased dialogue with each other on adolescent health issues</td>
<td></td>
<td></td>
<td></td>
<td>This will be measured in Year 5 through pre and post testing of parents attending the debates.</td>
</tr>
<tr>
<td>The PTA on Adolescent Health (State level guidance to municipal authorities) is more responsive to the health needs of adolescent boys and girls</td>
<td>N/A</td>
<td>N/A</td>
<td>1 revised PTA approved</td>
<td>1 revised PTA approved</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>The number of actions taken by government stakeholders to improve adolescent health in response to youth advocacy</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 3: Outcome Level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adolescent boys and girls reporting an improvement in the quality provision of sex education in targeted schools</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targeted Family Health Units are assessed as improved following adolescent monitoring of ‘youth-friendly’ characteristics</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Annex Two – AstraZeneca’s Global Indicators

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Number -current reporting period (May – October 2014)</th>
<th>Total number-programme to date (Years 1-5)</th>
<th>Outcomes</th>
<th>When outcome measure expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of young people who have received health information through AZ YHP</td>
<td>10,715 (6,418 girls)</td>
<td>67,919 (45,466 girls)</td>
<td>o % increase in the number of adolescent boys and girls accessing health center/unit services</td>
<td>Measured in Year 5 evaluation</td>
</tr>
<tr>
<td>Number of young people who received information about:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Sexual and reproduction health</td>
<td>5,451 (3270 girls)</td>
<td>62,655 (42,318 girls)</td>
<td>o % increase in number of peer educators who report increased self-efficacy as a result of their participation in the project</td>
<td></td>
</tr>
<tr>
<td>b. Mental health and emotional well-being</td>
<td>5,451 (3270 girls)</td>
<td>5,451 (3270 girls)</td>
<td>o % of adolescent boys and girls demonstrating an improved knowledge of key health issues</td>
<td></td>
</tr>
<tr>
<td>c. Substance use</td>
<td>5,451 (3270 girls)</td>
<td>5,451 (3270 girls)</td>
<td>o Number of adolescent boys and girls reporting a positive change in behaviour relating to substance use</td>
<td></td>
</tr>
<tr>
<td>- Harmful use of alcohol</td>
<td>5,451 (3270 girls)</td>
<td>62,599 (42,279 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Violence</td>
<td>10,715 (6,418 girls)</td>
<td>10,715 (6,418 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Nutrition/health eating habits and exercise</td>
<td>5,451 (3270 girls)</td>
<td>5,451 (3270 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Infectious diseases</td>
<td>5,451 (3270 girls)</td>
<td>5,451 (3270 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Accidents/injury</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Other health issue</td>
<td>5,451 (3270 girls)</td>
<td>5,451 (3270 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Access to healthcare</td>
<td>10,715 (6,418 girls)</td>
<td>10,715 (6,418 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of young people directly trained in delivery of interventions</td>
<td>76 (59 girls)</td>
<td>395 (248 girls)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of frontline health providers who successfully complete training programmes in adolescent health</td>
<td>0</td>
<td>1,195 (641 CHA and 554 other professionals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of influencers (parents, teachers, and leaders) reached by programme</td>
<td>0</td>
<td>4,206 (1,077 school staff, 3,129 parents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated population reached via awareness raising/media campaigns</td>
<td>108,229</td>
<td>183,854</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>