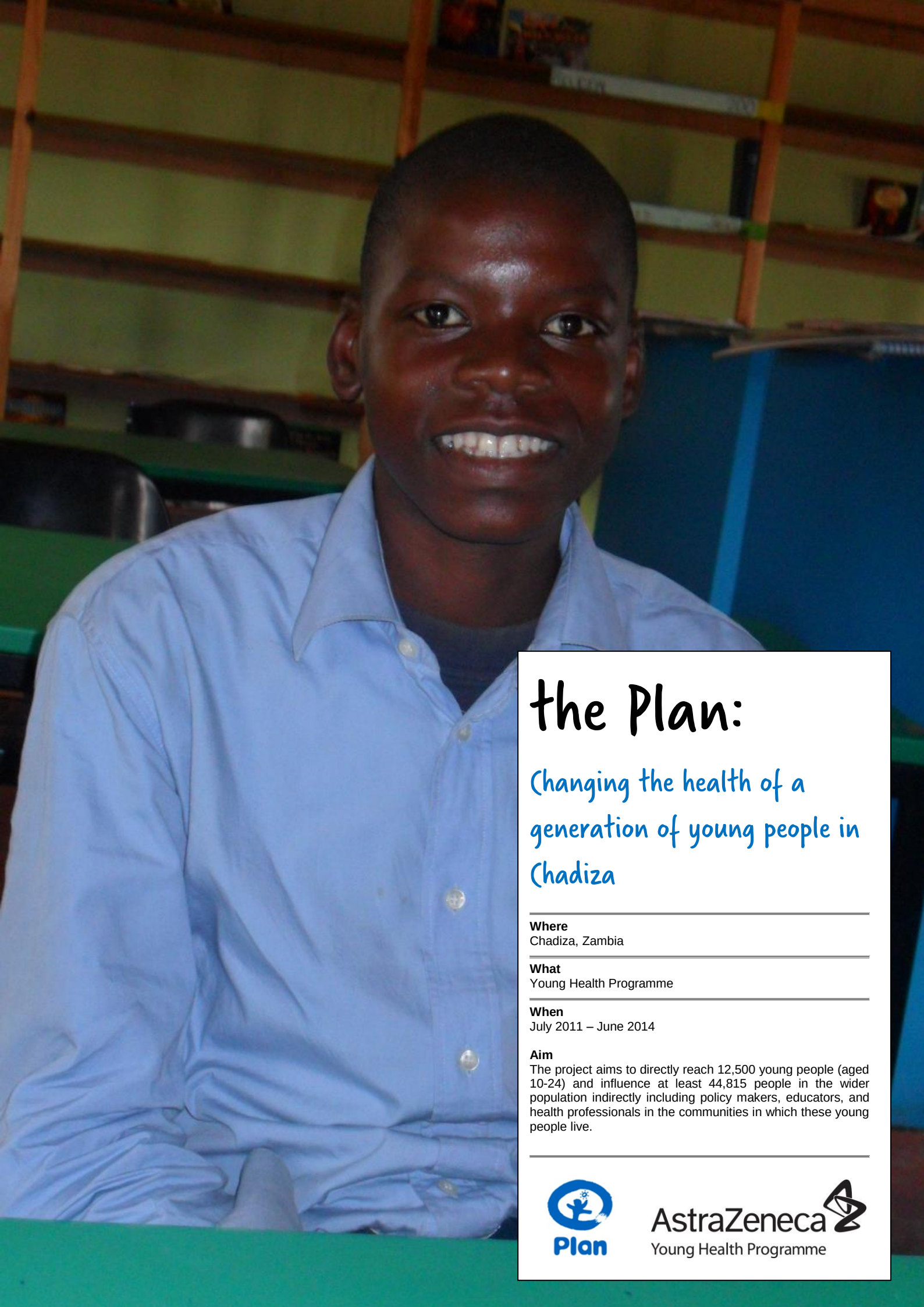


the Plan:

Changing the health of a generation of young people in Chadiza

Where
Chadiza, Zambia

What
Young Health Programme

When
July 2011 – June 2014

Aim
The project aims to directly reach 12,500 young people (aged 10-24) and influence at least 44,815 people in the wider population indirectly including policy makers, educators, and health professionals in the communities in which these young people live.

Plan

AstraZeneca
Young Health Programme

Young Health Programme Zambia

Year Three Report — July 2013 – December 2013

Project location

The Young Health Programme (YHP) is being rolled out in nine communities of Chadiza Programme Unit, Eastern Province, Zambia.

Specific communities targeted:

- Manje (John Health Centre)
- Nsadzu (Madzaela Health Post)
- Chilenga (Nsadzu Health Centre)
- Naviruli (Sinalo Health Post)
- Khumba (Miti Health Centre)
- Zemba (Zemba Health Centre)
- Tafelansoni (Tafelansoni Health Centre)
- Chadzombe (Chanjowe Health Post)
- Vubwi (Chikoma Health Centre)

Target beneficaries

Girls take part in an insaka session, a meeting place to focus on specific health topics, Chanjowe Basic School

The focus of Young Health Programme (YHP) in Zambia is on adolescents of Chadiza District in the Eastern and Central Provinces. The programme plans to reach 12,500 young people directly (7,500 girls and 5,000 boys) between the ages of 10 – 24 years in Chadiza. Additionally the programme plans to reach 44,815 indirect beneficiaries in total. 25,000 people comprising women, men, girls and boys in the general Chadiza population and 19,815 people through advocacy both at the district and national levels.

Goal and objectives

Goal: To improve the health and well-being of adolescents in the Chadiza District of Zambia.

- **Objective 1**: To mobilise community support and increase advocacy for improved access and quality of young people's health services.
- **Objective 2**: To promote information sharing, education and communication for adolescents on relevant health issues.
- **Objective 3**: To strengthen and improve the existing health services to provide quality youth friendly services.

Summary of achievements July 2013 – December 2013

Reach:

- The community sensitisation activities increased the reach to people in the community. A total of **4,174** young people, (**2,364** females and **1,810** males) aged between 10 and 24 were reached through YHP during this six month period.
- This has brought the total number of people reached directly throughout the programme so far to **18,533** young people, which is already higher than the overall target of 12,500 for the programme across the three years. The project also reached **6,822** people indirectly, giving a total of **38,663** for the programme to date.

Sustainability:

- The Peer Educators (PEs) from Miti clinic have developed innovative activities to sustain the project. They are currently using the pool table as an income-generating activity. The money raised is used to assist with the overall functioning and implementation of activities conducted by the group. One of the challenges reported in the last reporting period was the lack of incentives to run the programmes - which these Peer Educators (PEs) have now found a solution to. This model is being encouraged for replication in the other communities.

- In order to sustain the project, Peer Educators decided to recruit additional young people to make up for those who were not longer involved in the project. Health care providers trained in youth-friendly health services also helped the new recruits by giving them more information on SRH so as to equip them to support the Peer Educators with outreach activities

Impact:

- The YHP continued to receive the support from key stakeholders such Health Centre Advisory Committee members. This support is beneficial as committee members use their position and the skills they have acquired to share information on sexual and reproductive health and rights (SRHR) with their fellow elders and families. Parents are increasingly allowing and encouraging their children to attend the sensitisation meetings conducted by Peer Educators.

- The project has had a significant impact on some cultural practices that were previously widespread. For example – in the past community members didn't allow condom distribution and open discussions on sexuality but, with the introduction of Peer Educators and involvement of key community leaders on the project, community members are now opening up to these discussions and accessing condoms from Peer Educators distributed during awareness activities.

- Previously it was very common for a community member affected by a disease, including Sexually Transmitted Infections (STIs), to seek treatment using wild herbs and local concoctions, and only attending the health clinic much later if traditional medicines failed. Now, thanks to the awareness raised by the YHP, there is a much greater understanding of the symptoms and treatment of STIs. Clinics are receiving higher numbers of people accessing their services as a first port of call. This is further supported by work the project has been doing directly with the traditional healers, some of whom are now themselves recommending and even referring clients to the local clinics as the first place to go if they suspect a disease or a STI.

Local Advocacy:

- Traditional and civic leaders who have received training through the project have been playing an active role through the Health Centre Advisory Committees established at each clinic. These committees were established to help gain community support for the project by involving selected local actors to advocate for SRHR issues at local clinics and sensitise community members on the

availability of SRHR services thereby increasing demand. The committees also help by ensuring that the services provided attract young people at the Youth Friendly Corners.

Youth Voice:

- The work of the Peer Educators in communities talking about health issues and services has helped create a wide dialogue between young people about issues affecting their health. This is supported by the Youth Friendly Corners which have become a vibrant forum for discussion of health issues and concerns of young people. As a result young people are also now more confident to access the health services available through the clinics, and are often referred directly by Peer Educators.

- The influence of Peer Educators talking through issues with young people and their families has led to six girls from Nsadzu who had left school because of pregnancy, returning to continue with their education.

Peer Educators at Miti clinic are currently using the pool table as an income-generating activity and to attract young people to the clinic.

"Before the Youth Friendly Corner was created youth didn't have a place to discuss these issues as openly...the pool table and other games attract them. This also provides us with an opportunity to give them a health talk on various issues when we're not busy attending to patients"

Male Nurse, Taferansoni Rural Health Post

Objective one: To mobilise community support and increase advocacy for improved access and quality of young people's health services

Description of activities against objective one

Over the last six months the Young Health Programme has carried out a series of awareness raising activities accross the nine targeted communities to improve understanding and discussion about key health issues affecting adolescents. One of the key mechanisms for carrying out this outreach was through the work of the Peer Educators, trained earlier in the programme, supported by the drama group members. The purpose of the outreach was to improve knowledge about health issues and to increase the number of people accessing relavent health services.

The drama group members helped mobilise communities by playing drums to attract crowds, and by performing drama sketches on health. This helped generate debate and discussion amongst the community on the targeted topic. These discussions were facilitated by the Peer Educators who in addition to guiding the conversation and imparting health information, also took the opportunity to highlight the local health services available and refer on cases that came to light when those attending disclosed symptoms of health conditions.

The project also worked specifically with parents and elders from the target communities and supported them to run sensitisations on key health issues affecting their communities. During the period reported, four such sensitisations were conducted. These sensitisations were attended by a cross section of the communites including parents, young people and community leaders. The topics of these sensitisations included discussions on early marriages and pregnancies and the legal implications, HIV and AIDS, the importance of education and the Youth Friendly services available at the health facilities for the young people to access.

On the 1st of December 2013, the YHP participated in the World AIDS Day celebrations in Naviruli community in Chadiza District where young people from various organisations took part in a march and drama performances. The project's Peer Educators from Sinalo Health Post in Naviruli used this opportunity to provide SRH information and distribute IEC materials to the community members present at the arena. Partners from government and other local organisations like Care International, Centre for Infectious Disease Control (CIDRZ) and Women in Law and Development (WiLDAF) appreciated the participation and the activities of the YHP through its committed volunteers.

Drama group perform a sketch to community members on health issues

outputs against objective one

- Outreach activities carried out across 9 targeted communities
- 4 sensitisation meetings conducted by parents and elders to increase awareness on key health issues
- Activities carried out to promote World AIDS day
- Drama sketches delivered on a range of health themes including HIV and AIDS
- 6,722 wider community members reached, bringing the total number of indirect reach to 38,663
- 8,345 male condoms and 102 female condoms distributed

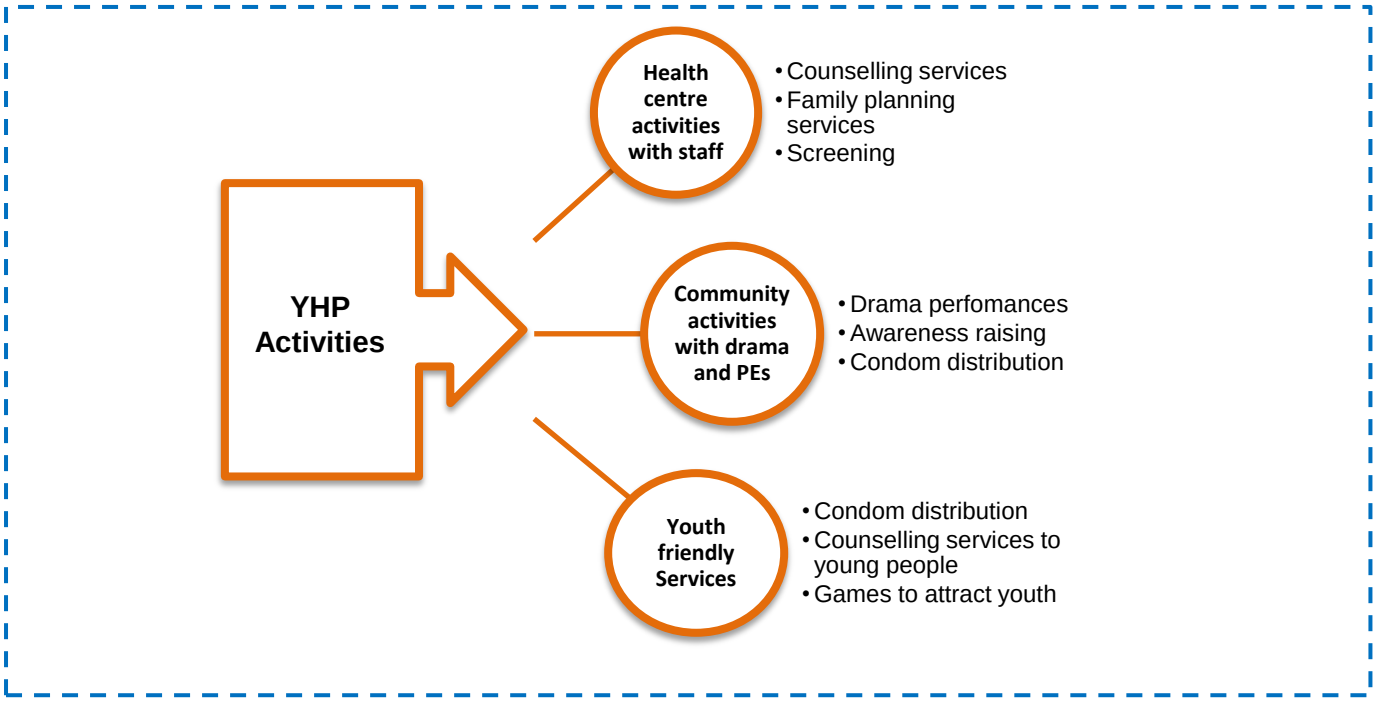
outcomes and impact against objective one

As a result of the ongoing outreach and awareness, there is increasing openness to discuss health issues, including those considered more sensitive such as early marriage and HIV. It has been very positive to see the active engagement of community leaders in these discussions and activities.

The activities conducted in celebration of World AIDS Day helped bring wider recognition of the work of the YHP and provided an opportunity to strengthen partnerships with other organisations in the sector. The YHP has been already been invited to take part in organising the activities planned for next year's events.

"I always wondered where my friends got all the information on sexuality until I attended a meeting with youth that call themselves 'peer educators' – they made a sketch about youth visiting youth-friendly corners at clinics. It seems the health workers don't only treat diseases but give information too! I want to be part of this group of peer educators and teach others too especially at my school"

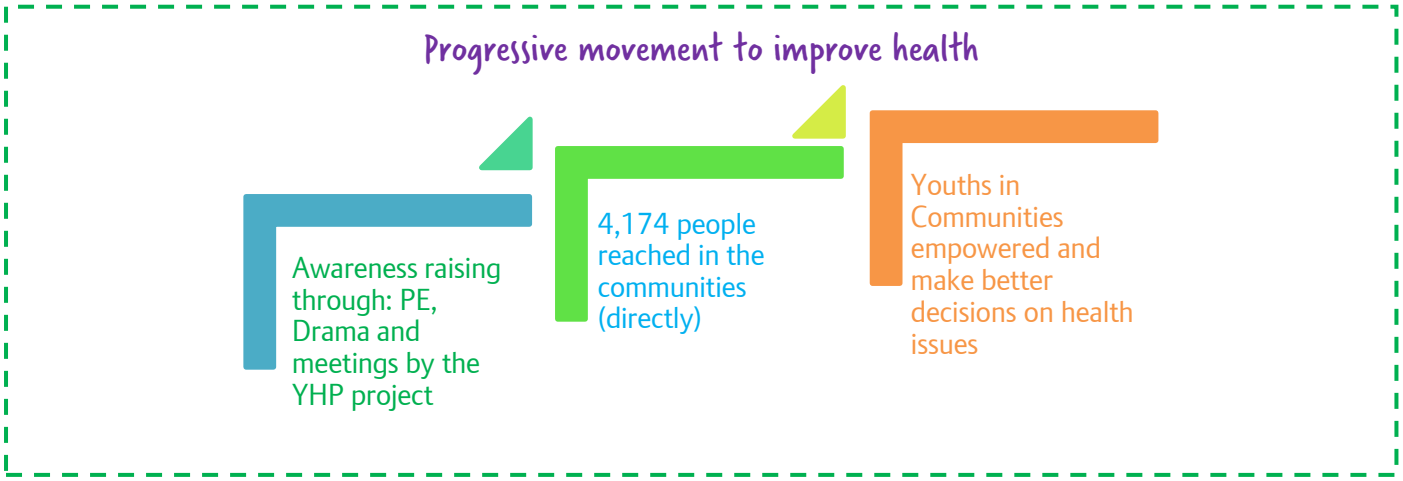
Mwewa, aged 19



Objective two: To promote information sharing, education and communication for adolescents on relevant health issues.

Description of activities against objective two

During the period under review the project conducted 35 community sensitisations/outreaches through drama performances with the Peer Educators. Through the 35 awareness campaigns conducted, Peer Educators, drama and Youth Counsellors reached a total of 4,174 young people of which 2,364 were females and 1,810 males aged 10 to 24 years. The sensitisations included topics on transmission of STIs and prevention, dangers associated with early pregnancy, dangers of unsafe abortions, HIV and AIDS counselling, family planning and distribution and sharing of sexual reproductive health information. These activities are contributing to the behaviour change of the young people in Chadiza.



During the period reported, the school health clubs established earlier in the project were continuing to meet. 10 school health club meetings were held during this period led by identified school teachers in collaboration with the students. 150 young people participated in these meetings. The school health clubs were also involved in the organisation of a number of Insakas which provided an opportunity to bring together young people from the schools and beyond to focus on specific health topics, and in particular issues relating to SRH. Over this period, 9 Insakas were held for boys and 9 Insakas held for girls.

outputs against objective two

- 35 awareness campaigns by Peer Educators and drama groups
- 4,174 young people reached by YHP activities (2,364 girls). The total number of young people reached directly by the YHP Zambia is now 18,533
- 9 boys Insakas conducted
- 9 girls Insakas conducted
- 10 school health clubs meetings held and 68 girls and 82 boys participated

outcomes and impact against objective two

The awareness meetings conducted provided an opportunity for young people to receive messages on SRH and to discuss questions and concerns they had about their own health. The key messages during the campaigns included: dangers of unsafe abortions, HIV/AIDS prevention, and family planning. The school

club meetings also provided an opportunity for girls and boys to access SRH information that might otherwise not been available to them through existing channels.

"We come from far to get messages from the Youth friendly Corner. We borrow bicycles so that we can come early and not leave at night also. There are many things we have learnt from the project concerning our health. The team from the Peer educators also encourage us to finish our school and not engage in harmful practices"

Girls attending a Peer Education session in Miti

Objective three: To strengthen and improve the existing health services to provide quality youth friendly services.

Description of activities against objective three

All the 9 Youth Friendly Corners established in Chadiza were fully equipped with furniture and recreational facilities such as pool tables, board games and sports equipment. The purpose of these friendly corners is to provide an enabling and friendly environment for young people to interact on various health issues which ordinarily are not provided by the health centre. The games are aimed at attracting the youths and increase the number of those accessing SRH services. The girls and boys from nearby communities have continued visiting the YFCs and sharing their SRH concerns through one to one discussions with their fellow Peer Educators, as well as accessing any required SRH services.

Services promoted through the Youth Friendly Corners include screening and treatment of Sexually Transmitted Infections (STIs), provision of family planning services, counselling services, SRH information and other complementary services.

Following outreach activities and encouragement from Peer Educators through the YHP, a total of 146 young mothers-to-be visited the rural health clinics for their ante-natal care services in the second half of 2013. The services included health checks on their pregnancies and health education.

A training workshop was conducted in youth counselling with participants from all 9 catchment areas to increase the number of trained Youth Counsellors in the area. The areas included in the training workshop consisted of the five clinics targeted from year 2 onwards of the YHP, namely: Chanjowe, Chikoma, Khumba, Naviruli and Tafelansoni; as well as four original clinics included Madzaela, Nsadzu, John Clinic and Zemba. Participants to the five-day Youth Counsellors training workshop, held from 14th to 18th December 2013, were selected by the Neighbourhood Health Committees with the help of the health centres. The training was based on the content of the National Standards for Peer Counsellors Training. A total of 27 people were trained. Some of these were teachers (6 male and 3 female) whilst others were young people (12 male and 6 females)

The objectives of the training were as follows:

1. To train young people and teachers as Youth Counsellors for the provision of youth friendly health services at the YFH corners
2. Develop work plans as a guide to delivering effectives health counselling services in the 9 clinics

Participants were equipped with skills to provide counselling to young people. These Youth Counsellors were trained on the following topics self-awareness, anatomy and physiology of male and female reproductive organs, human sexuality development, adolescence and their challenges, young people's SRHR, HIV and STIs, gender based violence, standards for youth friendly health services, contraception and teenage pregnancy, termination of pregnancy, drug use, HIV and AIDS stigma and discrimination. The training sessions were delivered using a variety of methods namely lectures, group presentations, discussions and group work including an energizer activity.

outputs against objective three

- 9 Youth Friendly Corners fully operational and equipped
- 146 young mothers accessing ante-natal services
- 27 new Youth Counsellors trained

Teaching on reproduction delivered during Youth Counsellor training

outcomes and impact against objective three

Through establishing and equipping Youth Friendly Corners, many young people have been spending time talking about their health at the centres before playing games. The activities have made it easy for the young people to access the services which previously was a challenge. Activities are done at the Youth Friendly Corners, community and rural health centre level. Young people are now able to access non-judgemental services and feel free to share their challenges.

As a result of the training, many awareness sessions are being conducted in the communities and the counsellors have started working with health facilities to provide services. The main activity for the counsellors is to provide counselling to clients on health matters like SRH. The workshop participants were happy and committed to making action plans to facilitate their work in the communities. The trainings also have made people more open to SRH discussions which were previously a taboo.

"We are constantly telling pupils that they should abstain from sex and that is what the bible says. They respond in the affirmative but they don't abstain. Every year we see an increase in the number of young girls dropping out of school because of teenage pregnancy. This shows that the message on abstinence is simply not working; Thanks to the project, with this training I have the knowledge to share with other teachers and the school headmaster so that we change our messages. Boys and girls have sexual relationships and it's time we talked about contraception: it is safe even for young girls that are sexually active and we can recommend that they use condoms."

Teacher in Chadiza at a Youth Counsellor's training workshop, Dec 2013.

Challenges

The YHP has continued to experience challenges. A key challenge has been the drop out of the Peer Educators and drama members who were trained under the YHP. This attrition has been attributed to young people's mobility in search of higher education and pursuant of other livelihoods. The PEs in some areas have started enrolling others at community level to increase the number and provide a decentralised service by having more young people based within their own community.

The project also faced some transport problems in implementing some of the projects activities, such as monitoring the Peer Educator's activities and transporting some of the equipment to the Youth Friendly Corners in the project sites. This was due to the project vehicle being involved in an accident and it took a long time to complete the repairs. The repairs are now completed so the vehicle is once more in use.

There is an issue of transport for Peer Educators and Youth Counsellors when they go for outreach. Due to the long distances between villages, Peer Educators and Youth Counsellors are restricted to working in their own communities. Some young people have been able to overcome this issue by borrowing bicycles to attend meetings and conduct activities.

During the previous period, the YHP brought in a new data collection tool which provides a more comprehensive way of tracking activities and deliverables. It has been a learning process for the Peer Educators to get used to this tool and use it to capture information about their work. The project team has been meeting with them to provide on-going support on the use of the tool.

The other challenge is conducting awareness meetings on sexual reproductive health in schools where teaching about condoms is still a challenge - due to the education policy in place. The policy traditionally does not allow distribution of condoms or for people to freely talk about sex education. The only message typically preached is on abstinence, which is not an effective approach. This is still a taboo and has remained an area requiring advocacy and support so that pupils can be reached with effective education. The YHP is continuing to work with education partners and school staff on this issue.

During the period reported, the partner PPAZ experienced some delays in completing their financial reporting and liquidation of funds provided, and in line with Plan's internal control system, the future transfer of funds was held until this issue was resolved. Once the liquidations were complete, funds were released again, and Plan has been working with the partner to strengthen their efficient reporting and revise the plan of activities which had been delayed in the interim.

AstraZeneca Involvement

During November 2013, two members of the YHP staff, the Project Coordinator and the Health Manager, participated in a Learning Event held in London, organised by Plan UK. During this event the Zambia YHP staff had the opportunity to meet and share learning with counterpart staff in other YHP programmes in India and Brazil. The event provided a forum to share experiences on a range of subjects including advocacy, gender issues and approaches to peer education. It also provided an opportunity for YHP Zambia to work with the YHP Global Advocacy Manager on identifying opportunities to strengthen links with global advocacy work on NCDs, and to meet with colleagues from AstraZeneca UK to better understand how the programme fitted into the wider YHP and AZ's strategic priorities.

Thank you AstraZeneca for your ongoing support of YHP Zambia!

Changing Lives through Peer Education –Wezi's story

My name is Wezi, I am 21 years old and I am one of five children and the second boy in my family. I live in Chilenga, Chadiza District where my family are subsistence farmers and grow enough food just to feed my family.

Like other boys in my community I started cattle herding at a young age. Cattle herding was a way for our family to make money and my father received two cows in payment for the seven years that I herded cattle. It is common for the cattle that a father receives to be used as payment for the bride price when his son wants to marry.

"When I was a cattle herder there was peer pressure to engage in behaviours that are risky to my health such as sexual encounters, tobacco smoking and beer drinking. Because the boys know that through herding their family gain cattle, the boys engage in sexual activities knowing that they will be able to pay the bride price if they make a girl pregnant."

My health was not the only aspect of my life to suffer when I was a herder. As I was herding cattle I didn't start school until I was 15 years old. My only aim with school when I started was to be able to write my name but now I realise that there is more to be gained from school than just writing your name. Now I want to have a full education and finish grade twelve despite being older than the other students.

At school I have also been connected to the YHP. I have joined the health club and have taken part in meetings that are run at school by the YHP Peer Educators. The meeting I attended was an Insaka which means it was a separate meeting for boys and girls to discuss health issues. At the boys meeting we discussed sexual and reproductive health, particularly how to care and protect ourselves from different STIs and HIV. After the boys only session we met with the girls and discussed the same issues with them to learn their perspective.

"I learnt a lot during the session and I am happy that I'm now able to pass this sexual reproductive health information onto my peers."

Annex 1 – Progress against Logframe indicators

Progress against all indicators within log frame	Number: Current reporting period	Total number: Programme to date	Comments
Goal Level			
○ Reduced reported teenage pregnancy			Will be measured in the Year 3 evaluation, although one thing we can note to date is the distribution of contraceptives to young people through programme activities.
○ Reduced reported early marriages			Will be measured in the Year 3 evaluation and through checking the village and school records. Also some findings may arise through the technical review which is looking at the practice of Chinamwali.
○ Increased access and utilisation of Youth Friendly Services.	289 young mothers accessed ante natal care services	644	Access to wider services will be assessed in the Year 3 evaluation.
○ Increase in knowledge of health and reproductive health issues and rights	4,174 young people reached directly through outreach sensitisations and 6,822 indirectly	18,533 young people have been reached directly. 38,663 wider members reached	This will be measured in more detail in the evaluation but the number of adolescents and community members reached with health messages is an indicator of likely increased understanding of adolescent health issues.

Objective 1: Outcome Level			
1.1 Increase in advocacy and lobbying capacity of Local Non-Government Organisations, Community Based Organisations and other community action groups	.		Traditional and civic leaders were incorporated into the project through the Health Centre Advisory Committees, established at the local health facilities. The leaders were sensitised on the services available at the Youth Friendly Corners in order to engage their support for the project. The technical review will gather further information about the role traditional leaders are playing in adolescent health issues.
1.2 Demand for quality adolescent health services for both girls and boys are increased	The project has seen an increased demand due to the sensitisation and drama performances conducted in communities, and through one to one counselling sessions.		This is seen by the number of adolescents visiting the health centre having being referred by the youths from the community sensitisation activities.
1.3 Improved access and quality to young health services			Health centres are now able to receive on average around 5-10 young clients per day who come to access information and services (this is an increase on an average of 1-2 previously).
Objective 2: Outcome Level			
2.1 Increase in knowledge of health issues and prevention among adolescents participating in programme	In the last six months the YHP trained 27 youth counsellors and reached a total of 4,174 young people directly, of which 2,364 were girls.	To date the YHP has trained 55 peer educators, 65 youth counsellors and 106 drama members.	The increase in the number of people trained ultimately contributes to the increase in the knowledge levels around sexual and reproductive health issues.

2.2 Increase in reported positive health behaviours by young people (e.g. increase in reported condom use during last sexual encounter)	More young people have been observed to be accessing condoms through the outreach activities were they usually come to get condoms.	This has been seen in the number of young people offering testimonies about impact.	Some of the young people aged 14-19 indicated that they use condoms which they collect from the clinics as needed. This will be followed up in more detail during the evaluation.
2.3 Reduction in the proportion of adolescents girls who have unplanned pregnancy by the end of the project			Impact and results will be seen in year 3
Objective 3: Outcome Level			
3.1 Increase in availability of integrated Youth Friendly Services in health facilities	Five additional Youth Friendly Corners equipped in the new sites. Namely: Tafelansoni, Sinalo, Chikoma in Vubwi district, Miti and Chanjowe continued to have high numbers of youths		More services are being provided by health workers and trained youth counsellors. The services which have integrated Youth Friendly Services include: Antenatal care services, Obstetric Deliveries, STI/RTI, Gynaecological issues, Referrals, SRH medical, HIV and AIDS and Other SRH counselling. The training has helped the health care providers promote the availability of these services to young people.
3.2 Increase health care providers who are more responsive to adolescent needs			Health care providers were trained in the initial 4 project sites. Further training is scheduled for the health providers in the remaining 5 sites over the next period.

3.3 Increase in utilisation of health services by young people	An increase has been attributed in the numbers of young people accessing available SRH information and services. This includes antenatal visits, contraceptives, HIV counselling and STI testing.		This is based on the statistics from the health centres and information from young people themselves who have given testimonies on how the increased knowledge has enabled them to access SRH services
Objective 1: Output Level			
Number and type of stakeholders involved in advocacy and lobbying at district and community level	0	37	This has been attributed in the number of parents and ADC chairpersons involved in the programmes by helping in the mobilisation of community members and some parents and Alangizi (traditional initiation advisors) taking part in the outreach sensitisations.
Number of community meetings/awareness held	61	217	217 community outreach meetings have been held so far with peer educators and drama groups since the onset of the project
Number and type of campaigns conducted	2	11	Awareness raising activity was carried during youth day celebrations, safe motherhood week, World AIDS day and VCT day.
Number and type of community leaders/parents supportive for health for young people	36 community leaders/parents	73	In each of the 9 communities we trained 4 community members who consisted of parents, traditional healers, initiation advisors and community leaders like the ADC chairperson - these are the same people who are involved in the project through the Health Centre Advisory Committees established in each community.

Objective 2: Output Level			
Number of adolescents (males and females) trained as Peer Educators	0	55	YHP has continued working with existing trained Peer Educators
Number of adolescents reached by peer educators	4,174	18,533	In the last six months the community outreach sensitisations have reached to 4,174 (2,364 females and 1,810 males between 10 and 24 years old).
Number of schools with active school health clubs and mentorship programmes.	0	9	The schools are Nsadzu Basic, Madzaela Basic, Zemba Basic and John B. Schools from the old schools and Tafelansoni, Sinalo, Miti, Chanjowe and Chikoma in Vubwi district from the new sites
Number and type of action groups in the community/district.	0	9	These are the Youth Action Movements. (YAM)
Number of outreach activities conducted in the communities	35	191	
Objective 3: Output Level			
Number of adolescents accessing youth friendly health services	554	4,205	Number of young people accessed youth friendly health services by sex (3,064 were males and 1,141 females) this is according to the registers placed at the youth friendly corners where clients are recorded each time they visited the health centre.

Number and type of health services offered by health facilities (including mobile)	1. STI screening 2. HIV/AIDS counselling and testing 3. Family planning 4. Abortion counselling 5. Antenatal and obstetric care services		
Number of trained health providers providing youth friendly services in last 6 months	18	30	The training was conducted in December 2013, a total of 18 service providers (5 females and 13 males) were trained and given facilitation skills, this is in order to help facilitate a peer education training, scheduled to take place in the third quarter.
Number of referrals received for health services	148	906	415 females and 491 males to date
Number of youth friendly corners formed	0	9	One in each clinic of the nine communities targeted in the initial phase and second year of the programme. All the nine corners are now established and services are being accessed by the target audience and are furnished and equipped.

Annex 2 – AZ's Global Indicators

Outputs	Number - current reporting period	Total number- programme to date	Outcomes	When outcome measure expected
Total number of young people who have received health information through AZ YHP	4,174	18,533	Examples might be: % increase in knowledge of adolescents on health issues % decrease in myths/misconceptions amongst adolescents on various health issues Improved access and services to address health needs of young people evidenced by: % increase in young people accessing services from health clinics/counseling services Increased engagement of influencers in relevant committees/groups/activities e.g. workshop attendance Increased support from community leadership for health interventions for young people Number of referrals made e.g. by HIC and peer educators, counsellors, teachers	To be measured in final evaluation.
Number of young people who received information about: a. Sexual and reproduction health b. Mental health and emotional well-being c. Substance abuse d. Violence e. Nutrition f. Infectious diseases g. Accidents/injury h. Other health issue i. Access to healthcare	4,174	18,533		
Number of young people directly trained in delivery of interventions	99	154		
Total number of frontline health providers who successfully complete training programmes in adolescent health	0	12		
Total number of influencers (parents, teachers, and leaders) reached by programme	9	46		
Estimated population reached via awareness raising/media campaigns	6,822	38,663		