

Training of Adolescent Leaders in Reproductive and Sexual Health

Annual Report

1. Analytical summary

The aim of the project is to strengthen the capacity for leadership among CARA Youth Groups in order to promote, and make more accessible, reproductive and sexual health services among the adolescent population in rural communities through a process of training in collaboration with the Social Security Institute Opportunities program known as IMSS-Oportunidades.

This report covers the period May to December 2003 that represents the preliminary phase of the training, on the basis of which it will be possible to evaluate compliance with the project's specific objectives. All the activities reported here have established the base from which to begin training activities in the second month of 2004.

- Planning the project together with the department of Reproductive Health and Training and the Office of Reproductive Health. This planning includes the identification and selection of communities where the training project will be carried out.
- Completion of an initial diagnostic in five indigenous communities in the states of Oaxaca, San Luis Potosi and Michoacan. This diagnostic allowed us to identify participants in the communities, developments in the cultural mores and customs regarding dating, sexuality, the assignation of roles according to gender and relationships between parents and children, and all relevant issues that help strengthen and empower adolescents during the training peirod and define strategies for discussion with fathers and mothers. Similarly, we found that adolescents had a lack of basic information on reproductive and sexual rights. Regarding how CARA works, we confirmed the importance of the role it plays in promoting the rights of adolescents, principally the right to participate, and have access to information on reproductive and sexual rights. Similarly, we perceived the problem of a lack of materials and organization, of

resources and compliance with the operational rules of the Comprehensive Model of Attention to Adolescent Health in a Rural Environment. All these operational considerations generated specific recommendations in the design of the training program that will be discussed again in item 5 of the report.

- Based on the results of the diagnostic, the design of the training program began, establishing an educational curriculum on sexuality and sexual health with different activities and content for three groups, according to age, with six themes: empowerment, leadership, group integration, life skills, sexuality and sexual health.

This period of work has produced satisfactory results for Thais as well as IMSS-Oportunidades in that it has allowed us establish the basis on which to achieve our project objectives. Importantly, the first few months were crucial in facilitating coordination between the two institutions, which are very different in terms of size, structure and operational dynamics.

2. Original general objective

Increase the demand for health and information services in the area of reproductive and sexual health in zones of high marginalization through a strategy of training the leaders of CARA Youth Groups on issues of reproductive and sexual rights.

3. Original specific objectives

- 3.1. Strengthen leadership capabilities among the CARA Youth Groups in order to promote personal responsibility in reproductive and sexual health among adolescents in zones of high marginality in rural areas.
- 3.2. Increase participation of youth in activities promoting, and making more accessible, reproductive and sexual health services to an adolescent demographic in rural areas.

4. Context

The most significant changes during this period have emerged in the institutional structure of the health sector's ruling body, the Secretary of Health, as well as within IMSS-Oportunidades. The Secretary of Health published in the government's official legal publication, the *Diario Oficial*, on 19 January 2004, a new internal regulation for the Secretary of Health that annuls the 5 July 2001 regulation and all the rules that contradict the new regulations.

The Reproductive Health Program disappears and the National Center for Gender Equality and Reproductive Health is created. This Center consists of three core directorships, or departments: Maternal and Peri-natal Health, Equality and Gender, and Reproductive Health. The creation of this national center implies a more decentralized body with greater autonomy for the development of programs and the assignation of funds with a higher possibility of long-term sustainability. These conditions give greater certainty to the commitments made by IMSS and the implementation of programs established in the project and the replication of the training model at a later date.

Regarding the structure of IMSS-Oportunidades it is important to mention that since its creation until the end of 2003, it was a program financed by the federal government through fiscal resources, administrated by the IMSS and decentralized from the Secretary of Health, a situation that created uncertainty among close to 23,000 employees that currently work in the program, considering that they lacked labor contracts, union representation and other benefits.

Amid social changes taking place in the country and the demands of the working class, IMSS together with the National Union of Social Security Workers (SNTSS, in Spanish) went before the institute's technical committee and Congress to demand a revision by both parties of the work contracts every two years. This meant that the program, its infrastructure as well as its workers form an irrevocable part of IMSS, acquiring the rights and obligations conferred by a

work contract, so that from January 1 2004 onwards the conditions of work would improve substantially and provide job security.

5. Activity report

The specific objectives of the project are to strengthen the leadership and youth participation in CARA, and could begin to be evaluated after the training phase. During the period May to December 2003 actions were carried out that have been geared towards the planning of the project and a development of a diagnostic of the specific needs of the training program, in terms of health personnel, as well as adolescents and their parents. In this sense, the nature of plans so far do not permit us to report on the achievement of specific objectives but of the actions carried out to support the training phase.

The following activities were carried out:

1. During this period we established work agreements with IMSS-Oportunidades in order to begin project tasks, regular meetings were organized with the head of the Department of Reproductive Health and Training (DSRC) and with the head of the Office on Reproductive Health (OSR), seven meetings took place. The first product of the work cabinet and the meetings was the operative planning of the project, where the specific activities were jointly defined for each action line, the work universe and IMSS's commitment to replicate the training. These activities imply modifications in the original project, where the following was emphasized:
 - a) The project will begin in the state of Oaxaca, San Luis Potosi and Michoacan, with an indigenous population present in all of the regions selected.
 - b) The workshops conducted by Thais for health personnel and adolescent leaders correspond to the pilot phase of the project. In this phase a manual will be produced called "Training and Empowerment Manual for Adolescent Leaders in Reproductive and Sexual Rights in

Rural Areas”, which originally was going to be produced in the second year of the project.

- c) With our experience validated and the manual of the IMSS-Oportunidades program they have made a commitment to start, the replication of the training strategy with their own resources, with the following timetable: 2005 the incorporation of five delegations, 2006 an additional five delegations and 2007 a remaining eight delegations.
2. A second product was the identification and selection of the communities in which the first phase of the pilot project will be implemented complying with the criteria of an area of high marginality and the presence of an indigenous population. We have chosen 17 localities in three distinct indigenous regions in the state of Michoacan, 24 localities in San Luis Potosi belonging to the Huasteca region and 64 localities in the state of Oaxaca corresponding to five distinct ethnic regions.
 3. The third product was the design of the evaluation diagnostic to carry out this activity.
 4. The diagnostic proposed using primary source information to carry out the design of a training program that met the specific needs of adolescents. It is not statistically representative, the results show the perceptions, attitudes and values of 89 adolescents, 27 male and 62 female; 79 mothers, 9 fathers and health personnel from regional medical centers in the following communities: Rio Santiago in the municipality of Huautla de Jimenez, Santa Catarina Mechoacan in the municipality of Santiago Jamiltepec and Yutecoso de Cuauhtemoc in the municipality of Tlaxiaco, in the state of Oaxaca; San Pedro de las Anonas in the municipality of Ciudad Valles, San Luis Potosi and the community of Cheran in the municipality of Zamora, Michoacan. See attachment 1 that contains an executive summary of the results of the diagnostic.

The diagnostic focuses on exploring two variables: the cultural mores and customs in reproductive and sexual health, as well as identifying the perceptions of the services that CARA offers. The specific objectives were as follows:

- Identify the knowledge and attitudes of adolescents regarding reproductive and sexual health.
- Identify cultural factors that help and limit the participation of adolescents in the CARA program.
- Understand the perceptions that adolescents have of reproductive and sexual health services offered by IMSS Oportunidades.
- Understand the perceptions of health promoters as regards the provision of reproductive and sexual health services among adolescents.

In order to produce a diagnostic two different instruments were designed, on the one hand guides for observation and on the other hand technical participatory tools for the recollection of information to employ in the different activities. The activities to collect information were a) a workshop with adolescents b) a workshop with mothers and fathers c) a workshop with health personnel d) individual and collective interviews e) on-site observations

The main findings of the diagnostic are:

- a) Indigenous communities are undergoing transition processes influenced by their traditional cultural mores and customs, and new visions on themes such as dating, sexuality, assignation of gender roles and the relationship between parents and children.
- b) The information that adolescents have on basic aspects of reproductive and sexual health is inadequate and needs to be deepened and re-enforced.
- c) Regarding how CARA works, it was possible to appreciate the positive outcomes of the Comprehensive Model of Attention for Adolescent Health in Rural Areas and some of their limitations as well. CARA has succeeded in winning people's trust and promoting, within

communities, the rights of adolescents to participate and have access to information on reproductive and sexual health. Health personnel, and the services they provide, are valued by adolescents and mothers.

- d) Among the obstacles faced in the implementation of the Model set out in the regulations, there are difficulties in terms of material, organization, resources and adherence to the rules as they exist. The large number of programs that health personnel have to implement is responsible for the low priority they give to servicing adolescents, and for this reason their activities are sporadic without continuity and necessary follow-up.
- e) It is important to point out that the main demographic that participates in the UMR and CARA programs are the beneficiaries of the IMSS-Oportunidades program, and which health personnel confer the highest grade in terms of quality. It is an issue we should continue analyzing in order to find mechanisms to enable the adolescent population, which does not benefit from IMSS-Oportunidades, find it attractive and become interested in approaching CARA.

Similarly, specific needs were identified in training that could be reported with a series of observations from adolescents about how the training could be improved.

The recommendations Thais has made on the results of the diagnostic were:

- a) During the pilot phase, mechanisms will have to be found to overcome the deficiencies evident in health personnel in relation to the training strategy.
- b) It is necessary to test the best tools to strengthen adolescent leadership, since they play and will play an outstanding role, considering that there are few health personnel assigned to the UMR.
- c) The proposal for training includes work with different content-material according to the age of the target demographic of CARA 10-12, 13-15, and 16-19 and strategies for training working with groups of adolescents, according to gender.

- d) We recommend that content of the training is structured around six points: empowerment, leadership, group integration, life skills, sexuality and sexual health, with the intention that they are present in three levels of training: health personnel, youth leaders and adolescents. Also, we recommend that in the event that educational activities are included for mothers and fathers these points should be reviewed for modification.
- e) Taking into account the high demand expressed by adolescents, we recommend the diversification of activities to include recreational, sport and cultural activities, similarly in working with mothers, activities related to the sensibilization of fathers and the setting up of support networks or associations in order to address problems, such as addictions and domestic violence.
- f) Finally we recommend that in concluding the pilot phase we should thoroughly analyze the mechanisms to ensure that replication on a national scale maintains as its focus the empowerment of adolescents and the strengthening of youth leaders.

These recommendations were analyzed together with personnel of the Department of Training and the Office of Reproductive and Sexual Health in an evaluation meeting at the end of last year and were accepted in their totality.

Following the approval in general terms the recommendations made by Thais, the design of the training program began. A first draft has been written that contemplates the development of a curriculum that establishes four, transversal elements, focus on gender, empowerment, leadership and the strategy of play; these elements will be presented in all of the training program's content and activities. Similarly, the themes are: group integration, life skills, sexuality, gender and reproductive and sexual health. The curricula will be divided into three age groups: 10 to 12, 13 to 15, and 16 to 19. In attachment 2 a framework of the general training restructure is presented.

6. General report, conclusions

We have developed the necessary activities to start training activities at the end of February 2004 that will allow us to evaluate the reach of the specific objectives.

During the first nine months, it is important to point out that the process of coordinating with the General Medical Coordination and personnel with DSRC and OSR of IMSS Oportunidades was one of the greatest challenges and achievements of this period. The agreement to hire a professional paid for by the project to work full-time in the offices of IMSS-Oportunidades, a hierarchy that depends on the chief of OSR, has been complex, but we believe it has been a firm decision. This has allowed IMSS-Oportunidades to reinforce the OSR work team and allowed Thais advance in the implementation of the project with unity, what we believe will guarantee its sustainability once this intervention has ended.

Although we still have to improve coordination mechanisms to make them more agile, we believe the way of working together has produced its own results, principally the commitment from IMSS-Oportunidades to start replication of the project in 2005 and finish with 17 states that will be serviced in 2007.

Similarly, the diagnostic not only achieved the objective of bringing together the elements to design a training program that respond to the special needs of adolescents, but it also provided to the Medical Coordination and the DSRC the qualitative elements of primary-source information that has been very useful in nurturing its strategy in the reactivation of CARA.

Thais has collaborated as well with other activities in the process of reactivating CARA, which aims to strengthen and fuel activities that are educational, cultural and that promote growth and development of adolescents in a rural context regardless of their ethnic background or level of education in order to promote free, responsible behaviour, without risks. We have helped construct general guidelines in every one of the four lines of work that form part of the strategy. They are: “enjoyment in learning”, “sharing with you”, “lend me a hand”, and “my best friend”. These contributions will be part of the technical rules that will be operating nationally. Similarly, we were able to define a structural thematic

guideline for the line of work “enjoyment in learning”, referring to human sexuality, and we developed a methodological framework that included a series of activities related to every proposed theme. For the work-line “lend me a hand” we promoted creativity and sharing through activities , we helped develop a call for proposal for a competition involving the development of didactic materials and a selection of materials for integrating into the CARA library program, *biblioteCARA*.

The next phase of the project involves starting the training program, testing and replicating it, and having a manual to make it possible for IMSS-Oportunidades to replicate it in states throughout the Mexican republic. One of the first tasks to take on board in the new year is the establishment of an evaluation scheme and a monitoring system with SISPA¹ indicators, for which the support of the company Research in Health and Demographics (INSAD) will be very important.

¹ System of Health Information for the Open Population, which consists of a set of indicators that allows an understanding of productivity, efficiency and quality in services provided by IMSS.