

South-to-South Collaboration to Improve Programs for Youth

There are about 1.8 billion people in the world between the ages of 10 and 24, and the vast majority live in developing countries.¹ High rates of unintended pregnancy, unsafe abortion, and sexually transmitted infections (STIs), including HIV, jeopardize the sexual health and the future of these youth. Thus, it is crucial to develop and implement programs and policies that meet young people's reproductive and sexual health needs.

One important strategy for improving reproductive and sexual health policies and programs is south-to-south collaboration—the sharing of experience between developing countries and between individuals, non-governmental organizations (NGOs), and/or governments and their agencies in developing countries. The central premise of south-to-south collaboration is that, by sharing information and strategies, organizations in developing countries can improve programs, pool scarce resources, and advance mutually held goals. Moreover, developing countries can achieve these gains with little reliance on developed countries. Although today, south-to-south collaborations are often initiated and guided by donor NGOs; in the future, they may be initiated and guided almost entirely by NGOs in developing countries. Finally, the solutions and strategies—devised to reflect the particular social, cultural, and economic conditions of one developing country—may more easily be adapted for use in another developing country, especially when compared to programs devised in developed nations with dissimilar social, cultural, and economic conditions.

South-to-south collaboration is a strategy that can be used effectively in reproductive and sexual health programs, such as family planning, HIV prevention, and AIDS treatment. In fact, NGO participants at the 1994 International Conference on Population and Development (ICPD) endorsed the concept of south-to-south collaboration.² When the focus is on improving sexual and reproductive health outcomes among adolescents, south-to-south collaboration can facilitate the sharing of evaluated, culturally appropriate, highly effective strategies and programs. To do this, south-to-south collaborations typically employ networks, study tours, meetings, and conferences and also exchange information, technical assistance, and training. This paper provides an overview of one such collaborative effort, with an emphasis on the benefits, results, and lessons learned from the project.

Case Study: Nigeria Linked to Jamaica (NIJA) Project

Advocates for Youth, an NGO based in Washington, DC, initiated and facilitated an adolescent sexual health south-to-south collaboration between the Association for Reproductive and Family Health (ARFH) in Ibadan, Oyo State, Nigeria, and the Women's Centre of Jamaica Foundation in Kingston, Jamaica. The project, entitled NIJA (**N**igeria Linked to **J**amaica), promoted an exchange of expertise between ARFH and the Women's Centre. Through NIJA, the partner NGOs developed, implemented, and evaluated life skills based sex education training for school guidance counselors.

ARFH had experience with a similar project in Oyo State, Nigeria. In conjunction with the Oyo State Ministry of Health, ARFH developed, implemented, and evaluated an effective, life skills based sex education program in Oyo State schools.^{3,4} As such, ARFH was well-positioned to provide technical assistance and training to the Women's Centre, which focused on education, counseling, and health services for pregnant and parenting Jamaican teens, 17 years of age and younger.

At the time of planning for NIJA, the Women's Centre was also developing and implementing life skills based sex education seminars for Jamaican guidance counselors. The Women's Centre wanted to empower guidance counselors to promote students' sexual health. This fortuitous circumstance helped the partner NGOs to pinpoint these life skills based sex education seminars as the focus for sharing information and skills. To foster the south-to-south exchange, the NIJA project used several strategies, including technical assistance and training, study tours, and sharing of resource materials.

- **Technical Assistance and Training**

ARFH and Advocates for Youth provided Women’s Centre staff with face-to-face consultation, offering constructive critiques and facilitation training during the seminars’ development. ARFH and Advocates for Youth also assisted the Women’s Centre in assuring that its seminars received both process and outcome evaluation.⁵

- **Study Tours**

Staff participated in several exchange trips. In December 2001, staff from ARFH and the Women’s Centre attended Advocates for Youth’s 20th Anniversary Conference in Washington, DC. During the Conference, the NIJA team exchanged information and planned the projected collaboration. Later, staff from ARFH and Advocates traveled to Kingston, Jamaica, to assist in a pre-seminar meeting for staff from the Women’s Centre. During that visit, the Nigerian experts also met with officials from the Jamaican ministries of Health and Education. Women’s Centre staff later traveled to Nigeria to participate in a two-week training on life skills based sex education, hosted by ARFH, for teachers from selected schools in Oyo State. Women’s Centre professionals increased their expertise regarding training issues, evaluation, participatory learning, and facilitation skills. The Jamaican visitors also met with officials of the Oyo State ministries of Health and Education as well as with school principals, teachers, and students.⁵

- **Resource Materials**

The three NGOs shared resource materials on reproductive and sexual health information. For example, Advocates ensured that ARFH and the Women’s Centre received materials highly relevant to south-to-south collaborations to improve adolescents’ reproductive and sexual health. Some of these materials were produced by FOCUS on Young Adults in Washington, DC. Advocates also supplied its own materials to ARFH and the Women’s Centre—materials such as fact sheets, lesson plans, and advocacy guides. ARFH supplied its own culturally appropriate, peer education adaptation* of Advocates’ *Life Planning Education*.⁵

Benefits of Collaboration

All three collaborating NGOs reaped benefits from the project. The Women’s Centre reaped the benefits of lessons learned by ARFH in developing, implementing, and evaluating life skills based sex education. The Women’s Centre put these lessons to work in its own life skills training for guidance counselors. ARFH improved its training practices and built experience in providing technical assistance to other NGOs. Advocates for Youth shared its technical expertise and learned the successes and the pitfalls of south-to-south collaboration. More important, the collaboration appeared to have materially strengthened the self-perceived ability of Jamaican school guidance counselors to address with directness, compassion, and sensitivity the sexual health issues faced by Jamaican students.⁶

Results from the Project’s Evaluation

During a three-month period, the Women’s Centre held two-day seminars at six of its seven sites throughout Jamaica in order to build guidance counselors’ life-based sex education skills. The “solution focused counseling method” (which stresses solutions rather than problems) was central to building the skills of guidance counselors. The agenda included: (1) the rights of the child; (2) the psychosocial development of adolescents; (3) Jamaican adolescents’ reproductive and sexual health; (4) assisting youth to clarify their values and make decisions; (5) conflict resolution; (6) the peer support model; (7) communicating with adolescents; and (8) solution focused counseling in schools. Sessions also included panel discussions, allowing counselors to ask candid questions of volunteer youth.⁶

With the assistance of the NIJA team and two outside evaluators (one, Jamaican and the other, Nigerian), the Women’s Centre carried out two forms of evaluation.

- Process evaluation helped staff ascertain that the program was implemented according to plan, assured the program’s quality and coverage, and permitted the Women’s Centre to adjust the timing and content of the seminars in order to meet its goals.
- Outcome evaluation determined that guidance counselors achieved desired changes in knowledge and attitudes by the end of the seminar. Participants also expressed satisfaction in the knowledge and experience they gained, saying that what they learned had great applicability to their work with students.⁶

To measure changes in knowledge and attitudes in the participants, the evaluation instrument assessed: (1) knowledge of contraceptives and HIV and AIDS as well as other STIs; (2) knowledge of adolescent sexual health issues; (3) knowledge of counseling; (4) attitudes toward adolescents and sexuality issues; (5) attitudes toward guidance counseling issues; and (6) knowledge and attitudes toward peer education.⁶

* *Life Planning Education: A Peer Education Programme*

The results of the outcome evaluation indicate that the seminars were effective in increasing knowledge and promoting positive attitudes with respect to counseling adolescents in Jamaica. There were improvements in more than half of the items (in 21 of 39 items; 53.8 percent). As expected, there was greater improvement in knowledge than in attitudes.⁶

Lessons Learned and Important Issues regarding South-to-South Exchanges

The partner NGOs reaped several important lessons from the NIJA project.

Choice of Partners—Choose partners carefully. Choose organizations that 1) want to work together; 2) have complementary skills and/or expertise; and 3) share a common language.

Communication—People from different countries and/or cultures may also have different communication styles, varying customs and expectations, and differing levels of communication infrastructure. To minimize communication barriers, partners should:

- Be willing to use any and all forms of communication, including phone, fax, postal systems, and e-mail. NIJA partners discovered that instant messaging was useful for prompt exchange of information and was sometimes more reliable than e-mail.
- Designate at least one day of the week for communication between team members.
- Write up and share bi-weekly or monthly reports with each other and with the donor.
- Designate one person at each NGO to serve as liaison.
- Remember that organizations have different styles of communication. Discuss preferences and clarify communication needs. For example, when requesting a written document, provide a detailed outline as well as a sample of what is wanted. Knowing this will help partners to save time, eliminate wasted effort, and minimize frustration.

Planning—Advance planning is key to a smoothly running project. To assure appropriate advance planning:

- Promote a team atmosphere among organizations by building informal time into exercises or projects, and by meeting together as often as necessary before implementing a larger project. Early attention to team building will allow partner NGOs and staff to get to know each other, to become familiar with each partner NGO's strengths and weaknesses, and to plan how best to use each partner's strengths.
- Discuss and *together* set roles and responsibilities prior to implementing the project. Draft these mutually agreed-upon roles and responsibilities into the project plan and create a memorandum of understanding between all participating organizations.
- Familiarize each member of the team with the project's protocol (or memorandum of understanding) as well as with each organization's protocols and procedures.
- Provide country and organizational orientation to any staff traveling to a partner NGO.
- Bring *all* team members together, including the evaluators, to discuss planning, implementation, and evaluation.
- Develop a calendar that displays each partner organization's national and religious holidays, team members' vacations, and other important days. This will help in scheduling travel and in establishing project deadlines.
- Create realistic time lines and remember that many phases of the project may take longer to accomplish than planners expect.

Staff Exchange—On the NIJA project, staff exchanges provided each team member with opportunities to visit the countries of other team members, to view each others' work at first hand, and to experience each other's culture. The logistics for these exchanges were, however, one of the most difficult aspects of the project. To minimize the logistical challenges:

- Make arrangements well in advance and allow a lot of time for getting travel visas and other important documents. Getting travel visas, in particular, can be difficult and time-consuming, depending of the person's country of origin and destination.
- Prepare staff for an exchange visit or study tour by providing them *in advance* with lists of what to bring (and not to bring) and information on the norms of the country to be visited. Include practical information on cultural forms of politeness.
- Ask donors or local colleagues for help in obtaining visas or other needed travel documents.

Conclusion

South-to-south collaborations, such as the NIJA project, face challenges and also offer significant rewards. Challenges include: complicated logistics; differing cultural norms and expectations; distance; and time constraints. Rewards include: increased expertise; more colleagues with whom to work; new ways of looking at strategies, policies, attitudes, behaviors, and outcomes; and improved programs

and policies. Most of all, effective south-to-south collaborations can help developing countries to improve sexual health information and services for young people—that's really what it's all about.

Resources

Continuing research on south-to-south collaborative work has resulted in some excellent resources.

- *Crossing Boards: IPPF/WHR Recommendations for Partnerships*, published in 2002 by International Planned Parenthood Federation Western Hemisphere Region—this document provides recommendations on establishing, maintaining, and sustaining effective partnerships between organizations in order to learn from one another, sharing experiences, successes, and failures; visit http://www.ippfwhr.org/publications/serial_issue_e.asp?PubID=43&SerialIssuesID=120
- *South-to-South Collaboration on Adolescent Health: Lessons Learned*, published in 2000 by International Planned Parenthood Federation Western Hemisphere Region—not yet available full text, this document describes experiences of collaborating youth programs in the Dominican Republic and Colombia; visit http://www.ippfwhr.org/publications/serial_article_e.asp?SerialIssuesID=58&ArticleID=210
- *South-to-South Collaboration*, Web pages of the CATALYST Consortium—this resource provides information on south-to-south efforts of the Consortium—a collaboration of the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Pathfinder International, and PROFAMILIA/Colombia; visit http://www.rhcatalyst.org/site/PageServer?pagename=Research_Evaluation__Projects_South_to_South

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- ³ Association for Reproductive and Family Health. *Impact of Peer Education on the Reproductive Health of In- and Out-of-School Youth in Ibadan: Evaluation Findings, 1995-1997*. Ibadan, Nigeria: Author, 1998.
- ⁴ Association for Reproductive and Family Health. *Investing in the Future of Our Youth: Proceedings of a Stakeholders and Strategy Development Workshop on the Expanded Life Planning Education Programme in Oyo State Secondary Schools: Organized by Association for Reproductive and Family Health in Collaboration with Oyo State Ministries of Education and Health, 24-25 March, 1998*. Ibadan, Nigeria: Author, 1998.
- ⁵ Advocates for Youth. Internal records of NIJA Project. Washington, DC: Author, 2001-2002.
- ⁶ Norman LR, Casey K. *Guidance Counselors' Seminar Evaluation Report*. [Draft report] Kingston, Jamaica: The Women's Centre Foundation of Jamaica; Washington, DC: Advocates for Youth, 2002.