



Young Health Programme Brazil:

Final Evaluation Phase I&II 2010-2015



Introduction to YHP Brazil

The Young Health Programme (YHP) in Brazil operated in five municipalities in the State of Maranhão: São Luís, São José de Ribamar, Codó, Timbiras and Peritoró. These municipalities fall into two distinct geographical regions – the Cocais region, and São Luís region. YHP Brazil was run in collaboration with local schools, health workers, government stakeholders and NGO partners. The 1st phase ran from November 2010 and was extended to a 2nd phase in November 2013. Phase 2 built on the previous phase and incorporated additional health topics such as harmful use of substances, gender based violence and mental health. There was increased focus on targeting parents, advocacy and sustainability in response to learning from phase 1.

Programme activity formally completed in October 2015 with some exit/sustainability activities still taking place in the early part of 2016.



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.

Monitoring & Evaluation

The **Final Evaluation** forms a critical part of the **Monitoring and Evaluation (M&E)** mechanisms for the YHP Brazil. Plan Brazil, their partners and Plan UK, developed a detailed monitoring, evaluation and learning framework to set out when and how the output and outcome indicators were monitored from the outset. This was developed further in 2013 when the YHP was extended from 3 years (Phase 1) by another 2 years (Phase 2). The M&E cycle included a **Base-line Evaluation** to ascertain the situation for adolescents with regards to their health in the project municipalities. This was followed in 2014 by a **Mid-line Evaluation** to gauge progress that could be attributed to the YHP Brazil.

The **End-line Evaluation** employed a mixed methodology, gathering **quantitative data** via questionnaires with 48 parents/guardians of Peer Educators and 161 students in both schools where YHP outreach had taken place and comparison schools where there was no YHP presence. **Qualitative data** was gathered from 5 focus groups with Peer Educators, 2 focus groups with parents and 2 focus groups with teachers. In depth interviews were conducted with officials from the Ministries of Health and Education, medical professionals and Plan Brazil staff.

The evaluation team also reviewed **all relevant programme documents** such as the Base-line and Mid-line evaluations, score-card results from assessment of the Basic Health Centres by Peer Educators and reports.

The Base-line, Mid-line and End-line Evaluations have all been conducted **by external, independent consultants**.

Key Findings: Programme Reach

Between November 2010 and October 2015 YHP Brazil reached

- a total of **93,427** young people
- including **527** young people trained as Peer Educators
- **631,178** members of the wider community, including
- **1,604** healthcare workers
- **431** parents
- **1,557** teachers

In total **724,605 people have been reached** in 5 municipalities of Maranhão, Brazil.

Targets for programme reach for the categories above were met or exceeded. Some meetings and activities have been delayed with municipal authorities and technical schools but these will continued as part of the sustainability plan (see Year 5 report, for more details.)

Key Findings: Objective one

To inform, engage and empower adolescents on health, with a primary focus on gender and sexual reproductive health and rights (in Phase 2 additional focus on harmful use of substances, gender based violence and mental health)

- * Overall there was a dramatic increase in young people's ability to identify various types of substances between the base-line and end-line evaluation – for example in the base-line only 39% of young respondents considered cocaine to be a drug and in the end-line this had increased to 88%
- * There was a reduction in the number of young respondents who reported using substances down to 13% in the end-line compared to nearly 50% in the mid-line evaluation
- * Sexual and reproductive health and rights: In all cases, students in the YHP schools were better informed than those in the comparison schools.
- * Awareness of contraceptive methods dramatically increased between the base-line and end-line evaluation (e.g. male condom awareness went from 22% to 86%)
- * Across the focus groups a high number of the male Peer Educators identified proper condom use as one of the most valuable trainings. The YHP workshops themselves created a safe space greatly facilitating discussion
- * Perceptions of gender roles and expectations for women largely remain confined to more passive, domestic tasks. Gender stereotypes were more marked in the comparison schools
- * Sexist beliefs held by male respondents, while not predominant, reinforced the importance of promoting the participation of young men. There were challenges with recruiting male students to participate as Peer Educators
- * In the base-line evaluation 18% of young people reported experiencing some type of violence. In the final year of the YHP among trained Peer Educators the rate of exposure to violence reported was markedly higher – totalling 33% pre training and 57% post training. This jump coming at the end of specific training on violence evidenced increased awareness and understanding and could demonstrate that young people more generally underreport their experiences
- * Results on mental health status were generally positive with 79% of respondents reporting feeling generally happy. Rates of reported depression were higher among young people at the YHP schools. This difference may be related to openness about discussing one's own mental health, which could attest to the value of conversations and self-reflection encouraged by the YHP
- * Young people are most likely to turn to parents and friends when they feel depressed and only 14% would turn to a healthcare professional, more support for young people is needed in this area

“We see sexual violence in newspapers and everyday life, but we only gained a different perspective when Plan taught us how to avoid and prevent violence”

- Peer Educator

“When they [boys] stop coming to meetings, they argue “I already spend my whole morning in a classroom and now this project is going to make me spend the whole afternoon their too?”

- Peer Educator, Peritoró

Key Findings: Objective Two

To influence public policy, engage with key decision makers, and increase public awareness of adolescent health issues.

- * Peer Educators placed great value on the development of leadership skills, and a new found understanding of their basic rights. Increased self-esteem was reported particularly due to participation in drama groups and theatre productions
- * Other stakeholders such as health professionals were impressed by the skills Peer Educators demonstrated
- * The YHP Peer Educators also brought a lasting impact and legacy to Plan Brazil's own operations as 9 members were brought into Plan Brazil's Consultative Council
- * Involvement in the YHP empowered Peer Educators to instigate discussions around health and sexuality with parents and to build more trustful and open relationships with them. 'Conversation Circles' run between parents and young people provided structure and solidarity for teens and parents who did not feel comfortable speaking in private
- * Despite some parents being initially reluctant for their children to be involved by the end the majority of parents viewed the YHP as a vital resource
- * The determination of young people to push for change increased but some elements are out of the control of the YHP for example the State Secretary of Health accepted revisions by Peer Educators to the state-wide Adolescent Health Work and Evaluation plan (PTA) but the implementation of these will need to be monitored – with this in mind follow-up meetings with the authorities to advocate for the implementation of the revised plan will be carried out after the programme completes as part of the sustainability activity
- * The YHP was able to navigate complex structures within local institutional interests to both assert the rights of young people and create space for their political participation
- * Interviewees across the municipalities generally praised YHP's involvement in the political space and emphasised the value of its nonpartisan approach and empowerment of young people as agents for change
- * A number of Peer Educators have expressed their determination to continue with the youth-led advocacy after the YHP has finished. Success in this will partly depend on cooperation from teachers and school administrators, there were concerns raised about the bureaucracy of many organisations to fully realise this long-term

“One legacy of the YHP is the drive to involve young people more extensively in the design of current and future projects at Plan”

– Plan Brazil staff member

“It's a shame the programme can't involve the entire community, because it's helped us [parents] become more aware...if more young people received the guidance and engagement that our kids got from Plan, they would leave the world of violence and make a better one”

- Parent, São Luis

Key Findings: Objective Three

To strengthen the existing delivery of health and education services to provide improved quality and access to adolescents.

- * The number of young people accessing Basic Health Centres steadily increased in two of the municipalities. In other locations the quality of data on youth visits varied in quality and consistency making it more difficult to measure
- * The percentage of students at the YHP schools who claimed they received good service in the Basic Health Centres rose compared to the mid-line evaluation, from 50% to 66%, however the level of satisfaction varied significantly across municipalities
- * In phase 2 there was increased training with CHAs (Community Health Agents) on how to identify and address health issues that are particularly relevant for adolescents. This improved the situation but there were challenges reported in some municipalities with attitudes of other medical staff, infrastructure and absent staff
- * When it came to discussing sexuality, young people felt most comfortable going to friends and parents, which also emphasises the importance of peer to peer education and the involvement of parents in adolescent health programmes
- * In YHP schools 82% of students had received some form of sexual education compared to 68% in the comparison schools and 20% of these students cited Plan as the source of information. For sustainability schools will need to be able to teach these topics without support from the YHP in the future
- * 93 educators undertook training through the digital online platform but only a small number completed the full training. There were unexpected challenges with the technology and schedules and the training module was deemed too long by the teachers
- * Some teachers also reported seeing this as 'more work' and the YHP as 'interfering with their kids' and in some schools it was a struggle to engage and as a result these teachers felt out-of-the-loop or unsupportive of the YHP
- * Teachers in Timbiras also voiced doubts regarding the practicality of an ambitious (although important) programme being delivered in their schools when they face challenges with basic infrastructure to support student learning
- * Plan Brazil staff also reported that more widely there can be confusion in local communities as sometimes Plan's role is conflated with that of the government (e.g. provision of water delivery) and this can set-up unrealistic expectations of what Plan's programmes can deliver and what their focus is
- * Despite some critiques from teachers there was agreement however that their students who took part in the YHP had become more articulate, had greater awareness of larger issues and strategies to address them

“Teens need a private space to speak with doctors and nurses... Teens used to be afraid to speak to health professionals, but now they are more open to it”

– Basic Health Centre Director, Peritoró

“The challenge facing our department is to shine a light on adolescents’ issues, because while children have visibility, adolescents do not...If we do not create spaces for teens [at the Basic Health Centres], they will never exist.”

- Health Professional at Basic Health Centre, São Luis

Legacy & Sustainability

During the final year of the YHP Brazil detailed exit and sustainability planning took place, aiming to achieve lasting impact and legacy and best support local stakeholders to continue to improve health and gender equality in the state of Maranhão. The plan to achieve this focuses on the following areas:

- * Encourage the sustainability of girls' and boys' groups, presenting and recommending social movements, news bulletins and forums
- * Apply an Output Plan among groups in both regions, aiming to:
 - Encourage the participation of groups in public bids and opportunities of multiplication of the peer education methodology
 - Monitor the agreement with the State Department of Health to replicate the methodology in other municipalities in the State
 - Rate and signal the participation of adolescents in Forums and Conferences for participation / political influence
- * Strengthen the capacities of the Government (State Department of Health / SES) to replicate the Peer Methodology
- * Ensure that the Peer Educators can maintain the Peer Education methodology in their schools' actions and projects, encouraging continuing education and multiplication
- * Raise awareness and mobilise resources for the annual Adolescent Health Week (health actions in schools) to be incorporated in the calendars of activities and actions in the basic health units, schools and municipalities
- * Monitor the educators' good practices with the themes discussed during the PEGE formation in classrooms, changes in curriculums, and at scientific and cultural fairs
- * Monitor the health services' compliance to adolescent friendly services in basic health units; check if they are really friendly, welcoming and without any pre-judgment
- * Optimise and provide multiplication techniques and communication skills developed by YHP adolescents in other Plan projects and the System of Guarantee of Rights
- * Disseminate the revised Adolescent Health Work and Evaluation Plan (PTA) and influence government bodies, through the Peer Educators' advocacy activities
- * Integrate Peer Educators in Plan's wider campaigns
- * Use Peer Educators in the production of Plan teaching materials, ensuring language and visual light and fun

Recommendations

Objective One:

1. Emphasise adolescent mental health in programme content, training for healthcare professionals and advocacy efforts
2. Recruit groups of male friends to encourage participation and consider male-only workshops
3. Distribute condoms at promotional events and possibly supply them to Peer Educators to distribute as adolescents may not want to obtain from Basic Health Centres

Objective Two:

1. Ensure local partners have means of contacting Peer Educator 'Leadership Groups' in order to include them in various activities volunteering and campaigns
2. Arrange meetings with parents before Peer Educator recruitment to engage fully
3. Strengthen Peer Educators' social media presence

Objective Three:

1. Deliver training on adolescent friendly services beyond CHAs (Community Health Agents) to doctors and nurses at Basic Health Centres, as well as hospitals
2. Shorten length of training for teachers through the online platform to encourage completion
3. Involve teachers more in development of materials, or suggestions of activities and topics for discussion

Conclusion

The overall goal of YHP Brazil was to contribute to the improved health and gender equality of adolescent girls and boys between 10-19 years old in five municipalities of Maranhão, Brazil.

The YHP Brazil did have a significant impact on young people in these locations, providing invaluable and rare 'safe spaces' for Peer Educators to express themselves freely and work together to learn about and then promote dialogue around important and difficult issues. In demystifying these topics and encouraging discussions the YHP helped many students gain the confidence and knowledge to advocate for their own rights and become leaders in their schools and communities.

Separate from the overwhelmingly positive feedback from young people and their parents, the survey results from the YHP and comparison schools did show variation in the impact between municipalities. This was especially evident when it came to engagement with teachers and use of basic health centres.

The YHP Brazil was able to implement an impressively varied range of activities and initiatives to improve the situation for adolescents in the municipalities.

"Today I am better able to express myself and I know that I'm going to carry everything taught to me for the rest of my life. I'm going to teach people who need this information more than me, and I know I'll make a difference...we started out as little seeds, and now we're becoming beautiful trees and flowers."

– Peer Educator from Timbiras