9th International Dialogue on Population and Sustainable Development

Proceedings






Education Matters: Empowering Young People to Make Healthier Choices

Berlin, KfW Branch,
October 19-20, 2011

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Education Matters: Empowering Young People to Make Healthier Choices

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Editorial

This year's International Dialogue on Population and Sustainable Development, the 9th in series, aimed to discuss education and health in their relation to sustainable development. The world has just crossed the 7 billion mark. Never before there have so many people lived on our planet, and never before have there been so many young people in one generation. In Africa the population has increased within the last 25 years from 500 million to now 1 billion. But the increase in population has gone hand in hand with unequally distributed increased poverty and a growing lack of perspectives specifically for young people. Experts agree that one key for fighting poverty and exploitation is education.

It is estimated that every additional school year for a girl reduces the child mortality rate by five to ten per cent. The formula is: the more educated women are, the later they have their children, the more they space their births, the less children they have. But how can they gain the knowledge, skills, attitudes and values in order to help make informed and self-determined choices? Girls need to learn to negotiate relationships and safer sexual practices, and boys need to learn how to respect the girls' will and take care of themselves and their partners. At the present time, in particular the emotional, social and health needs of young people, specifically the poor and uneducated are too often not fully met. The insufficient and often misleading information provided on reproductive health along with youth-unfriendly family planning services, for example, are key contributing factors to sexually transmitted infections, unwanted pregnancies or unsafe abortions, as well as high maternal mortality rates.

This year's International Dialogue made use of the ongoing international discussions and directed political attention to the important link between sexual reproductive health and rights (SRHR) and education.

- It discussed good practices, national standards and curricula, new developments and joint activities in the fields of general formal and non-formal as well as sexuality education.

- The aim was to gather evidence from selected countries and identify practical ways to use the findings of the Dialogue to catalyze wider political dialogue and action.

– Participants in the dialogue came together to identify ways countries represented at the meeting could more effectively use education initiatives to strengthen SRHR.

This brochure gives an overview of the discussions that took place at the 9th International Dialogue and also includes the experts' inputs. The photos we selected reflect the amicable working atmosphere. Once again we would like to express our gratitude to all participants joining the conference.

Norbert Kloppenburg

Member of the Executive Board of KfW Bankengruppe,
Frankfurt am Main, Germany

Klaus Brill

Vice President of Corporate Commercial Relations,
Bayer HealthCare Pharmaceuticals,
Berlin, Germany

Opening speech

Dirk Niebel,

Federal Minister for Economic Cooperation and Development (BMZ), Germany

In just a few days the global population will reach the 7 billion mark. Half of all these people are under the age of 25. The future belongs to them!

However, that is not a reason to celebrate. In fact it places on us an obligation – an obligation to work jointly for a good future for these young people, a future that they can determine for themselves in freedom and in dignity. We have a traditional group of partners for our international dialogue and I would like to thank them. I say thank you to the International Planned Parenthood Federation (IPPF) – under new leadership, as of just a few days. Welcome, therefore, to their new head, Mr. Tewodros Melesse. I wish you every success in your new post.

Thank you also to our partners Bayer HealthCare Pharmaceuticals, KfW and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and DSW (Deutsche Stiftung Weltbevoelkerung). The Foundation will be celebrating its 20th anniversary. I would like to take this opportunity to offer them my warmest congratulations.

We have developed a successful partnership together. Each year we manage to bring together high-calibre guests from governments, civil society and the private sector. Thank you!

The theme for the 9th International Dialogue "Education Matters: Empowering Young People to Make Healthier Choices" takes up two key focuses of our development policy: education and health.

These priority areas of our cooperation are not only important goals in themselves. They are also mutually dependent and reinforcing. That is why we are often engaged in both sectors in our partner countries. That is the case, for example, in Kyrgyzstan, Malawi and Pakistan. You will be able to attend country working groups for all three of those countries tomorrow and make proposals.

Both of our priority areas – education and health – are part of economic, social and cultural human rights. They contribute directly to poverty reduction and are preconditions for economic prosperity. The close link between education and health is, unfortunately, also illustrated by some sad examples: Only 19 per cent of young women in developing countries aged between 15 and 19 have adequate knowledge about how to protect themselves against HIV and AIDS.

An African girl is three times less likely to get infected with HIV/AIDS if she has completed primary school. The longer girls go to school, the older they are before they get pregnant, which means that they also have fewer children. And that means their children are also healthier. These comparisons show us how important education is for health. And efforts to promote health are especially successful and sustainable when they target young people. This applies especially to issues concerned with reproductive and sexual health. We really cannot start too soon with educational efforts and information campaigns. There is huge potential here that we must not leave unused.

Education and health are among the core goals of the current German government's development policy. In August 2011, I presented my development policy strategy to the public. In the list of goals at the very start of the strategy, between "more innovation" and "more ownership", is "more education".

Education is, for me, the key to overcoming poverty and achieving freedom. I see health as another very important building block in our efforts to make a life of social and economic freedom possible for all. We have set ourselves ambitious, clearly defined goals in both areas. We want to implement them on the basis of firmly established principles and values. At the heart of our work are human rights and the principle of self-determination. This includes the right of access to education and the right to the highest possible level of health. Gender equality is just as important for us.

This means targeting girls and women in our support. But it also means taking boys and men into account. Inclusion and non-discrimination are playing an ever greater role. People who are vulnerable and in special need of protection must also have access to education and health – for example, people who are weakened by a disability or excluded because of their religion. One goal we have is that, by 2013, we want to have doubled our contributions to education in Africa compared with 2009.

Africa is still the continent with the biggest deficits in education. We are also increasing the number of partner countries with which

we have agreed on education as a priority area. In the health sector we will be providing an additional 400 million Euros for maternal and child health between 2011 and 2015 under the G8 Muskoka Initiative. We have launched our own initiative on “rights-based Family Planning and Maternal Health”. We have already managed to double our bilateral commitments in this sector since 2008.

We are providing information, disseminating modern family planning methods and increasing the number of births attended by qualified medical personnel. That way women and men are enabled to decide for themselves whether, and when, they want to have children. This health initiative also includes education projects. Our dialogue is part of this Initiative.

We are supporting more and more projects that combine health and education more closely, thus enhancing effectiveness in both areas: One example of this can be found in Kyrgyzstan. Half the population in Kyrgyzstan is under the age of 25. We have designed an interactive learning trail about AIDS, love and sexuality, which children and young people in Kyrgyzstan are invited to take part in.

This interactive learning trail can be adjusted to the respective cultural setting. Young people from very different ethnic backgrounds can participate. In addition to Kyrgyzstan, the trail is already available in 17 other countries too. Facilitators help the participants join in the interactive games and discussions.

Taking part in the trail gives young people the chance to think about what they know and about their personal views. Another successful example of an out-of-school peer education programme is the so-called "Aunties Programme" in Cameroon.

Young mothers who have experienced unwanted pregnancies as unmarried teenagers can act as peer counsellors. They offer younger girls from their village or neighbourhood advice and information on sexual and reproductive health. So far about 10,500 young mothers have received advice and training. In addition to the examples of individual projects in our partner countries that I have just described, we are also setting up dialogue forums and platforms for the exchange of expertise.

"More dialogue" is also one of the priorities in my new strategy. Change comes from the midst of society. It is only when stakeholders seek ways to improve their situation that they can develop ideas which really lead to change.

We have been able to establish clear priorities in health and education. Education above all is the key to overcoming poverty. And education is very closely linked to health. Kofi Annan also said: "Knowledge is power, quoting the English philosopher and statesman Francis Bacon. Information is liberating. Education is the premise of progress, in every society, in every family." I share that conviction. Without education, no society and no family can make progress. It is especially important that we start with young people. Please make use of the country working groups for Kyrgyzstan, Malawi and Pakistan to suggest very concrete proposals to us.

Let us also give some thought to what can be done by partner governments, the international community, civil society and the private sector to help improve the situation. My wish for you in all the discussions during this dialogue is that you will be critical and innovative! Help make our actions even more effective! And above all: think of the youth and their future!

Opening speech

Nida Mushtaq,
Youth Coalition for Sexual and Reproductive Rights, Pakistan

Assalam-u-aikum and a very good afternoon everyone. I would like to begin by congratulating and thanking the organizers of the 9th International Dialogue on Population and Sustainable Development for prioritizing young people in the theme of this two-day dialogue. Recognizing the need to partner with young people and ensuring their effective participation in all matters that affect them is the first step to the sustainability of every development effort.

I am Nida from Pakistan and I am very happy to be representing the Youth Coalition for Sexual and Reproductive Rights here today. I am also one of the 1.8 billion young people living in the world of soon-to-be 7 billion today. I am one of the many human faces of the 'issues' and 'opportunities' that we often see elaborated at length in various ways about young people of the world. Issues, we have many and opportunities, we have countless.

I am particularly excited about this opportunity of standing here and to be talking about linkages between young people, education and sustainable development. The links are obvious and of tremendous importance. When I look at the theme of this dialogue – 'Education matters: empowering young people to make healthier choices' I feel it complete in its own sense because it sounds like it is my story.

I come from a world where I grew up with cultural norms putting tremendous social constraints around girls' education. Forced and child marriages, girl child as a disgrace, seeking information related to one's sexual

health as a taboo, are some of the daily realities of girls and young women in my part of the world. Having made my way out of these social constraints and to a world of my human rights – I can't identify one single thing but education that helped me take every single step of this journey. Education helped me realize what my 'well-being' truly means – that is to have a chance to be healthy and happy, to be safe and respected, to have opportunities to grow up and to learn, to matter in the world and to pursue my dreams and to live together with everyone – in all our diversity – in peace. To want these things for myself, my family, my community and for everyone around the world.

I believe every young person in this world needs a chance to realize this and there is no better way to do so than through education. Education here means all forms of learning – formal or non-formal, that could promote the values of sustainable development: respect for dignity and human rights of all people throughout the world and a commitment to social justice for all; and respect for the cultural diversity and a commitment to build locally and globally a culture of tolerance, non-violence, and peace.

It is my personal belief and experience that to achieve this, the very first step is that of ensuring young people's sexual well-being. The unforgivable reality here is that unsafe sex, early marriages, unintended pregnancies, sexual abuse and violence, unsafe abortions are some of the daily realities for the 1.8 billion young people living today. However, there is very little recognition of the sexuality and active sexual lives of young people in the political spheres today that leads us into neglecting the need for providing Comprehensive Sexuality Education to young people that will empower them to make healthier choices about their bodies, relationships and lives.

When we can teach children and young people about complex ideas in the areas of science, mathematics, languages, history and so on. Why then is it so difficult to understand that it is our right to know about our sexuality and that we can handle this information – only if the delivery methods are rights-based, open and respectful? Providing Comprehensive Sexuality Education to young people is a crucial step in building compassionate, healthy and sustainable societies.

I strongly hope that the discussions during this two-day dialogue will highlight and focus on the importance of Comprehensive Sexuality Education to build empowered and sustainable young communities – not only in Malawi, Kyrgyzstan and Pakistan but for young people around the world living in similar social and political settings. ■

Keynote Speech

Babatunde Osotimehin,
Executive Director, United Nations Population Fund (UNFPA), New York, USA

In less than two weeks, on 31st October 2011, the world's population will reach 7 billion. As we approach this important milestone, humanity is at a crossroads. We are living longer and healthier lives, and couples worldwide are choosing to have fewer children. But huge inequities persist.

Too many people still suffer from poverty, discrimination and violence. Many low-income countries still experience rapid population growth while many rich and middle-income countries are concerned about low fertility, declining populations and ageing. Gaps between rich and poor are growing. And more people than ever are vulnerable to food insecurity, water shortages, and weather-related disasters. Ensuring the well-being of current and future generations will require unprecedented global cooperation.

World of 7 billion – a challenge

Population growth

As more and more people join those of us already here, solving existing problems, such as poverty, inequality and wasteful consumption, are becoming more and more urgent – and new challenges will arise that demand the best in each of us. Nearly all current population growth – 97 per cent – is occurring in less developed countries, many of which are already struggling to meet their people's needs.

Horn of Africa

A while ago, I was on a mission in the Horn of Africa where the drought has caused famine and affected more than 12 million people. It is evident that the crisis goes

beyond food shortages. Health care provision is deteriorating due to lack of medical supplies and trained health workers. Many displaced women face violence and exploitation. And many young people can't complete their education. These issues are not directly caused by population growth, the root cause of the crisis was the recent rain failures, but the situation highlights the plight of people living where the land struggles to support human life.

Ageing

The other side of the population coin is that as expansion of family planning allows people to have smaller families, and as people live longer through medical breakthroughs and better access to health care, the proportion of older people is increasing almost everywhere. Currently, population ageing is particularly pronounced in Asia, Europe and Latin America. While more developed countries have higher proportions of older persons, less developed countries are ageing at a faster pace, with less time to prepare. Ageing is a global success story, but it also presents societies with new challenges related to economic growth, health care and personal security.

Urbanization

Another macro-trend that the world is witnessing is rapid urbanization. In 1960, one in three people lived in a city; today more than half of all people do. By 2045, it is predicted that two in three people will live in urban areas. Earlier this year I visited one of the fastest growing cities in the world – Dhaka in Bangladesh. In 1975 it had a population of 2.2 million. Today, 15 million people live there. And by 2025, the city's population is projected to reach almost 21 million.

Overall, the cities of the developing world will double in size in the next generation, and the number of slum dwellers is growing. The question is how to support populations and make cities livable and sustainable, and how to provide young people with access to education and health services – all while sustaining the natural environment for this generation, the next, and all who follow.

World of 7 billion – an opportunity

While cities concentrate poverty, they also provide the best means of escaping it. Cities have long been the engines of economic growth, and densely populated areas can be more environmentally sustainable than sprawling communities and allow for more efficient provision of services. Urbanization also accelerates the trend toward smaller families and offers more opportunities for women and young people. This is just one example of the vast possibilities in the world of 7 billion.

Women and young people

Women and young people are the two population groups with the greatest potential to accelerate progress in the developing world. Education is one of the keys to seize this potential. Investing in women and young people's education, including age-appropriate sexuality education, health, and gender equality can speed up economic growth and improve countries' prospects for sustainable development. In our world today, there are an estimated 1.8

billion young people who are between the ages of 10 to 24. They constitute more than a quarter of the world's population, and 90 per cent of them live in developing countries. Young people can become a powerful force for progress if they are equipped with quality education, health and skills to reach their full potential.

Global Strategy for Women's and Children's Health

We also need to urgently accelerate progress towards meeting the Millennium Development Goals, especially MDG 5 to improve maternal health. A year ago in September 2010, the Secretary-General of the United Nations launched the Global Strategy for Women's and Children's Health, and now nearly 200 partners, including more than 50 countries, have joined the effort. Within the United Nations, the H4+ agencies – WHO, UNFPA, UNICEF, UNAIDS and the World Bank – are coordinating extra funding and providing expertise and practical assistance for health programming at a national and local level.

World of seven billion – a Call to Action

A lot of good work is already under way, but sometimes population dynamics are thought to be beyond the influence of policy making, or that they can only be addressed through policies that infringe on fundamental human rights and freedoms. I try and explain over and over again that neither perception is correct. Population dynamics are not destiny, and they can be, and have been, addressed through policies solidly based on human rights.

First, countries must recognize that it is the opportunities and choices of individuals that add up to development and demographic changes. These issues can be addressed by enlarging, not restricting, these choices and opportunities. Better access to education beyond the primary level, contribute to reductions in infant, child and maternal mortality, empowerment of women, and lower fertility.

Second, countries must empower women not only to decide on the number and timing of their children, but also to fully participate in economic, social and political life. Women who lack education and economic opportunities often have more children, and because they have more children they have restricted access to education and economic opportunities. Such poverty traps can be avoided through smart policies and programmes that support the rights of women.

Third, countries must recognize, cultivate and seize the potential of their youth populations.

All young people should have access to quality education and health services to reach their full potential.

Closing

We have four years left until 2015, the target year of the Millennium Development Goals (MDGs). We need to urgently accelerate progress towards meeting the Goals, especially MDG 5 to improve maternal health, including both its targets: to reduce maternal mortality and provide universal access to reproductive health. Moreover, we need to chart a way forward from the MDGs – with

focus on sustainable development, where education, sexual and reproductive health and reproductive rights, population dynamics, empowerment of young people and gender equality have a key part.

Like the Secretary-General recently said at the General Assembly: "Saving our planet, lifting people out of poverty, advancing economic growth — these are one and the same fight." My colleagues at UNFPA and I are fully committed to these issues and to ensure access to sexual and reproductive health and reproductive rights for all. We're dedicated to improve and empower the lives of underserved populations, especially women and young people. For me it's clear that to make progress on the development agenda as a whole, to make progress in any society, the guiding principle of investments must be equity. Countries must be able to reach out to the lowest quintile and ensure that everyone can enjoy a life of human rights and human dignity. By investing in health and education of women and girls we can unleash the full potential of half the world's population and break the cycle of poverty.

By ensuring that large youth generations can claim their right to health, education and decent working conditions we can empower them to become an unstoppable force for economic and social progress. The milestone of 7 billion provides an opportunity to demonstrate our shared responsibility to care for each other and for our planet. ■

Keynote Speech

Carol Bellamy,
Chair, Global Partnership for Education,
Washington, USA

Creating an updraft for sustainable development

I'm delighted that the theme for this International Dialogue in Berlin is 'Education Matters: Empowering young people to make healthier choices'. This theme chimes with our work at the Global Partnership for Education, where we look beyond the numbers of children in school – important though the numbers are – to the very purpose of education.

Having been asked to outline the role of education in health and in sustainable development, I've been trying to find a single image to convey the deep connections between the three. It's not easy.

Is it a journey – we start at point A (education), travel smoothly on to point B (health) and arrive at our destination point C (sustainable development)? Is it an equation – education, plus health, equals sustainable development?

Or is it a cake mix – add half a kilo of education to half a kilo of health, stir it around, bake it for a while and there it is: sustainable development. If only things were that simple. If they were, the world's richest nations, which built their economies on a foundation of universal education and public health, would be basking in the glow of truly sustainable development. And as we all know, our nations are actually living beyond their means, on borrowed time and on plundered resources.

History tells us that development is not a smooth, linear process. When things go well,

education, health and sustainable development are mutually supportive, with each providing an 'updraft' for the others. (Perhaps the image of a bird spiralling upwards is closer to the truth – even though it is a little whimsical).

The key phrase is 'when things go well'. For most of the world's children and young people, a solid combination of education and health gives them that crucial first 'lift'. But there are still too many who miss out and remain earthbound, while others soar away.

This is about interconnectedness, it is about synergies, and – above all – it is about equity, to ensure that nobody is left behind.

In my role as Chair of the Global Partnership for Education, and in my former roles with the Peace Corps and with UNICEF, I have seen how crucial it is to build an equitable net of education, health, nutrition, water and sanitation, child protection – a net big enough and strong enough to catch every child and every adolescent. If even one part of the net is weak, the whole structure can fail. Poor health disrupts education, poor education disrupts health, and a failure to protect the young from conflict, exploitation, discrimination and violence disrupts even the most conscientious efforts and hard-won progress in every other area.

On the positive side, the world has come a long way in recent years. The number of primary-school aged children out of school has fallen from over one hundred million to around seventy million since 2000. The number of children under the age of five who die each year has fallen from twelve-point-four million in 1990 to seven-point-six million in 2010, as announced by UNICEF and the World Health Organization last month.

There is no doubt – this is amazing progress. But now we need to take things to a whole new level to ensure that each and every child and adolescent has a share in the progress that is being made. The benefits of education and health seem so obvious. But the fact that many children and adolescents in developing countries continue to miss out on schooling, or continue to suffer and even die as a result of preventable disease, suggests that we need to continually remind ourselves of what seems like plain common sense.

Let's take a look at just some of the benefits, and some of the synergies, through an education lens. First, I believe that a decent education for every child is the tipping point for lasting social and economic development. Investing in education is the single most effective means of reducing poverty. The statistics confirm it. Put simply, every year of schooling you have translates into a ten per cent increase in your potential income. Take this up a notch – to the national level – each year of additional schooling boosts annual Gross Domestic Product (GDP) by one per cent. Take it up one more notch to the regional level: in sub-Saharan Africa investing in the education of girls, in particular, could boost agricultural output by twenty-five per cent.

More than one-hundred-and-seventy million people could be lifted out of poverty if all

students in low-income countries left school equipped with basic reading skills. If we could do just this one thing, we would reduce global poverty by twelve per cent.

The benefits of education for each individual – particularly for a girl – kick in the moment they are born, and last a lifetime. Education has a powerful influence on infant mortality, disease, maternal mortality, teen pregnancy, where and how a mother gives birth and the number of children she will have.

Here comes a fact: The lives of an estimated 1.8 million children could be saved in sub-Saharan Africa this year if their mothers had at least a secondary education. And here come some more: According to a World Bank study, mothers with at least four years of schooling have around one third fewer children than mothers with no schooling – a crucial issue for sustainable development, given the very real impact of population growth on our planet's resources, and a crucial issue for discussion here in Berlin. What's more, the mortality rate for children whose mothers have at least four years of schooling is half that of children born to mothers who are illiterate.

Education is good for your health, and that is good for national development. Rates of HIV and AIDS, for example, are halved among youngsters who have completed

primary education. This means that if every girl and boy on earth completed primary school, at least seven million new cases of HIV would be prevented in a decade.

And here comes a synergy. Good health gives children and adolescents the strength, stamina and energy they need to seize the opportunities around them, particularly the opportunity to learn – to get the most out of their education.

And here is where it all becomes sustainable: children whose own mothers attended schools are twice as likely to go to school themselves. Women who have fewer and healthier children are more likely to find paid work outside the home. Higher incomes can lead to higher savings, and a greater willingness to invest in the education of your children, who – because they are healthy – are better able to learn and thrive at school. This creates an educated, healthy and productive workforce. This, in turn, attracts investment. In other words, education breeds health, and health breeds education, and both contribute to sustainable development – for children, for families and for entire nations.

And round – and up – we go, riding that updraft. Simple, yes? I'm afraid not.

Yes, there has been progress, but it is appalling that there are still seventy million children of primary school age out of school: that is more than the entire population of France. A similar number of adolescents are not in secondary school – one in five overall, rising to one in three in sub-Saharan Africa.

And yes, there are more children in the classroom, but it is often a struggle to keep them there. For many, the pressures of poverty and discrimination, coupled with schooling that fails to engage or inspire, are just too overwhelming. One third of the adolescents who are in school are trying to complete their primary grades – a dispiriting and demoralizing experience. Not surprisingly, many drop out.

Synergies can be negative as well as positive. At the Global Partnership for Education, one of our major concerns is the way hunger derails education, with one third of all children under five in developing countries experiencing malnutrition that causes irreversible damage to their cognitive development. In other words, they lose the ability to learn as much as their peers.

We know that girls with little education are more susceptible to early marriage, even in countries where early marriage is not the norm. Here, poverty, inequity and lack of education combine to increase the risks. The median age at first marriage for women from the richest twenty per cent of households has risen by two years over the past two decades to twenty-one. The median age for girls from the poorest twenty per cent of households, however, is around eighteen – almost exactly where it was twenty years ago. The gap between rich and poor is growing.

Education can fill the gaps in knowledge that put lives and health at risk. Accurate knowledge of HIV and AIDS, for example, is lowest among the poorest households and in rural areas of sub-Saharan Africa.

Add lack of education to the mix and the problems are intensified. In Namibia, sixty-eight per cent of educated young men have accurate knowledge about HIV prevention, compared to only thirty-three per cent of uneducated young women.

In education, in health, in so many other spheres, success or failure is a question of equity. This is about the children and adolescents themselves … who they are … where they are … and what is happening around them – to their communities, their families and, very importantly, their mothers.

It is about a failure to push that extra mile to reach families and communities on the very edges of society, or those caught up in conflict and other crises, such as unprecedented climate-related disasters. It is about a failure to do enough, fast enough, to tackle the entrenched discrimination that keeps girls out of school and excludes women from health care, stifling their potential and endangering their very lives.

But it is not necessarily about national wealth: economic growth is no guarantee of education or health for all. Most of the world's poor and un-educated now live in middle-income countries.

It is, very often, about the decisions made by our political leaders. And here I have more bad news: the global commitment to education is in trouble. UNESCO estimates that it will take sixteen billion dollars of external assistance to low income countries each year to achieve the global goal of Education for All by 2015.

It sounds a lot, but it is only half the amount spent on ice cream in the USA and Europe each year. And it is only one-sixth of the current level of aid to basic education.

Bilateral support for education is dwindling and, in some cases, vanishing. Several low-income countries are enduring the withdrawal of funding and technical support for education from several bilateral donors at once, including Benin, Burkina Faso, Cambodia, Nepal and Zambia.

And aid for education does not always go where it is most needed. Fragile and conflict-affected countries are home to more than half of the children who are out of school worldwide, but receive just over one quarter of all aid to basic education.

What should be done?

We need an equitable approach – an approach driven by the needs of the poorest and the unreached rather than the already better off majority. There are solid examples of success. According to Development Progress Stories gathered by the UK's Overseas Development Institute, Bangladesh has increased its female net enrollment rate in primary schools from just thirty-three per cent in 1970 to eighty-six per cent in 2009.

Ethiopia has not only increased primary and secondary enrollment by more than five hundred per cent since 1994; it has made strenuous efforts to do this equitably. The emphasis has been on tearing down the barriers to education – abolishing school fees, spending more on school construction

and maintenance, hiring and training thousands of new teachers. All of this has been backed by a shift to teaching and learning in mother tongues and by the gradual and planned decentralization of the education system to progressively lower levels of government to improve service delivery.

When Burkina Faso joined the Global Partnership for Education in 2002 (then called the Education for All Fast Track Initiative), its primary school completion rate for girls was one of the lowest in Africa – the result of a combination of gender discrimination and grinding poverty. Since 2002, girls' enrollment has risen by more than seventy per cent, thanks to an emphasis on increasing the coverage of education without undermining its quality. There have been similar increases in the overall Grade One intake and in the percentage of girls who continue on to secondary school, and a major fall in the percentage of children having to repeat school years.

How has this been achieved? While the provision of school meals and major information campaigns on the importance of schooling has helped to boost overall enrollment, there are also special measures to draw girls into the system, including support for mothers associations and for quotas that require fifty per cent of pupils to be girls. Women teachers are sent to areas with low girls' enrollment and teachers have been sensitized to the specific needs of girls in school. Stereotypical images of girls have been eliminated from curricula and textbooks, and girls also receive incentives such as food rations to take home and prizes for attending school.

Practical, feasible, realistic approaches. None of this is rocket science. It just needs political will, backed by adequate resources. The Global Partnership for Education encapsulates such approaches. Our partnership of developed countries, forty-six, and growing, developing countries, international agencies, as well as development banks, the private sector, teachers, and civil society groups has transformed international cooperation in education.

We provide our developing country partners with the incentives, resources, and technical support to build and implement sound education plans. Members of the Partnership mobilize and coordinate resources to achieve national targets for school enrollment and education quality. It works.

In 2009, over eighty-two million children were enrolled in schools in our partner countries, up from sixty-three million in 2002. In other words, the Partnership has helped to put nineteen million more children into school.

In 2009, more than two-thirds of girls in partner countries completed the last grade

of primary school, compared to just over half in 2002. This increase in completion will help to save the lives of approximately 350,000 children under the age of five.

Next month we go to Copenhagen for our replenishment pledging event with our new name and a renewed commitment to getting all children into school for a better education.

In Copenhagen we will be asking for contributions of 2.5 billion dollars over three years for the Global Partnership for Education Fund. This money will mean:

An additional 25 million primary school children enrolled in school;
A halving of the number of children out of school;
A 7.5 per cent increase in primary completion rates;
50 million new textbooks in classrooms.

The training of 600,000 new teachers and the impact will be felt beyond the classroom, reducing the number of children who die annually of preventable causes by 1 million and saving the lives of 40,000 mothers each year.

We are also looking for bilateral, private sector, civil society and multilateral additional commitments to basic education over three years that will help our partner countries fill a funding gap of 8 billion dollars. We want commitments from our developing country partners to increase domestic funding for basic education. And we want solid policy commitments from all of our members to safeguard and promote equitable education as a key element of sustainable development.

Indeed, I have great hopes to see the German Government, within their new global education policy, pay more attention to basic and secondary education and allocate significant funding for such.

Finally, I would like this International Dialogue meeting to consider a key question. What do we mean by sustainable development? The possible answers have huge implications for education and for health. Education for what? Health for what? To make the same mistakes as the world's richest nations?

We have learned the hard way over the past three years that constant economic growth does not mean a constant growth in happiness or well-being. My fervent hope is that education and health will help to fuel genuine sustainable development – development that is equitable, development that is fair. The world's poorest countries have one major advantage over rich nations – they have the option to chart a new and equitable course that is based on the true well-being of every citizen. We have squandered our opportunities. They have a one-time opportunity to get this right.

Summary report

Katie Whitehouse,
Sexual and Reproductive Health Researcher,
Charité, Berlin

Introduction

The 9th International Dialogue on Population and Sustainable Development "Education Matters: Empowering Young People to Make Healthier Choices" was held at the KfW offices in Berlin, Germany. The conference partners DSW (Deutsche Stiftung Weltbevoelkerung), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, International Planned Parenthood Federation (IPPF) and KfW Entwicklungsbank in cooperation with the Federal Ministry for Economic Cooperation and Development (BMZ) and Bayer HealthCare Pharmaceuticals, collaborated to approach the two days of dialogue in a specific way. The decision to concentrate on the needs and potential of young people in the global strategy on sexual and reproductive health and rights, education and sustainable development marks a significant step away from traditional approaches to this topic.

Focus on young people

Young people were placed at the very centre of this year's dialogue, and this reflects the deep commitment the conference organizers have with regard to prioritizing the sexual and reproductive health of adolescents in both health and education sectors. The global population reached 7 billion this year, half of which are under the age of 25. However, young people's health, and in particular adolescent health, is often a neglected aspect on both national and international public health agendas. The choice of the conference partners to focus on the needs of the next generation is a discernable shift from the usual sustainable development discourse.

Additionally, the discussions were not restricted to the national and international players in the field of education and health; the voices, opinions and feedback of young people was solicited throughout the two day dialogue. Conference attendees heard from a number of youth representatives of the three partnership countries of BMZ, Malawi, Pakistan and Kyrgyzstan throughout the conference. The variety of their perspectives and experiences emphasized that young people are not a homogenous group, requiring complex and sophisticated approaches to achieving improved health outcomes. This reminds health and education policy makers that young people are not in and of themselves a target group. Their only commonality is their age relative to older populations, and that even within "youth" age varies widely.

Complimentary working of Health and Education sectors

During the opening session Federal Minister for Economic Cooperation and Development at BMZ, **Dirk Niebel**, talked in greater depth about the challenges the current population dynamics pose. He welcomed the noteworthy move to involve young people in the conference,

placing an emphasis on the need for inter and intra generational dialogue. Mr. Niebel added that not only is it important to invest in sexual and reproductive health (SRH) in conjunction with education, but both the health and the education sector are reciprocally dependent and reinforcing social foundations. They constitute part of our economic, social and human rights and are pre-requisites for achieving economic prosperity. The choice to focus on young people in this context therefore makes long term economic sense.

Carol Bellamy, Chairperson of the Global Partnership for Education, explored the notion of updraft, where, at a macro level, education, health and sustainable development are mutually supportive, each providing a positive stimulus for the others to build on. In her analysis Ms. Bellamy underlined that education is good for health on an individual level, which translates into a positive environment for national development. Education bridges gaps in knowledge that put people's lives and health at risk. As such, equitable access to education has a lasting impact on social and economic development, and is the most effective means of reducing poverty.

The demographic makeup and distribution of the world's population represents a significant hurdle in terms of the equity of access to resources and attainment of rights. **Klaus Brill** of Bayer HealthCare Pharmaceuticals, in his welcoming speech to conference participants, stressed that a strategy for social education which incorporates innovative access to family planning must be targeted and adapted in order to meet the needs of young people. A strategy for prevention, in other words, has to be the focus in order to safeguard the rights of the next generation that Mr. Niebel and Ms. Bellamy illustrated.

Culture and gender

The prioritization of young people and education, according to **Nida Mushtaq** representative of Pakistan for the Youth Coalition, is of fundamental importance to achieving sustainable development and she applauded the dialogue partners in their choice of focus this year. Ms. Mushtaq deliberated over the complicated issues of cultural norms and social constraints that affect the ability of people to attain their rights, emphasizing that ensuring sexual well-being for young people is central to achieving these ends.

Within this context there is a need for a specific focus on gender, and empowering young women and girls through education was discussed at length. It has long been recognized that improving and ensuring female access to education provides greater economic stability and is the fastest way to affect family planning choices at the household level. **Babatunde Osotimehin**, Executive Director of the United Nations Population Fund (UNFPA), emphasized that in particular women and young people represent the greatest potential to achieve improved health outcomes, informed family planning choices and subsequently economic stability. He stated that population dynamics were not a destiny, and that investment in achieving greater individual control is relevant with regard to rapid global population expansion.

However, an exclusive focus on girls and women does not constitute the entirety of the picture. Reproductive and sexual health is not solely the responsibility of women and girls, but must be borne by both sexes. Education and health access for women and girls must therefore be addressed in conjunction with engaging men and boy in the sexual and reproductive health. This was discussed in greater detail on day two of the conference, both during the formal close of the day events, and during the panel discussion.

Mr. Osotimehin spoke of the disparate inequalities and insecurities of people around the world. He furthered the points made by Ms. Mushtaq that these inequitable and unequal experiences cannot be addressed through sectors in isolation of one another. He stated to conference attendees that unprecedented global cooperation was required in order to combat the challenges of wasteful consumption and poverty. He called for a re-focus in education programmes to recognize the rights of women to have equal access to economic, political and social lives. This represents a significant challenge to all sectors involved. To this end dialogue and multi-partnership working must be adopted, and the guiding principle of investment must be equity.

Conference Style

Given that health and education are not mutually exclusive sectors, both must be properly engaged in the strategic aims and practical actions of governments to achieve improved health outcomes for half of the world's population. To address this need, the conference organizers chose to forego the usual format of lecture style speeches with public question and answer sessions. Opting instead for a more cross-sectoral approach to the exchange of information, experience and knowledge, **Joachim Schmitt** of BMZ outlined that the focus of the conference would be especially addressed through small working groups. The representation of many stakeholders participating in this exchange process was an essential component to this cross-sectoral dialogue.

Ms. Bellamy called for practical, feasible and realistic approaches to equitable access to education and health globally. To achieve this end, she stated that not only must financial commitments through a variety of means be sought, but that solid and tangible policy commitments from all parties involved was required. Organizing the conference into working groups tasked with specific agendas and stress placed on the achievement of robust and concrete recommendation was befitting of a move towards this practical and applicable approach to sustainable development Ms. Bellamy supported.

Working Groups

Day one's working groups focused on several fundamental aspects of the sexual and reproductive health needs and rights of young people. **"Designing youth-to-youth education"** recognized that young people are present key potential resources and are not just passive receivers of SRH education programmes. However members of this working group did highlight that despite the success of peer education, the challenges of capacity building and

maintenance of these networks, requires significant efforts to overcome. The **"Measuring impact"** group placed emphasis on the importance of considering monitoring and evaluation data collection from the outset of project or intervention planning. That this is normally ignored represents an enormous obstacle to assessing effectiveness and informing subsequent resource allocation for these programmes.

"Empowering girls" looked closely at the unequal experiences of achieving sexual and reproductive health on the basis of gender, considering the necessity to take this into account for educational policy and strategy making. As well as employing a variety of innovative methods to target young people the **"Engaging the digital youth"** working group members emphasized the need to make health and education interventions young people friendly, including age appropriate language. Integration of these strategic approaches also formed part of the discussion. Groups five and six looked in detail at the need for "**Setting national standards for sexuality education"** and the **"Targeting of marginalized groups"**. Participants of the former group sought to establish the fundamental requirements of national strategies on sexuality education, including minimum packages of services and quality control. The adaptation of these standards to the localised specific needs to those particularly vulnerable in relation to their sexual health, explicitly referencing those not accessing formal education, formed the basis of the focus for group six. The seventh working group considered the complexity of **"Addressing religion and sexuality education"**. Whilst country specific approaches would vary substantially, there was general agreement that obtaining the support of religious institutions in communities was essential to the sustainable approach of addressing sexual and reproductive issues at the local level. The final group looked at **"Ensuring of rights-based approaches"**, explicitly in the applicability of law to precise localities with regard to sexual and reproductive health.

The resulting recommendations of these group considerations were displayed to the rest of the conference participants in a "market place". This provided an opportunity to understand and clarify the deliberations that had taken place simultaneously that afternoon. Responses and feedback to these recommendations were solicited for inclusion, and formed yet another opportunity to open up discussion and obtain fresh perspectives. This furthered the process of information, knowledge and expertise transfer.

Day two turned to the adaptation and applicability of these discussions to the particular contexts of Kyrgyzstan, Malawi and Pakistan, the three partner development countries with which the German Federal Ministry for Economic Cooperation and Development has established strategic relations for achieving development goals related to sexual and reproductive health and education. Country working groups were briefed on the specific demographic and situation analysis that was faced. Presenters identified the major challenges of note, locations of weakness within existing health and education systems, as well as highlighting the opportunities for partnership working and the inclusion of young people into subsequent strategies.

Participants in the working groups were then provided with an opportunity to "problem solve" a number of identified areas for a tactical approach to delivering the sexual and reproductive health agenda of the country. Focusing again on solid, practical recommendations participants were asked to discuss issues of culturally appropriate sexual and reproductive health education, engagement of communities and young people, partnership working and subsequent responsibilities, and the challenges of accessing education and health service provision for unequally distributed urban and rural populations. This was achieved through three simultaneous round table discussions in the form of a "World Café". This approach provided all members the equal opportunity to contribute and enrich the narratives of these dialogues.

Plenary Sessions

The formal plenary sessions, interspersed with these longer, rigorous working groups, offered a contrasting and complimentary format of conference participation over the two days. These brief but informative formal addresses imparted the current perspectives, challenges and opportunities from some of the leading institutions in the fields of sexual and reproductive health, education and with the interests of young people in mind. They provided a feedback mechanism through which to summarize the main conclusions and recommendations achieved during the break out working groups. Working groups were asked to prepare three succinct conclusions on each discussion topic from the "World Café", and feedback was sought from participants of other country clusters. Additionally, they gave the youth representatives a public platform on which to lend support, criticize and warn of the potential pitfalls by adopting the recommendations without their consultation.

Franz von Roenne, Head of the Health Section at GIZ, reflected in his summary of the two days of dialogue on the need to understand and incorporate the needs of young people into country level strategies for achieving sustainable development. That they share a common age can only be understood in relation to other generations. In addition to the requirement, for inter-sectoral dialogue between health and education to deliver SRH outcomes, Franz von Roenne called for inter and intra generational dialogue. With this process there is a need for respect and understanding of the different perspectives, standpoints and needs of all parties involved. Young people, he reminded the conference, are not a homogenous group.

Panel Discussion

After the formal close of the conference, the evening panel discussion, moderated by **Melinda Crane**, focused on innovative approaches in development cooperation to meet the challenges a global population of 7 billion poses. **Günther Taube**, Head of Division, Health, Education and Social Protection at GIZ, outlined that population dynamics can be addressed indirectly through projects which expand access to health services, educational opportunities and water and sanitation. **Ralf Südhoff**, Head of the UN World Food Programme in Berlin, discussed the need for the integration and improved coordination of this effective but complex intersectoral approach. Additionally, in terms of service and resource distribution Ralf Südhoff

outlined that the structures and systems of all industries, both private and public, need to be equipped to deal with supply and demand. He posed that a central barrier to effectively meeting these patterns was under-capacitated systems which generate waste. Regarding contraception, **Klaus Brill**, Vice President of Corporate Commercial Relations at Bayer HealthCare Pharmaceuticals, emphasized the need to meet the challenges of choice, accessibility, affordability and distribution, **Tewodros Melesse**, Executive Director of IPPF, called for consultation and the participation of young people in meeting these challenges. Tailored services, in conjunction with both formal and informal comprehensive sexuality and reproductive health education, are required to meet the specific needs of this demographic group.

Melinda Crane invited the panelists to reflect on the more specific ethical issues in the area of rights-based approaches, family planning, and gender equality that the use of these tools presents. Günther Taube placed precedence on improving educational opportunities to women, which he argued in conjunction with enhanced health access was a key step in stimulating economic development and stability. **Margot Käßmann**, Professor for Social Ethics and Ecumenism at the Ruhr University in Bochum, echoed these calls, emphasizing in her responses the link between education and the ability to exercise a choice and control over ones fertility. Panelists were broadly in agreement that the global population of 7 billion is problematic at the household level, when lack of education and contraceptive access results in an under-capacity to care for large families in resource poor settings. Margot Käßmann also noted that access to education is positively correlated to economic empowerment and capacity building, specifically for women. However, Tewodros Melesse warned that there are conceptual, cultural and religious issues to be considered in the delivery of a standardized sexual and reproductive health message in different localities.

Conclusion

This year's International Dialogue made use of an international discussion format in order to gather evidence from the partnership countries and direct political attention to the important link between sexual and reproductive health and rights (SRHR) and education. Discussions were focused on the exchange of good practice examples, developing national standards and curricula, establishing new developments and joint activities for future work in both formal and informal SRHR education. It is hoped that the findings of the dialogue will be applied in individual and organizational daily practice in order to catalyze on-going political dialogue and inform future actions. The concrete recommendations that were developed during the dialogue provide partner governments, donors, non-state-actors and experts with both context specific and general guidelines for more effectively allocating funding and resources necessary to build and strengthen education initiatives to achieve improved SRHR.

Workings groups 1-8

October 19, 2011 (Day 1)

Results Working Group 1:

Designing youth-to-youth Education

compiled by rapporteur **Marianne Haslegrave**, President, International Federation of University Women, Geneva, Switzerland

Input: **Mona Herbert**, Advocacy Manager, DSW (Deutsche Stiftung Weltbevoelkerung), Kampala, Uganda

Moderator: **Ann Svensén**, Chair of EuroNGOs, Director of External Relations, Swedish Association for Sexuality Education (RFSU), Stockholm, Sweden

Participants

Olga Daitche, Associated Expert Regional Program Health in Central Asia/Uzbekistan, GIZ Coordination Office, GIZ Regional Program Health in Central Asia; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Germany

Gudrun Eger-Harsch, Executive Director, Lebenschancen International, Germany

Jan Ulrich, Sector Economist, KfW Entwicklungsbank, Health, Education and Social Protection, Competence Centre KfW Entwicklungsbank, Frankfurt, Germany

Franz von Roenne, Head of the Health Section, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Guiding Questions:

1. **How does a programme have to be designed to meet the needs of young people (with regard to in-school/out-of school elements, income generating activities, age structure, vulnerable groups)?**
2. **Which external factors have to be taken into account in order to make peer education programmes a success (e.g. community engagement/ outreach, political/social/cultural context)?**
3. **What does it take to provide for sustainable quality standards and how can programmes be standardized nationally? How can peer education programmes be integrated into national curricula?**

1. How does a programme need to be designed to meet the needs of young people (with regard to in-school/out-of school elements, income generating activities, age structure, vulnerable groups)?

Current situation / experiences / problems / challenges:
The following are among the current challenges and problems that need to be addressed:

The unequal gender dynamics and the hierarchical situation in many countries mean that the needs of young people are not addressed. They are not always treated with respect and their human rights are not always protected.

Out of school youth are also hard to reach in many communities and appropriate youth-friendly facilities for providing education, information and services are limited.

Young people are too often considered to be a homogenous group, although their needs are different and particularly at different ages. A major concern for many young people is to be able to get a job and to participate in an income-generating activity.

Recommendations:

- Young people should participate in the design, implementation, monitoring and evaluation of programmes to address their needs.
- Programmes should acknowledge the rights of young people, gender dynamics and hierarchy, be age appropriate and evidence-based and ensure that the voice of young people is heard and respected.
- In school, time and space should be provided to allow peers to interact with each other.
- All programmes should be designed with the help of experts. Youth-to-youth champions should implement them and youth-to-youth education should be accredited.

2. Which external factors have to be taken into account in order to make peer education programmes a success (e.g. community engagement/outreach, political/social/cultural context)?

Current situation / experiences / problems / challenges:

The lack of understanding and knowledge of parents and awareness as to how to address the needs of young people is a serious concern. Schoolteachers and community leaders, moreover, do not feel competent to be able to provide the necessary guidance and information. The role played by religious leaders can also be crucially important.

Recommendations:

Having in mind that long-term political will and commitment is important for the success of peer education programmes:

- Programmes should be linked where possible with government programmes and guidelines.
- Governments should provide compulsory comprehensive sexuality education in the curriculum and access to quality youth-friendly services.
- A conducive environment in the community should be fostered including links with health and other related services; the involvement of religious leaders, after an initial assessment of their perspectives; the involvement of parents who are provided with the necessary information; the proper training of teachers.

3. What does it take to provide for sustainable quality standards and how can programmes be standardized nationally? How can peer education programmes be integrated into national curricula?

Current situation / experiences / problems / challenges:

This question was not addressed by the group as it was felt to overlap with the work of the other groups. It was not possible to get feedback from the other groups in the Market Place. ■

Input Working Group 1:

Designing youth-to-youth education (formal/non-formal)

Mona Herbert,

Advocacy Manager, DSW (Deutsche Stiftung Weltbevoelkerung), Kampala, Uganda

This issue note is a reflection of lessons learnt from one of DSW's (Deutsche Stiftung Weltbevoelkerung) innovative projects in Uganda, entitled, Young Adolescents Project (YAP). The history of this project in itself helps us to understand the fundamentals of effective programme planning within which we consciously think about the specific target groups of young people and their needs.

Young people if looked at using a Ugandan context, can mean anything between (0–18[1] years for children as defined by Uganda's Children Act and 12–30/35[2] years as defined by the Uganda national youth policy and the African Youth Charter, 2005, respectively). For this reason alone, the use for the term young people becomes meaningful in the sense that, both groups as explicitly identified above, overlap each other, yet their specific needs require looking at them as a diverse group. The point we derive from this is that, where as we appreciate the ambiguity that surrounds even the policy frameworks that guide the planning and programming for young people in Uganda, the needs of this rather large group (which comprises more than 75 per cent of the population), require specifics.

One of the lessons learnt from the Youth-to-Youth Initiative implemented by DSW, was that youth as a general target group carry a wide section of young people between ages 12–24 years. After years of implementation the initiative's evaluation

1_Government of Uganda, The Children's Act, Ministry of Gender, Labour and Social Development, 1988.
2_Government of Uganda, The National Youth Policy, Ministry of Gender, Labour and Social Development, 2000.

observed that this all inclusive design fell short of the specific needs of the young adolescents, as the focus tended to cater for the needs of the more mature youth. As a result DSW came up with a project that exclusively targets school going adolescents 10–14 years, to be peer educators with interactive methods to talk with their peers about sexual and reproductive health. The justification further noted that young adolescents, especially girls are vulnerable to violations of their sexual rights by peers and adults, including members of their own families.

Moreover[3], young adolescents who must at the time come to terms with their cognitive, emotional and psychological transformation-unencumbered by engagement in adult roles within the said community spaces, and given the social taboos that often surround puberty, it is important to avail them with the necessary SRH information early enough. For too many children, such knowledge is availed too late, if at all, when the course of their lives has already been affected and their development and well-being undermined.

Recent studies have indicated that early adolescence is an important stage for interventions, even if most young people have not yet had sexual intercourse. There are three main reasons for this. First, sexual maturation begins between the ages of 10–14. Second, their attitudes and behaviors have not yet hardened. Lastly, most 10–14 year olds in eastern and southern Africa are still attending schools, which can be used as venues to reach a large number of young adolescents.

Biddlecom AE et al. "Protecting the Next Generation in Sub-Saharan Africa: Learning from Adolescents to Prevent HIV and Unintended Pregnancy." Guttmacher Institute, 2007.

3_Adolescence: An Age of Opportunity, United Nations Children Fund, 2011.

The YAP project is by and large a community based initiative. And although it was placed in a controlled environment (schools), the question of external factors and in this case discussing community dynamics and these impacts on young adolescents is very significant in this discussion.[4]

The YAP project thought to make use of the important community stakeholders, so that any foreseen obstacles to positive sexual reproductive health practices could be addressed within the project design but also as a means of building internal sustainability mechanisms. Such stakeholders included the school pupils, school teachers, parents, community members and health workers. In this project design the above stakeholders were seen as paramount and whose internal and external relations directly or indirectly impacted on the project's success, as well as ensuring future knowledge management and community retention of the practices.

However it is equally important to note that as civil society organizations, our work in many ways is meant to compliment Government efforts. This means that as we build projects and programmes meant to support community beneficiaries, efforts to make such initiatives part of the larger programming of the Government both at national but in this case even the local leadership is key. The Government through line ministries of education, health and gender, advises and streamlines policies and guidelines that support programming and practice. Through such policy frameworks issues of school curricula on appropriate sex education and indeed youth friendly service corners within health centres are articulated. Yet the question in reality remains that how effective are such initiatives beyond policy frameworks?

And finally projects such as YAP create better opportunities for best practices and ably demonstrate how an innovative approach to educating young adolescents on sexual and reproductive health can further inform the policy development inclusive of integration and replication efforts. ■

4_How to Reach Young Adolescents: 'A toolkit for educating 10–14 year olds on sexual and reproductive health', DSW 2010.

Results Working Group 2:

Measuring impact

compiled by rapporteur **Jason Bremner**, International Programs, Population Reference Bureau, Washington, USA

Input: **Siegrid Tautz**, Trainer and Consultant, evaplan Heidelberg GmbH and Universitätsklinikum Heidelberg, Heidelberg, Germany

Input: **Mary Wairimu Iruga**, DSW (Deutsche Stiftung Weltbevoelkerung), Kenya

Moderator: **Sharon Camp**, President and CEO, Guttmacher Institute, New York, USA

Participants

Renate Bähr, Executive Director, DSW (Deutsche Stiftung Weltbevoelkerung), Hanover, Germany

Angela Chipeta-Khonje, Senior Research Manager, Banja La Mtsogolo, Malawi

Dorothea Coppard, Programme Director, Sector Programme Education, Division Education Health and Population, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Regina Goergen, Board Member, DSW (Stiftung Weltbevoelkerung), Berlin, Germany

Ruth Hildebrandt, Technical Advisor, FATA Dev. Program, Health Component, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Pakistan

Barbara Kloss-Quiroga, Head of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Eva Schildbach, GFA Consulting Group GmbH, Team leader Promoting Sexual and reproductive health and rights/MoHP/GIZ Health, Sector Support Programme Nepal, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Nepal

Jonathan Wittenberg, Director of Development, Guttmacher Institute, New York, USA

Guiding Questions:

1. **What are methodological barriers to measuring the success of sexuality education? How can impact be measured?**
2. **How can monitoring and evaluation systems among all stakeholders from ministries, donors and civil society be harmonized and standardized?**

First Input: Siegrid Tautz

Siegrid Tautz first introduced a results chain related to the question, "What do we mean by impact?"

Inputs → Activities → Outputs, Products, Services → Utilization → Outcome → Improved health. Each of these levels has different methods of assessment.

Siegrid Tautz made the observation that we are rarely actually measuring behavior change along with change in knowledge and attitudes. She continued with a presentation on the evaluation of DSW's Youth to Youth (Y2Y) programme which was conducted using a quantitative and qualitative methodological approach – young people, peer educators, peer/club members, teachers, principals, parents, key

government agencies Ministry of Health, Ministry of Education, Ministry of Youth Affairs.

Methods and instruments:
- Semi structured interviews – young men and women, teachers and parents,
- Checklist on opinions related to gender/ SRHR/HIV
- Observation

Challenges and limitations:
- Lack of baseline information and log frame to assess/measure progress against
- In Kenya youth to youth – contribution difficult to delineate
- Often several supporters to clubs are challenging the instruments
- Bundle of youth to youth elements implemented flexibly and selectively depending on demand and programmes (EU/Safe Motherhood, EU/VCT, etc.)
- Groups of respondents for focus groups were mixed and sometimes large
- Were the selected clubs a representation of the spectrum of clubs? Stronger vs. weaker
- Missing out on some anticipated respondents (it was a challenge to interview teachers and parents)
- Results based on reported reality and perception, no measurement of outcome at peer level (measure of trickle down)
- Resources for evaluation were limited

Results of youth to youth
- Improved knowledge (SRHR) –
- Assertiveness and confidence have increased (not thought of as the primary objective but thought to be important for SRHR)
- Skills acquired (self-management, leadership, communication, presentation, strategic approaches, arts, practical skills)
- Career development – stepping stone into education development
- Gender awareness and change in perception and relationships
- Behavior change related to:
  - SRH (condom use/dual protection, VCT, etc)
  - Drug use
  - Crime
  - Societal responsibility
- Economic empowerment
- Strategic thinking and action, youth learned how to deal with resistance
- Comprehensive DSW training greatly appreciated

Families and Communities
- Knowledge and awareness on issues SRHR increased
- Behavior changes reported
  - Reduction in female genital mutilation and other harmful traditional practices (HTP)
  - Higher demand and uptake of voluntary counseling and HIV testing (VCT), and condoms
- Attitude changed on many issues
- Policy level (Siegrid Tautz reported several specific results)
- Gender (Siegrid Tautz reported several specific results)

General Observations:
- Measurement remains at the input, activity, and output level

– Programme level measurement of achievements principally measured quantitatively at the output level, (spreadsheet at the output level).

Recommendations for monitoring and evaluation:

– Formulate objectives and indicators to guide the results based monitoring (RBM)
– Complement activity oriented monitoring with RBM at different levels
– Adequate resource allocation necessary from the onset (budget for RBM from the beginning)
– Relate indicators to HIS data, e.g. establish feedback mechanism for relevant health information systems to come from the health system.

Second Input: Mary Wairimu Iruga

Challenges remain related to harmful traditional practices in Muslim communities but clubs have actually helped to negotiate protection for girls to continue in school;

– Opportunities for children to understand, explain, and practice safe sexual behavior;
– Better understanding of contraceptives and ability to advocate with adults, leaders;
– DSW supporting entrepreneurship in the communities.

Subsequent discussion focused almost entirely on the question 1: What are the methodological barriers to measuring the success of sexuality education? How can impact be measured?

Dialogue on current situation / experiences / problems / challenges:

Ruth Hildebrandt: Can we install a spirit of research and evaluation from the onset of programmes? This needs to be built into the GIZ support.

Barbara Kloss-Quiroga: Let's not call it research; what we need is better planning and more systematic approach that allows us to use existing data. There is a challenge of the data availability at the geographical level and for the target age group. There is also a challenge of attribution that will always be present.

Regina Goergen: There is a call to evidence based action but not every project should focus on a randomized control trial. Better monitoring and evaluation systems are necessary and need to be thought of as 10-20 per cent allocation of budget from the start. With regard to youth we need to think of innovative tools of conducting participatory assessment together with young people.

Dorothea Coppard: What do we need to measure and what do we want to measure? Do we need statistically significant results from every programme? We would probably all agree that it is probably a challenge to accurately measure sexual behavior. Should we use more qualitative methods to measure this? Multiple levels of measurement are key because it helps you to know where you have failed, if you have in fact failed.

Ruth Hildebrandt: Systematic planning in monitoring and evaluation is the challenge

on the ground, because the capacity on the ground is not there. Describing a procedure accurately at the ground level from the start is the key. How can we build into programme planning these systems? She'd like to challenge us to discuss utilization and outcome level more in relation to these programmes.

Barbara Kloss-Quiroga: What are the methodological barriers to measuring the success? If you work together with youth clubs to define what would be a success at the beginning of the project, let them through a participatory approach define the successful outcome.

Renate Bähr: As an NGO we really need more evidence based results. Question 2 is so big, but would help if there would be more discussion between development partners and NGOs on what we could do in terms of measurement. We would like to have government partners more committed to supporting measurement within the programs they support.

Siegrid Tautz: Tangible quantitative results will be more effective for fundraising. Quantitative and qualitative should complement one another. Who does it – capacity building for M&E systems needs to be developed.

Eva Schildbach: Question 2 – Can we use HMIS data for measuring our impacts? In Nepal, as weak as the system is, we are trying to contribute to using HMIS information for our results. There is no age-disaggregated data available through the HMIS but can we contribute to strengthening the data collected?

Angela Chipeta-Khonje: The biggest problem that Malawi organizations have is capacity building around monitoring and evaluation. Staff doesn't know the value of the data they are collecting. Disconnect between indicators that donors want to collect and what the project is aiming to achieve. There is a disjoint between implement and the Ministry of Education because we aren't allowed to actually be in the school to deliver the services.

Barbara Kloss-Quiroga: We have a methodological problem that limits us to look closely at reported changes or reported behaviors.

Renate Bähr: Question 2 – Could there be some broader agreement among the donors on some of the indicators that are of value for SRHR education?

Jason Bremner: Can we focus more specifically on the methodological challenges of SRHR education rather than broad issues related to monitoring and evaluation? A few I can think of are:

1. Data are not available for the age groups we want to look at.
2. Sexual behaviors are sometimes taboo. How do we measure challenging issues?
3. How do we measure long-term change?

Regina Goergen: We shouldn't be afraid of self-reported behavior. We should increasingly rely on youth services. We should measure intention to behave in the future

to assess long-term change. Sometimes project directors and implementers fear true monitoring and evaluation.

Possible recommendations by Sharon Camp:

1. Increase resources (time and money) for the development of theories of change / log frame/results chains – (donors and implementers and governments and researchers)

– There needs to be more thought on the theory

2. Improve and make better use of information systems and survey data (disaggregated by various indicators) – look at what's available – can data be purchased – is there data already available or can we improve existing systems (donors and implementers, government partners and researchers)

– Support meta-analysis of existing programme evaluations

3. Include young people in defining indicators of success (implementers)

4. Encourage/advocate for inclusion SRH indicators and sexuality education into other sectors including Ministries of Education

Final recommendations put on the board:

1. Increase/allocate resources (time and money) for the development of theories of change/log frame/results chains from the onset.

2. Improve and make better use of health information systems and youth survey data (disaggregated by various indicators).

– Support meta-analysis of existing programme evaluations.

3. Involve young people in defining indicators for success (implementers).

4. Advocate for inclusion of sexual and reproductive health and education in monitoring and evaluation – (donors and governments). ■

Input Working Group 2:

Measuring impact

Siegrid Tautz,

Trainer and Consultant, evaplan Heidelberg GmbH and Universitätsklinikum Heidelberg, Heidelberg, Germany

The impact of sexuality education would consist in improved health outcomes such as a decrease in the new infection rate (incidence) of sexually transmitted infections including HIV, a reduction of unplanned (teenage) pregnancies, a lower rate of complications of unsafe abortion, among others. This would have to be preceded by behavior change (possibly as an outcome) of a sexuality education intervention.

A key prerequisite for monitoring changes and evaluating results is a situation analysis as a baseline before the intervention begins. In reality, many sexuality education interventions do not conduct an initial systematic situation analysis such as a knowledge, attitudes and practices (KAP) – KAP survey; hence face the challenge when having to prove their success at a later stage.

However, even if a baseline exists, it is difficult to attribute changes in knowledge, attitudes and particularly, behavior, let alone impact (health outcomes) to one specific intervention given the fact that it is not implemented in a vacuum; young people may be exposed to other sources of information or interventions and societal change as a whole. There may also be unexpected effects by unfavorable social and political developments (e.g. emergency situations and resulting vulnerabilities particularly of young people).

Still, for accountability sake and for being able to learn from monitoring and evaluation (M&E), and adjust interventions respectively, rights-based monitoring (RBM) and evaluation are essential. How can results at various

levels be assessed in a down-to-earth way? Here, an important prerequisite is a set of indicators with SMART properties (specific, measurable, achievable, relevant, time-bound). The results hierarchy used in German Development Cooperation presents a useful logic: an intervention's activities (e.g. training, curricula/manual development,) result in products/services (appropriate curricula, YFS); the utilization of such products (e.g. SRH peer education/learning groups) ideally leads to results at the level of the project objective (e.g. increased knowledge, changed attitudes and behavior). These should be able to be related plausibly to the project's products and services. The desired impact (improved health) is at a higher and long term level; many actors and circumstances contribute to its achievement.

A recent evaluation of DSW's Youth-to-Youth Initiative applied the approach below. Since more than ten years DSW supports Adolescent Sexual and Reproductive Health (ASRH) projects in Africa and Asia in order to help young people to protect themselves from unwanted pregnancies, sexually transmitted infections (STI) and HIV. To date, the Youth-to-Youth Initiative (Y2Y) has led to the establishment of over 600 youth clubs and their networks in four East African countries: Ethiopia, Kenya, Uganda and Tanzania, with over 30,000 members, and reaching many other young people and their communities with SRH information and services. Over the years the Y2Y initiative evolved from an intervention predominantly focused on SRH issues to a more holistic approach incorporating ASRH issues, economic empowerment, capacity building in leadership and management skills, among others.

This study took place from 27th April to 11th May 2011 in Ethiopia and Kenya. The aim was to assess the results of the Y2Y-Initiative for young people with an emphasis on gender equality in the project regions both at individual level for participating young women and men as well as at the level of potentially changed perceptions of, and attitudes towards young people, in particular women, in their social environment. This study was not an impact study in a rigorous sense as there is no baseline nor control group which could have allowed separating Y2Y influences from other influences through media, schools etc. The approach was largely qualitative and included semi-structured individual and group interviews. Respondents included young people of both sexes from various levels: peer educators and leaders, peer club members, key informants from local government and the ministries of health and youth. Some adjustments and trade-offs had to be made in the field.

The contributions DSW's Y2Y Initiative has made towards informing and educating young people about SRH and rights, and to developing their own capacity in many ways are considered important at all levels: by themselves, representatives of local government and health professionals as well as at policy level. The development and empowerment many of the young people who are/were part of Y2Y initiative experienced spans from the acquisition of potentially life-saving knowledge or that at least have

essential implications for their health and future lives to multiple skills such as communication (interpersonal and a strategic approach to community interaction), leadership, (self)-management, artistic skills, practical skills for income generation, and conflict management skills.

Looked at Y2Y through a "gender lense", results are positive at various levels: DSW promotes equal participation of girls in training, club membership and club leadership. Particularly girls related the life skills and the self-esteem they now enjoy to the club experience and to the comprehensive training opportunities of the Y2Y programme that helped them to develop their whole personality, and in a number of cases, to provide for themselves and their families through self-generated income. Equally impressive is the courage and commitment young women – supported by some of their male peers – show in their fight for women's rights and against harmful traditional practices (HTP) and gender based violence (GBV), both in Ethiopia and in Kenya. Here, human rights training opportunities through other organizations (in Kenya) create synergies with the Y2Y capacity building components.

In terms of health benefits, it is important to note that the information presented covers perceived and reported changes related to health. No health information data at the level of relevant catchment areas could be accessed for the purpose of this evaluation and it is not shared routinely with the peer learning clubs. Apart from a general increase of knowledge and improved attitudes regarding SRHR including HIV among young people and in their communities, effects were reported by both young people and key informants from the health sector regarding increased demand for condoms, as well as for modern contraception increased uptake of HIV testing. Overall, young people were reported to access health services more frequently.

At policy level DSW's role as a catalyst of young people's influence on formulation of strategies and policies by facilitating youth participation was emphasized as well as DSW's contribution by representation in dif-

ferent fora and technical working groups in both countries. As a result, the overall impact of the Y2Y initiative appears important.

In conclusion, there is a need to expand the so far largely output-based monitoring system towards more results-based monitoring and evaluation at different levels. This may include knowledge-attitude-practice (KAP) surveys at peer level (in new intervention areas as baseline, and in existing as follow-ups); complementing output-based monitoring with more process-oriented data (qualitative/quantitative); and establishing feedback mechanisms for relevant health information data to club leadership in districts. And, above all, there is a need to formulate objectives and result indicators for future results-based monitoring and evaluation. The RBM system should be as much as possible harmonized with that of other stakeholders from ministries and development partners including NGOs. In almost all countries there are technical working groups and policy fora, in which all pertinent stakeholders participate. These are commonly under the guidance of the ministries of health/divisions of adolescent sexual and reproductive health. These fora constitute the opportunity of harmonizing monitoring and evaluation systems. ■

Results Working Group 3:

Empowering girls

compiled by rapporteur **Serge Rabier**, Executive Director, Equilibres & Populations, Paris, France

Input: **Nicole Haberland**, Population Council, New York, USA

Moderator: **Ruth Levine**, Director, Global Development and Population Program, William and Flora Hewlett Foundation, Menlo Park, USA

Participants

Franklin Apfel, Managing Director, World Health Communication Associates Ltd. (WHCA), UK

Sitara Ayaz, Minister for Social Welfare and Women Empowerment Government of Khyber Pakhtunkhwa, Pakistan

Helena Choi, William and Flora Hewlett Foundation, Menlo Park, USA

Emily Kamwendo, Youth Focal Person, United Nations Population Fund (UNFPA), Malawi

Caroline Kent, Advocacy and Campaigns Manager, DSW (Deutsche Stiftung Weltbevoelkerung), Berlin, Germany

Nighat Lone, Senior Programme Officer Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Education Support, Unit Curriculum Wing, Pakistan

Guiding Questions:

1. **Why is a special focus on adolescent girls so important in education programmes? How does supporting them affect their sexual and reproductive health?**
2. **What are the special needs of adolescent girls when it comes to education and why are their needs so often neglected?**
3. **How does investing in adolescent girls' education improve the sustainable development of communities? What's the return on investment?**

1. Why is a special focus on adolescent girls so important in education programmes? How does supporting them affect their sexual and reproductive health (SRH)?

Current situation / experiences / problems / challenges:

Schooling builds human capital and empowered individuals. Education is thus important for all young people but particularly urgent for adolescent girls. In most settings, gender norms and inequality and routine violation of girls' rights make such investment in asset building and empowerment vital for adolescent girls' well being prospect and even survival.

For girls, formal schooling has direct benefits for sexual and reproductive health (SRH), delaying first sex and pregnancies (including unsafe abortions), marriage and child bearing and decreasing risk of HIV infection. Additional benefits relate to domestic violence: studies show that secondary school completion has a protective effect on females' risk of intimate partner violence. Getting girls into school and keeping them there through adolescence is a critical step.

2. What are the special needs of adolescent girls when it comes to education and why are their needs so often neglected?

Current situation / experiences / problems / challenges:
The special needs of adolescent girls relate to their situation in particular for the most vulnerable ones: girls at risk of child marriage, girls in HIV-affected families, those separated from parents, ethnic minorities, rural girls and the poorest ones. They are the ones at particularly high risk of dropout.

Once in school the quality of schooling and environment matters for girls (driving force for social change and gender equality) as well as curricular content with focus on sexuality, gender, HIV and human rights and quality of teachers' pedagogical approaches.

3. How does investing in adolescent girls' education improve the sustainable development of communities? What's the return on investment?

Current situation / experiences / problems / challenges:
Investing in adolescent girls' education benefits not only the girl herself, but her community and future children and family


3.
How does
education
developme
return on i

(better health and hygiene and more resources for health and education). Schooling delays marriage and childbearing and consequently decreases in the long run population growth.

Increasing investments in girls' schooling can have significant economic returns as well: by completing of secondary school, Kenyan girls would contribute 48 per cent more to their economy over their lifetime (32 per cent in Tanzania, 24 per cent in Senegal and 34 per cent in Uganda).

Recommendations: priorities according to votes during the market place:

1. Expand content beyond HIV/sexual transmitted infections (STIs)/SRHR. Integration of gender sensitive approach; implement dedicated and quality education including learner centred curricula and teacher training → **20 votes**

2. Keep girls at school – age 16 and enforce existing legislation; tools to achieve this: various incentives, (scholarships, stipends, cash transfers…), information campaigns, social norms change (DM, Adv., NGO´s) → **19 votes**

3. Ensure adequate resources for education system; tools to achieve this: incentives for teachers and parents, Ministry of Finance: involvement (DM, Adv.) → **14 votes**

4. Focus on the most vulnerable girls including proactive outreach to engage out of school girls through formal and informal settings (NGO`s, DM) → **12 votes**

5. Ensure that young people are meaningful partners in advocacy and policy making (DM, Donors, NGO´s) → **10 votes**

6. Support and incentivize integrated programmes; tool-example of Malawi: multiple UN Agencies work jointly on adolescent girl's health and education issues (Donor, DM, NGO´s) → **9 votes**

7. Hire, train and deploy appropriate female teachers (DM, Adv.) → **4 votes**

DM: Decision makers, Executive branch
Adv: Advocates

Input Working Group 3:

Empowering girls

Nicole Haberland,
Population Council,
New York, USA

1. Why is a special focus on adolescent girls so important in education programmes? How does supporting them affect their sexual and reproductive health?

Schooling builds human capital – it increases knowledge, provides vital literacy and numeracy skills, connects young people to non-familial peers and mentors, and, ideally, builds critical thinking and decision making skills. All of these contribute to empowered individuals that can act on their own behalf and thrive in a rapidly changing world. While education programmes are thus important for all young people, they are particularly urgent for adolescent girls. In most settings, gender norms, power disparities in intimate relationships, gender inequality in employment and government, and routine violation of girls and women's rights – including child marriage and violence against women and girls – make such investments in asset building and empowerment vital for adolescent girls' wellbeing, prospects, and indeed, their survival.

For girls, formal schooling also has added benefits for sexual and reproductive health: it delays first sex, marriage, and childbearing, and decreases risk of HIV infection (Lloyd 2009; Mensch 2010; Gulemetova 2011). The links between schooling and sexual and reproductive health are particularly intertwined for girls. In most settings, girls' school leaving is higher than boys'. Girls who drop out have few options aside from marriage and childbearing and, indeed, for girls who leave school, pregnancy and/or marriage often quickly follow. While marriage and pregnancy

are more often the result of school leaving than a cause of drop out for girls, nonetheless pregnancy and marriage can result in the end of schooling for girls, whereas they are rarely threats to boys' schooling.

Additional benefits of schooling are also linked to sexual and reproductive health outcomes. Recent findings from the WHO Multi-country Study on Domestic Violence show that secondary school completion has a protective effect on females' risk of intimate partner violence (Abramsky et al, 2011)[1]. Intimate partner violence (IPV) in turn has been linked with unintended pregnancy, condom use, contraceptive use, sexually transmitted infections, and HIV infection (Haberland 2010a, Dworkin et al 2011). Schooling can also foster gender equality (Lloyd 2009). Gender equality is a good in its own right, and more equitable gender norms are also associated with lower rates of intimate partner violence (Gomez et al 2011) and greater condom and contraceptive use.

2. What are the special needs of adolescent girls when it comes to education and why are their needs so often neglected?

Despite these benefits, few girls complete secondary school. The most vulnerable girls – girls at risk of child marriage, girls in HIV-affected families, those not living with parents, ethnic minorities, rural girls, the poorest girls – are at particularly high risk of dropout. Getting girls into school and keeping them there through adolescence is a critical step (Temin and Levine 2009; Lloyd 2009; Bruce and Hallman 2008). Defraying costs to girls and their families via scholarships, stipends, cash transfers, etc., have proven successful in increasing the number of girls in school (Lloyd 2009) and – whether directly or indirectly – can also improve girls' sexual health outcomes. A cash transfer programme in Malawi, for example, is showing promising results, especially for more vulnerable girls (Baird et al 2010). School enrollment increased and onset of sexual activity was delayed for programme participants; among those participants who were dropouts at baseline, marriage and childbearing were significantly delayed. Providing the social support for vulnerable girls to stay in school is also promising.

In Zimbabwe, orphan girls received fees, uniforms and a school-based helper (a female teacher) to monitor attendance and resolve problems. The result: school dropout decreased by 82 per cent, and marriage decreased by 63 per cent (Halifors et al, 2011). A number of studies have shown that trained female teachers are another factor that positively affects school enrollment for girls (Lloyd 2009).

Once in school, the quality of schooling and the school environment also matter for girls. Schools can serve to reinforce traditional gender attitudes and gender inequality, or

1_"Results suggesting increased protection when both women and their partners complete secondary education, and those pointing towards increased IPV risk where there is disparity in educational attainment, confirm the importance of promoting equal access to education for boys and girls…" (Abramsky et al 2011, p 14).

they can be a force for social change. While a non-discriminatory environment – where all students are encouraged and there are no biases in how students are treated in the classroom – is important for all young people, it may be particularly salient for girls. For example, in Kenya, school environments that were more gender equitable had lower dropout rates for girls, but did not affect boys' school leaving (Lloyd, Mensch, and Clark 2000). The benefits for girls again accrue for sexual and reproductive health, with those who attended schools with greater gender equity less likely to initiate sex (Mensch et al 2001). More overt actions against girls by students, teachers, or other adult school staff – such as sexual harassment, coercion, and violence – plausibly undermine girls' school retention and achievement, and certainly violate girls' rights and serve to perpetuate conservative gender norms and hierarchies. Interventions to foster safe schools are being tried in a variety of settings, but as of yet remain "promising but unproven" (Lloyd 2009).

Curricular content bears on girls' empowerment as well. Young people need information on sexuality, gender, HIV, and human rights. Girls, who are more vulnerable to adverse sexual and reproductive health outcomes than boys (including incident ratios of HIV cases in sub-Saharan Africa among 15–24 year olds typically 3 to 1 female to male),[2] also suffer greater consequences (including those of unintended pregnancy and maternal mortality and morbidity). Comprehensive and accurate information on sexuality and HIV increases knowledge and promotes safer sexual behavior (Kirby et al 2007). Still, there is considerable room for improvement. Changes in actual health outcomes (such as reductions in unintended pregnancy and STIs) remain elusive for most sex/HIV education programmes.[3] Moreover, recent reviews and meta-analyses in the U.S (CDC, 2010) and in sub-Saharan Africa (Michielsen et al, 2010) find that boys tend to benefit more than girls from existing sex/HIV education. Evidence strongly suggests that sex/HIV education curricula that pay attention to gender and/or power in intimate relationships are more likely to demonstrate positive health outcomes than those curricula that are gender-blind (Haberland 2010b).

How teachers teach is equally important. Pedagogical approaches that are participatory, learner-centered, and skills-based are more effective (Kirby et al 2007; Crepaz et al 2009). Fostering critical thinking and reflection are vital for transformative education (Freire, 1970) and enable young people to question the social context, attitudes and behaviors that undermine their health, well-being, and rights.

Yet girls' distinct and urgent needs are routinely overlooked by the preponderance of gender-blind approaches and the lack of gender disaggregated data. Resources that flow to generic "youth" programmes and gender-blind educational interventions will not ameliorate the disadvantage that girls

2_In some countries reaching as high as 5 to 1 (Malawi) and 8 to 1 (South Africa).

3_For example, a review by UNESCO finds that among studies that analyzed the effects of sex education programmes on actual health outcomes, only 28 per cent had a positive impact on pregnancy or STI rates (Unesco, 2009).

face in terms of access (Weiner, 2007), will not address girls' distinct learning needs,[4] and will not overcome the routine discrimination and inequality females experience in ways large and small.

3. How does investing in adolescent girls' education improve the sustainable development of communities? What's the return on investment?

Investing in adolescent girls' education benefits not only the girl herself, but her community and future children and family. More educated girls will provide their future children with better health and hygiene, and more resources for health and education (Lloyd 2009).

Education – particularly education that fosters critical thinking and agency – can lay the groundwork for meaningful citizenship that benefits communities and nations. Schooling delays marriage and childbearing; and delaying marriage and childbearing decreases population growth (Bruce and Bongaarts, 2009). Indeed, delaying childbearing past adolescence could decrease projected population size by 18 per cent (Bongaarts, 2011).

Increasing investments in girls schooling can have significant economic returns as well. A recent analysis by the World Bank shows that if girls in Kenya, Tanzania, Senegal and

4_A review of curricular-based sex and HIV education programme evaluations found that 84% of programmes had different effects on girls and boys (Haberland 2006), strongly suggesting distinct and differential learning needs.

Uganda had completed secondary school, they would contribute 48 per cent, 32 per cent, 24 per cent, and 34 per cent more to their economies over their lifetimes (Chaaban and Cunningham, 2011). A girl who drops out of school in Ethiopia makes almost $130 less per year; this translates into a $582 million per year cost for Ethiopia due to lack of investment in girls' education (Girl Effect, 2011 based on Chaaban and Cunningham, 2011).

4. Recommendations

(Many of these are drawn from Bruce and Joyce, 2006; Lloyd 2009; Temin and Levine 2009)

- At a minimum, disaggregate data by sex to highlight disparities and differential needs of adolescent girls and boys. Further disaggregate by marital status, rural/urban, wealth/poverty quintiles, and/or sub national divisions to provide additional insight.

- Keep girls in school through adolescence, or, at a minimum, to age 16.
- Defray costs of schooling to girls and their families via scholarships, stipends, cash transfers, etc.
- Complement these interventions with social support for the girls at highest risk of drop out.
- Provide training and opportunities for women to become teachers and remain in teaching.
- Implement and test interventions to foster safer and more gender equitable schools.
- Improve capacity of teachers to use pedagogical methods that are participatory and learner centered, and that foster critical thinking.
- Implement and test sex and HIV education curricula that place a central emphasis on gender and rights (Haberland and Rogow, 2009). While a gender and rights perspective is needed throughout sex/HIV education, gender and rights education need not fall solely to sex/HIV education – social studies/civics, history, and language arts classes can also contribute.
- Through the education system and curricula, connect with the community and social change movements by fostering girls' agency and advocacy/civic participation.

– Education programmes can contribute significantly to adolescent girls' empowerment, but they are not alone responsible. Given the large numbers of girls who will be outside the formal education system, also vital is support and evaluation of non-formal education, its quality and content, and its linkages with the formal education system (e.g. to allow adolescents to reenter the formal system); and support of "safe spaces" programmes for girls that build their social, health, and economic assets.

– Assess a broader range of outcomes in impact evaluations, including critical thinking skills, gender attitudes, girls' agency, measures of civic participation, wantedness of sex, and intimate partner violence. ■

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Results Working Group 4:

Engaging the digital youth

compiled by rapporteur **Katharina Greifeld**, Sexual Health Specialist and Medical Anthropologist, Germany

Input: **Aigul Azimova**, Head of E-Learning Department, Kyrgyz State Medical Institute for Retraining and Continuous Education (KSMIRCE), Kyrgyzstan

Input: **Arndt Bubenzer**, Director, Common sense eLearning & training consultants, Austria

Input: **Manuel Enrique Maldonado**, Club en Connexion, Honduras

Moderator: **Ruth Schumacher**, Senior Project Manager, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Bonn, Germany

Participants

Alex Apfel, World Health Communication Associates Ltd. (WHCA), Youth support, UK

Michael Holscher, Senior Vice President, Marie Stopes International, London, UK

Claudia Trautvetter, Technical Advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Germany

Guiding Questions:

1. **What is your opinion on these digital and mobile learning approaches in your SRHR working environment?**
2. **What role can digital approaches play in education and how can these be linked to SRHR?**
3. **Who are stakeholders for digital approaches in your working environment? In which way do they facilitate or hinder innovation?**
4. **How do you see the future of digital approaches for youth health? What is necessary to support them?**

Background

The Working Group 4 had three inputs on different methodologies:

A. Blended Learning: Capacity Building in HIV/AIDS through web based training – Case Studies in Central Asia, Aigul Azimova
B. M-Learning: Reaching out to youth in developing and threshold countries using mobile phone technology, Austria, Arndt Bubenzer
C. Social Media/Internet: Working with youth in sexual health matters using an internet platform. Club en Connexion, Honduras, Manuel Enrique Maldonado

The Working Group discussed the different digital approaches which can be used for sexual and reproductive health and rights (SRHR) training and awareness rising for youth with regard to opportunities and challenges:

1. E-Learning and blended learning: blended learning is a combination of online- or

computer based training (CBT) with face-to-face workshops.

2. M-Learning stands for "mobile" learning techniques and is used here for phone based learning. This can be "sophisticated" using blackberries, I-phones, or using story telling techniques on simple mobile phones.
3. Social Media: Facebook, Twitter etc.

A vivid discussion started on the approaches that included all participants. It showed that, in the case of these new technologies, country/local context is also important, but more important are the approach and the methods used as all have different reach and impact. Details are shown below:

	E- and Blended learning	M-Learning - phone based story telling	Social Media (Internet, Facebook, Twitter etc.)	All 3 Approaches
Opportunities	- in-depth content - multiplier training - problem oriented - more cognitive - incl. human-human interaction - open source platforms, like moodle are multifunctional	- more affective - wider reach - locally produced - quick - suitable for illiterate & rural people - in local languages - wide availability of simple phones	- highly used by youth - easy to use and to maintain	- very little time limitations - no place limitations - certain amount of anonymity - measurable in terms of use
Challenges	- limited internet access in rural areas - qualified staff for course development needed - qualified tutors needed - group size and drop out rates - rather for professionals or highly educated	- not ideal for in-depth issues - non linear story production difficult	- limited real commitment - random communication	- Advertising (marketing) through the services - gender balance - generating interest

Recommendation

The following recommendations were given as result of the discussion:

– Mix the methods and approaches;
– Adapt your content to the methods, the beneficiaries and local context;
– Look for ways to implicate rural youth (original wording: "provide internet access to rural youth");
- Keep it entertaining, interactive and attractive!

Input Working Group 4:

Engaging the digital youth

Aigul Azimova,

Head of E-Learning Department, Kyrgyz State Medical Institute for Retraining and Continuous Education (KSMIRCE), Bishkek, Kyrgyzstan

Capacity building in HIV/Aids trough web based training – case studies in Central Asia

Innovative internet based e-learning platforms can be a powerful instrument for learning, dialogue and capacity building in order to facilitate and strengthen multisectoral HIV/AIDS responses. Distant learning has among others the following advantages. It is close to the workplace context, available at the convenience of the user, based on a broad spectrum of media and pedagogic resources, facilitates group work and exchange with experts, is research oriented and allows for intensified networking between participants from public institutions and civil society organizations.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and its cooperation partners, the Kyrgyz State Medical Institute for Retraining and Continuous Education (KSMIRCE) have gained important experience through their work in this field. In 2007 GIZ (former InWEnt) in cooperation with KSMIRCE launched the e-Learning programme “HIV/AIDS prevention in Central Asia”. The first online course was designed for non-medical professionals from ministries, governmental institutions, non-governmental organizations and private companies, and one of the main aims of this course was to develop and strengthen the cross-sectoral approach in HIV/AIDS prevention.

Following the successful implementation of the first course for non-medical experts an e-learning course for medical professionals

started in February 2008. In second half of 2008 a regional course for medical specialists from Kyrgyzstan, Kazakhstan and Tajikistan was successfully carried out by a regionally mixed team of tutors.

By now 10 online courses, 20 face-to-face workshops were carried out and 247 professionals were certified in completing online course on HIV/AIDS.

	On-line course	Face-to-face workshop	Beneficiaries
Non-medical	4	8	86
Medical (regional courses)	6	12	161
Total	**10**	**20**	**247**

Concept and content of the course

The e-Learning courses in Central Asia have been conceived as hybrid learning arrangements that are generally called "blended learning". Blended learning refers to the combining of net-based learning and more traditional learning methods delivered as face-to-face tuition.

The course presented basic information on HIV in five modules. The basic lectures were about national and global epidemiology, basic medical facts, clinical management including special groups like injecting drug users and global response and best practices. Issues related to the vulnerability and HIV prevention among youth also were considered in the course.

In addition to the theoretical introduction to the subject, participants are encouraged to relate their knowledge to their own context of work, to share their experiences and to present local challenges to other participants. The course tutors assisted them to find solutions to the problem they have been facing in their working environment.

The educational tools, which promote interactive learning and communication are: forum, chat, interactive quizzes, electronic library and links to other Internet resources.

Learning environment

In Central Asia Moodle, a free licence open source software, has been used for course development and operations. This browser based platform provides easy to use HTML editing tools, course administration and communication tools like electronic bulletin boards, file sharing systems, database systems or chat communication. It enables users to train and upgrade online, share information and experience, and work on joint projects.

The multifunctional e-Learning platform allows users make different choices in it's using according to their abilities, preferences and the group dynamics.

Our approach to web design takes account of limited Internet bandwidth and possible substantial charges for Internet use. So to keep the data volume as low as possible, we dispense with the inclusion of media elements like sound, video and flash animations in web-based training (WBT).

To enable the participants to work offline as often as possible, they are given the option of downloading the course material. The online course is also made available in a CD-ROM version for computer based training (CBT), so that study can proceed on computers without Internet connection.

Strengths of the course or the factors of success

– Relevance

(rapid growing of HIV epidemic in CA region and development of the Internet in Central Asia Countries)

While in the most regions of the world the growth speed of the HIV epidemic could be reversed, Central Asia continued in recent years to have a fast growing HIV epidemic with still rising numbers of annual reported HIV diagnosis. Absolute numbers as well as prevalence of HIV infection remain relatively low.

The Internet in Central Asia develops with a fast pace. The number of internet users in Central Asia Countries has been increasing in a few past years and the growth rates much higher than the world average. Most of the Internet users in the region are young people.

Table 2: Internet Users per 100 inhabitants (Source Data)

Country	Users per 100 inhabitants	Face-to-face workshop	Beneficiaries
	2005	2007	2010
Kyrgyzstan	10.45	14.11	20.00
Tajikistan	0.3	7.19	11.55
Kazakhstan	4.11	12.32	34.00
Usbekistan	3.31	7.4	20.00
Russia	15.22	21.05	43.00
Europe	38.04	45.28	65.00
World Wide	16.17	20.96	30.00

Source: International Telecommunication Union
http://www.itu.int/ITU-D/icteye/Indicators/Indicators.aspx#

– Quality assurance and official accreditation

The content of the course was developed by national and international health consultants working for the cooperating partner organizations, in particular with the Medical Mission Institute Würzburg, Germany. The concept was tested in different other pilot course since 2000 before adapting to the Central Asian setting. The courses are evaluated in-

ternally and are continuously improved and adapted to the rapidly changing conditions of the HIV/AIDS epidemic in Central Asia by an international team of experts.

The curriculum of Central Asia Online Course on HIV/AIDS was developed and it was approved by the Ministry of Health of the Kyrgyz Republic. Participants who completed the programme successfully receive a certificate jointly issued by the KSMIRCE and GIZ. The certificate not only confirms the prosperous completing of the course, but also credits academic hours, that are necessary for medical specialists for getting next level of professional category.

– Partnership

The success of the programme at the regional level can be explained by the fruitful partnership between institutes for Postgraduate Education from Kyrgyzstan, Kazakhstan and Tajikistan, GIZ and United Nation Development Programme in the Kyrgyz Republic. The Memory of Understanding (MoU) in field of e-Learning implementation between institutes for postgraduate education from Kyrgyzstan, Kazakhstan and Tajikistan was signed in 2008.

– Political support in institutions and Ministries of Health of Kyrgyzstan, Tajikistan and Kazakhstan

– Distance Learning Department was established at the KSMIRCE in September 2009;
– Round table 'E-learning for health care specialists in the Kyrgyz Republic' was held in November 2009.

Participants of the Round Table (key persons from MoH and leaders of educational institutions from three CA countries) stated that e-learning approach can be successfully applied as a method of education in the health sector and can be a real alternative to classical forms (face to face training) of continuous education.

– The course lives up the participants expectations

The course got an evaluation by course participants ranging between 'very good' and 'excellent'. Participants stated that the programme had a direct impact on their knowledge, work practices as well as on their attitudes toward to People Living with HIV (PLWH). The participation of PLWH in forums and chats discussions helped participants to eliminate stigma and discrimination. Participants could discuss issues related to the sexual and reproductive health and right more open than it could be possible during face to face seminars because in our society there is a still taboo. Participants also gave positive feedback on methodology used. No one participant said he would not recommend the course to others.

After the final face to face seminar participants expressed the wish to prolong the interaction in the framework of an alumni network.

Alumni component

Within the Alumni programme stakeholders of the programme promote a continuous learning process and enable the further exchange among participants and partner organisations on specific topics. In this way

the transfer of the acquired competences into the respective working environments is accompanied.

Challenges

- This is a rather low rate considering that some participants, mainly from the rural areas, faced problems with internet connection during the course.
- Lack of support though funding and allocation of resources. There is certainly no lack of moral political support in the institutions and Ministries of Health. But there is a lack of support through funding and allocation of resources. Now the Distance Learning Department at the KSMIRCE does not have its own server hardware. Currently UNDP contributes hardware and its IT specialist' support.
- Course for medical professionals does not have official accreditation in Kazakhstan and Tajikistan.

The perspectives of the e-Learning programmes in Central Asia

- On-line course for non-medical specialists in Kyrgyzstan and Tajikistan and Central Asian Regional Course for medical professionals (GIZ);

- Development and implementation online module 'Sexual and Reproductive Health and Rights' for medical and non-medical alumnus (GIZ);

- Development and implementation online module on Narcology and Harm Reduction for primary health care providers and social workers (HCI)

- The Netherland School of Public and Occupational Health is currently looking for possibilities to create – learning facilities for reproductive health providers in the CA region and KSMIRCE is considered as a potential partner in the region;

- Human resource development in e-learning programmes at KSMI;

- Development and implementation of e-Learning courses for primary health care providers;

- Ministry of Health of the Kyrgyz Republic funds the Distance Learning Department at the KSMI and further sustainable development of the e-learning for continuous medical education within the Health Reforming Programme "Den-Sooluk" (Health) for 2012–2016.

Conclusion

- E-learning methods can be successfully used to train different target groups on different actual topics particularly for youth educating on sexual and reproductive health and rights.

- E-Learning courses base on needs assessment of the target groups so knowledge and skills gained will be immediately applied by learners to their work and life context. Instead of random massive information flow in SRHR field, offered by internet, participants gain systematized knowledge and support from skilled and experienced specialist, facilitating the course. According to the course concept participants contribute

their own knowledge and experience (so the 'peer to peer' principle is used). Most of the participants of e-learning courses have noted, that participants during on - line sessions had some communication embarrassment, which is very important for discussion of sensitive questions, related to SRHR, which are still taboo in our society.

In Central Asia, particularly in Kyrgyzstan, there are all backgrounds for successful implementation of distant approaches for educating youth on SRHR issues:

- In Kyrgyzstan young people are the most vulnerable in terms of access to SRH services and formal education so SRHR is actual issue.
- It is a time when a critical mass of internet users has developed in the region.
- There is a high political interest and support in introducing learning innovations.

The KSMIRCE the only institute in Kyrgyzstan which provides continuous education in health sector takes a leading position in introducing e-Learning methods in education because it's organizational capacity in this field. KSMIE can provide technical/consultative support for local organizations in implementation of e-learning approaches.

It is necessary to take into account next challenges while implementing e-learning courses on SRHR:

- limited internet access in rural areas;
- lack of trained specialists on course development and tutoring;
- although there is a political support some officials form Ministry of Education can be resistant to innovation in education.

For successful implementation of distant approaches for youth education on SRHR coordinated work of ministries is necessary: Ministry of Health, Ministry of Educational and Ministry of Youth Affairs regarding standardizing curriculum and content of the courses on SRHR and accreditation of courses.

During implementation of e-Learning approaches it is necessary to pay more attention to cover youth from rural areas, as youth in remote areas are in less beneficial position on the access to informational technologies and access to information on SRHR comparing to counterparts in major cities. For instance, 65 per cent of population lives in rural areas. Therefore, it is necessary that on the rayon centers level (it's an administrative unit) should be created informational – recourse centers, equipped with computers and internet access. These centers could be created under rayon educational centers or under local autonomous centers. These centers can help to equalize computer skills and chances of rural youth to participate in distant learning projects.

Input Working Group 4:

Engaging the digital youth

Arndt Bubenzer,
Director, Common sense eLearning & training consultants, Wien, Austria

I-Call – reaching out to youth in developing and threshold countries using mobile phone technology

Mobile phone technology is the most widespread communication technology worldwide. Today, GSM networks are available in most areas of the world - and throughout all levels of society. Phone service penetration rate in the age group 15 to 65 is high, in sub-Sahara Africa far above 50 per cent. This makes mobile phones an ideal tool for the distribution of learning content in order to achieve the widest possible outreach.

Most existing mobile learning solutions, however, are not suitable for youth in threshold and developing countries, since they heavily focus on latest 3G technology and require PDAs/smartphones and relatively broad bandwidth, which is not available in all regions – or only at high cost too high for most young audiences. The lack of literacy and/or media competency in different levels of society further complicates matters.

To use the full potential of mobile phones for learning purposes, a simple and easy to use solution was needed. A solution that does not rely heavily on written text and multimedia, but makes use of audio formats and traditional approaches to learning, like storytelling. Common sense – eLearning and training consultants, together with partners from the technology and media development sector, have developed “I-Call”, a mobile training solution to offer a cost-effective, easy to use,

highly visible and widely available learning tool, accepted by users of different backgrounds and education levels.

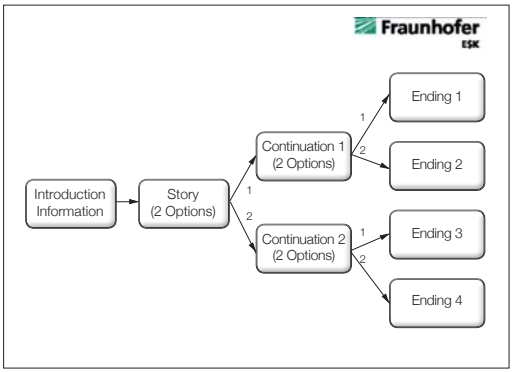
The novelty of this project is its focus on the development of local content and the fact that it is allowing access for target groups throughout all levels of society and all ages. Existing technology is being used.

The requirements in project development were:

- independence of phone models (must work on old and simple models)
- must interest, captivate and motivate users
- rather a oral/auditive than a text-based solution
- achieving mostly affective learning objectives (change of attitude and behavior, awareness raising)

The I-Call mobile learning solution:
The learning content will be provided in the format of interactive stories. Learners will listen to stories (similar to audio soap operas) and make decisions in place of the protagonists. The stories will continue based on the decision of the learner. The learners will experience the consequences of their own decisions. The stories can be provided in national and local languages, and will be accessible by dialing a local (free-call) telephone number.

The learner takes the decisions how to continue the story via keypad in an interactive dialogue system ("if X should do this, press 1"…).



Story-based learning has a rich tradition in many societies and relates easily to local culture. Well told stories are attractive for many people, which will help to disseminate knowledge throughout society.

This model attracts attention and maintains interest by a good combination of entertainment (e.g. roles spoken by well-known local actors) and delivery of useful and important messages.

Application in the health sector:
Project: "Mobile learning in the prevention of death at childbirth in Tanzania"

In the health context of Tanzania, I-Call is planned to be implemented on different levels:

1. Improving access for girls and women to information about pregnancy and birth.
Women can access informative and interactive educational stories by calling a free-call number with any GSM phone. This will improve reach for health and maternity related issues, all the way into the village level.

2. Assisting midwifes with "how to…" information

Midwifes can call an information retrieval system with any regular GSM phone. This system will distribute multiplier information relevant for midwifes that need to be translated to the local population. This can provide additional information on issues like hygiene, pre- and post-natal care, etc. and also deliver suggestions on how the local population can utilize this knowledge.

3. Providing local doctors and dispensaries with information

Fact sheets, statistics, information on drugs, etc. can be provided to local doctors and dispensary staff by using GSM services like SMS and/or EDGE-based data services. This way, information can be transmitted real time and on-demand.

Using widely available GSM-based mobile learning for the health sector opens up a great wealth of opportunities. A high reach, even into non-literate levels of societies, can be assured. At the same time, professional target groups (midwifes, doctors, dispensary staff) can be reached with important factual information.

Questions:

Some crucial questions for deployment of mobile-phone based learning elements, based on stories and case studies:

- Does the learning content address issues in the affective, emotive field or behavior change?
- Can the learning content be conveyed in form of a well-told story?
- Are local authors available to develop local content, in national and local languages?
- Are local actors available to record narrations?
- Which organization is in a position to finance a free-call number? Are Corporate Social Responsibility (CSR) programmes an option?
- Can the mobile learning be hosted with a local/national phone provider? ■


youth
1.
2.
3.
4.

Results Working Group 5:

Setting national standards for sexuality education

compiled by rapporteur **Faiza Aziz**, Youth Activist, National Youth Network, Pakistan

Input: **Mary Guin Delaney**, Regional Advisor for HIV and AIDS for Latin America and Caribbean, United Nations Organization for Education, Culture and Science (UNESCO), Santiago, Chile

Input: **Christine Winkelmann**, WHO Collaborating Centre for Sexual and Reproductive Health, German Federal Centre for Health Education (BZgA), Cologne, Germany

Moderator: **Katie Chau**, Project Officer Youth, International Planned Parenthood Federation (IPPF), London, UK

Participants

Bubuira Abdyzhaparova, Embassy of Kyrgyzstan in Germany

Larisa Bashmakova, United Nations Development Programme (UNDP), Kyrgyzstan

Galina Chirkina, Alliance for reproductive health, Kyrgyzstan

Irena Ermolaeva, Asteria, Kyrgyzstan

Lydia Ettema, Policy Advisor, Marie Stopes International (MSI), London, UK

Hans Katengeza, Ministry of Health, Lilongwe, Malawi

Marion Kneesch, Sector Economist, KfW Entwicklungsbank, Frankfurt, Germany

Johanna Offe, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Sector Project PROFILE, Germany

Joachim Schüürmann, KfW Entwicklungsbank Office Center Asia, Kyrgyzstan

Jamuna Shresta, Regional Programme Officer, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, GFA Consulting Group GmbH, Nepal

Larisa Sosnitskaya, Ministry of Youth Affairs of the Kyrgyz Republic

Thomas Staiger, Division Southern Africa, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Bolotkan Sydykanov, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Kyrgyzstan

Guiding Questions:

1. **What strategies can be used to strengthen collaboration between Non-Governmental Organizations (NGOs), the Ministry of Education, the Ministry of Health and National HIV and AIDS programmes?**
2. **How do we balance the rights of young people with the need to better engage parents and the community?**
3. **How can we integrate the wider outcomes and impact of comprehensive sexuality education (i.e. gender equality, civic participation, human rights, ending stigma and discrimination, empowerment, etc) into public policy frameworks?**

Question 1: What strategies can be used to strengthen collaboration between non-governmental organizations (NGOs), the Ministry of Education, the Ministry of Health, and national HIV and AIDS programmes?

Current Situation / Experience / Problems / Challenges

There is weak engagement of youth from key affected groups like young people living with HIV (YPLHIV); teachers etc. do not know how to handle such people as well as less involvement of government and religious leaders. World Health Organization-guidelines, global level and national level commitments are available but there is lack of follow up. There is a need to establish links and measure economic deficits because of sexual reproductive health and rights it can be used as an argument against oppositions, because they need justifications.

Recommendations:

1. Ensuring participation of Youth organizations, religious groups, YPLHIV, Ministries of health, education, youth, labor, social welfare, and social protection.
2. Consolidate political commitment through formal declarations (for example: Mexico ministerial declaration) also to ensure mid level technical engagement.
3. Ensure coordination by an over-arching multisectoral body.
4. Usage and adaption of international standards at country level; for that also funding is required.

Question 2: How do we balance the rights of young people with the need to better engage parents and the community?

Current Situation / Experience / Problems / Challenges

Parents try to take their children out of school, when they realize the school is going to provide Comprehensive Sexuality Education (CSE). There are no access points for young people to get information. Government does not take its responsibility to inform parents that, in this case, the right of the child is more important than the right of parents. Despite struggling for many years both parents and community are still not convinced in the importance of CSE. Until now there is no national standard developed that focuses on the content of CSE.

Recommendations:

1. Make parents a part of the process of CSE it is very likely that most parents do not want their kids to know something they never knew themselves at this age.
2. Forming of Parents Teachers Association, so that parents understand what is being taught to their children and will become more engaged.
3. Facilitate access to services, by using resource centers (in pilot regions) and by involving Youth Ministries.

Question 3: How can we integrate the wider outcomes and impact of comprehensive sexuality education i.e. gender equality, civic participation, human rights, ending stigma and discrimination, empowerment, etc. into public policy frameworks?

Current Situation / Experience / Problems / Challenges

The services being provided are not youth friendly and there is no demand for it because young people lack awareness of the need and existence of services. There is a severe misbalance between services tailored to the needs of girls and to the need of boys. There is always a cost effectiveness debate on why to focus on CSE. Therefore detailed explanation is needed because of a lack of resources. A lacking holistic approach is causing the same mistake which has been made in the past by solely being focused on HIV risks and danger.

Recommendations:

1. Education, services, rights and policies follow one approach.
2. Gender aspect should be included in sexuality education i.e. services should be available for both girls and boys as they sometimes focus on girls and skip out boys whilst the latter who also need services.
3. We need to maintain the rights framework.

Input Working Group 5:

Setting national standards of sexuality education

Mary Guinn Delaney,

Regional Advisor for HIV and AIDS for Latin America and the Caribbean, United Nations Organization for Education, Culture and Science (UNESCO), Santiago de Chile, Chile

Harmonization of Public Policies in Sexual Education and Prevention of HIV and Drugs in School

- Strengthening sexual education programmes and HIV prevention in schools, addressing also discrimination, social exclusion and stigmatization of and among children and adolescents;
- Harmonizing public policies and strengthening the linkages between health and education sectors.

Partners

- Ministries of Education and Health
  - Uruguay
  - Brasil
  - Chile
  - Paraguay
  - Peru
  - Argentina
  - Guatemala
  - Colombia
- Civil society
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), UNAIDS, United Nations Educational, Scientific and Cultural Organization (UNESCO), Unites Nations Population Fund (UNFPA)

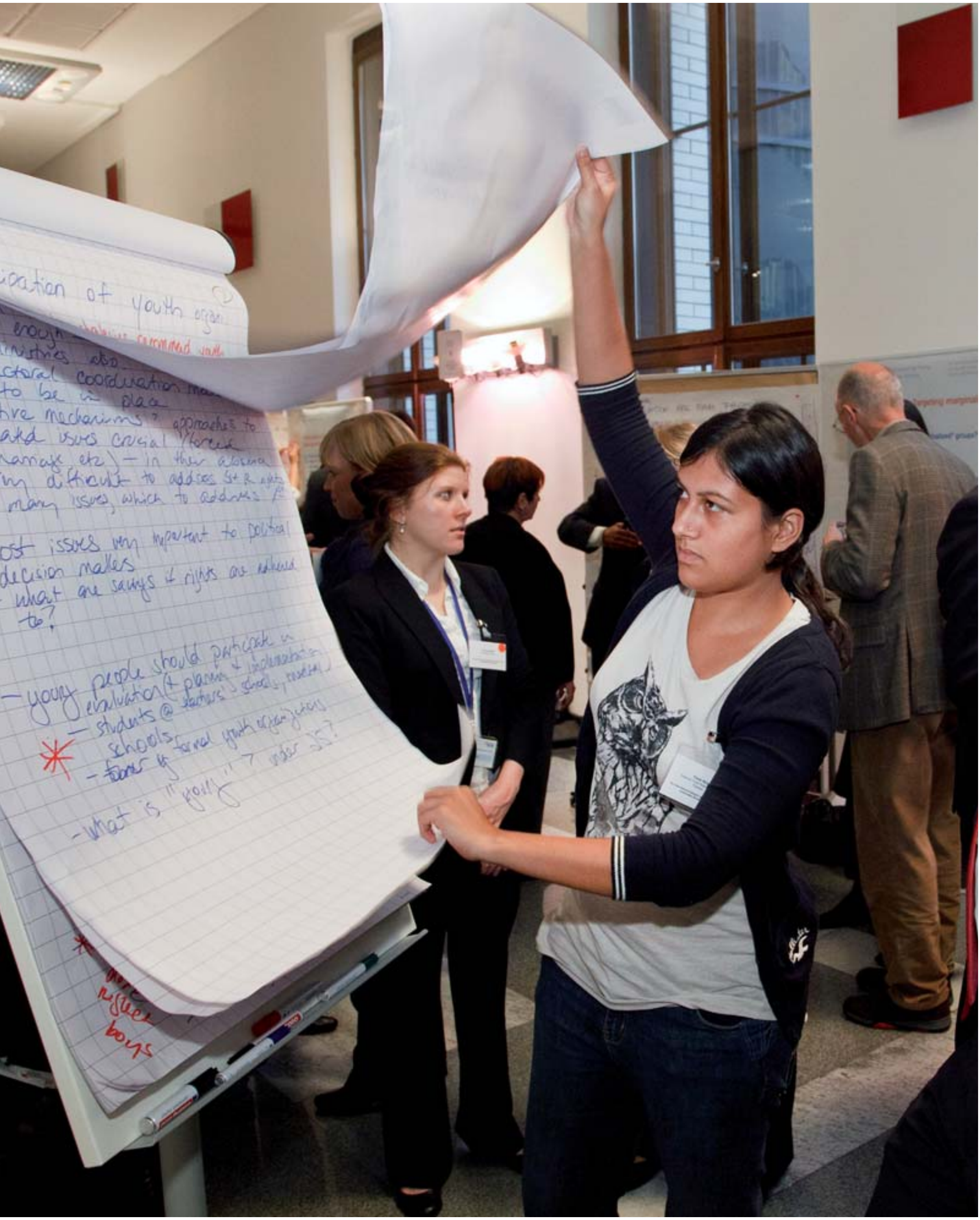
Some features of the Latin American region (especial MERCOSUR)

- Strong tradition of and commitment to south to south/horizontal cooperation (e.g. GHCT in HIV)
- Middle and upper middle income countries, some Organisation for Economic Cooperation and Development (OECD)

- Significant capacity at country level, both in health and education sectors
- Some countries are very progressive and advanced in matters of policy and institutionalization of Comprehensive Sexuality Education (CSE) and rights-based frameworks,
- Others with entrenched opposition to sexuality education, projects dependent on international cooperation,
- Instruments that facilitate monitoring, such as the Mexico Ministerial Declaration "Educating to Prevent" (2008).

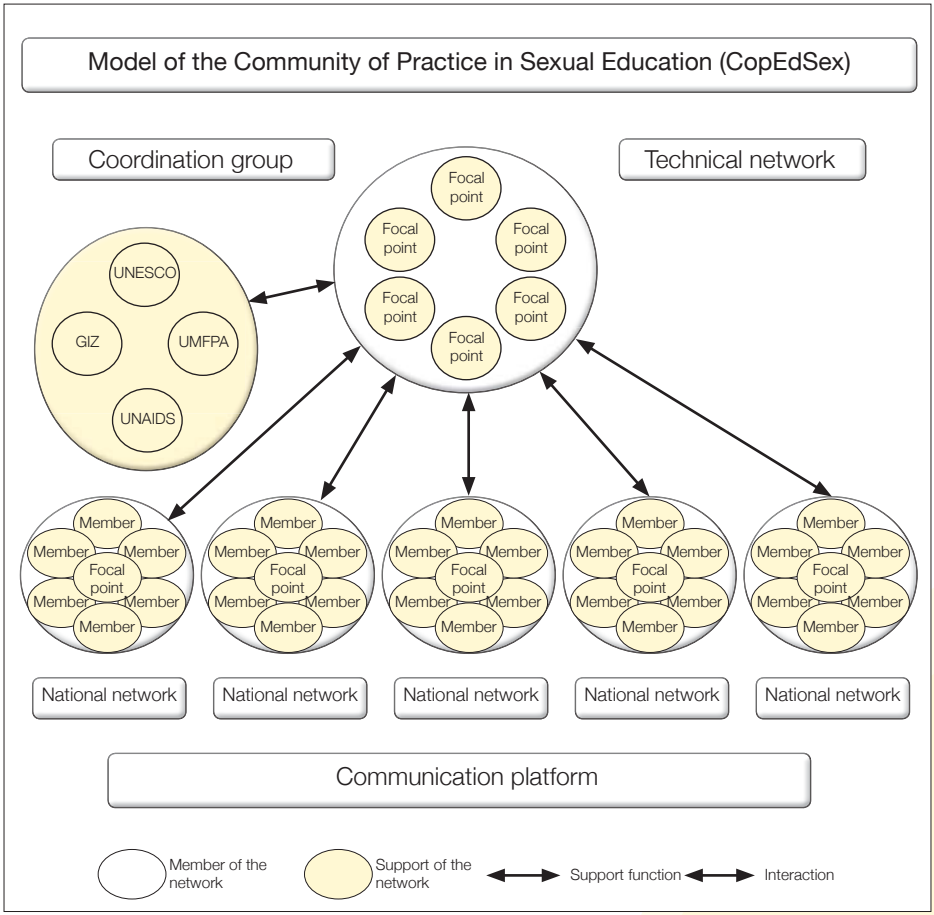
Mexico Ministerial Declaration (2008)

- Health and Education Ministries of 30 countries in the region
- Health-Education intersectoral cooperation
- Specific goals in both health and education sectors (2015)
- Specific objectives in the meantime (baselines, curriculum review, assessments, etc.


decision makers
- young people should participate in
evaluation (+ planning & implementation)
- students @ schools
- what is "young"? under 25?
boys

Phase Three (2012-2014 and beyond)

- Creation of virtual workspace
- Formalization of focal points and working groups at country level
- Specific capacity needs around M&E, teacher training, rights-based frameworks and approaches
- From national standards to laws to measurable implementation
  - creation of political responsibilities
  - perceived benefits of leadership
- Exchange between and among countries at similar stages, with similar problems; matching of helpful pairs
- Engagement of civil society, including religious groups, parents, community level organizations



Input Working Group 5:

Setting national standards of sexuality education

Christine Winkelmann,

WHO Collaborating Centre for Sexual and Reproductive Health, German Federal Centre for Health Education (BZgA), Cologne, Germany

Background:

The German Federal Centre for Health Education and WHO Regional Office for Europe in close cooperation with a European expert group from nine countries have developed 'Standards for Sexuality Education for the European Region'. The Standards were published in 2010 and have been translated into several languages. Reasons for the development of the Standards have been: a varying quality of sexuality education in the European Region, high numbers of sexual transmitted infections (STIs) (including HIV) and of unintended pregnancies and sexual violence. The Standards are based on sexual and reproductive rights.

The rationale for sexuality education is:

a) sexuality is part of being human,
b) children and adolescents have the right to be informed,
c) informal sexuality education is inadequate in modern societies,
d) children and adolescents are exposed to media with partly distorted and incorrect information,
e) there is a need for sexual health promotion.

Characteristics of the Standards are:

a) early start,
b) a holistic approach,
c) focus on information, skills and attitudes,
d) a positive approach towards sexuality. Participants of the workshop will be introduced to the matrix of the Standards. The age group 0-4 for the subject's human body, fertility, sexuality and

emotions will be shown. The standards clearly focus on the government sector and especially on Ministries of Education and Ministries of Health. School-based sexuality education is a very effective tool in reaching the majority of children and adolescents (although attention must be paid to out-of school youth as well, especially in countries with high drop-out rates). Various European examples show the effectiveness and the great benefits of school-based programmes.

Concerning the guiding questions:

1. How to strengthen collaboration between different stakeholders (NGO, GO, MoH, MoE etc.)?

Suggestions:

a) Promotion of sexuality education using a multi-sectoral approach
b) Building bridges between stakeholders
c) Establishment of Round Tables on sexual and reproductive health of adolescents and sexuality education
d) Needs analysis
e) Division of labour

2. How to reconcile a rights-based approach with a stronger engagement of parents and community?

Suggestions:

a) Establish partnerships for the introduction of sexuality education or for broadening existing programmes.
b) Inform and include parents prior to the delivery of sexuality education, address and discuss possible fears and misconceptions.
c) Give detailed explanations what sexuality education will do and which topics will be addressed.
d) Show scientific data that sexuality education doesn't lead to earlier sexual activity – underline the protective nature of sexuality education and that it empowers children /adolescents to act responsibly towards themselves and others.

3. How to integrate sexuality education into broader public policy frameworks?

Suggestions:

a) Sexuality education is only one building block: policies and laws are required that ensure the sexual and reproductive rights of adolescents. Awareness raising for these rights is essential. Putting the rights of children and adolescents at the centre also helps to open up new perspectives on cultural practices like child marriage.
b) Sexuality education must also be linked to services – services must be youth friendly and easily accessible. At this point the cooperation between different stakeholders is of great importance.

Results Working Group 6:

Targeting marginalized groups

compiled by rapporteur **Sonja Weinreich**, Senior Health Advisor, Church Development Service (EED), Bonn, Germany

Input: **Patrick Young**, Director Theatre of Change, Lilongwe, Malawi

Moderator: **Venkatraman Chandra-Mouli**, Coordinator, Department of Child and Adolescent Health and Development, World Health Organization (WHO), Geneva, Switzerland

Participants

Nabeela Ali, Chief of Party, USAID Technical Assistance Unit for Health, Pakistan

Beth Deutsch, United States Agency for International Development (USAID/Malawi), Health Office, Lilongwe, Malawi

Sabine Flessenkaemper, Division of Health, Education and Social Security, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Lucky Crown Mbewe, Executive Director, Youth Empowerment and Civic Education (YECE), Lilongwe, Malawi

Joachim Schmitt, Division Health and Population Policy, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Katja Tielemann, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Sector Project PROFILE, Germany

Peter Weis, Head of Back up Initiative, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Guiding Questions:

1. **How do we define „marginalized“ groups?**
2. **How do we define „access“?**
3. **Why do marginalized people not use sexual and reproductive health services, including HIV services?**
4. **What kind of barriers do they face?**
5. **What experiences exist that have proven to be an effective reach out to marginalized groups and that address their specific sexual and reproductive needs including HIV prevention?**
6. **How can these experiences be transferred to other settings?**

1. How do we define “marginalized” groups?

Current situation / experiences / problems / challenges:

- Marginalization – exclusion – has many faces and serious consequences; it means that groups, families, or individuals are outside the mainstream of a community or society;
- Marginalized means being vulnerable;
- There are degrees of marginalization, for example all girls vs. specific groups of girls; other groups: same sex, drug users etc.;
- Marginalized also means neglected in

the sense of being forgotten by policy makers and decision makers;

Experiencing stigma and discrimination;
- There are different types of marginalization: political, social, legal etc;
- There are the visual impaired and other types of marginalization and disability;
- It is a systematic effort to withhold resources;
- In the process of empowerment marginalization can change;

Recommendations:
- Marginalized have to be made visible, this needs data availability;
- Use non-discriminatory language, ask: how do they call themselves?
- Naming without finger pointing;
- Community perspective vs. public health perspective: they are not mutually exclusive, but represent different angles to the same issue;
- In order to scale up, one needs to ask: can the approach be repeated elsewhere? – This often proves difficult, since interventions occur in a specific environment;
- It is important to allow community processes.

2. Why do marginalized people not use sexual and reproductive health services, inclusive HIV services?

Current situation / experiences / problems / challenges:
- Lack of literacy,
- Lack of equity, in terms of financial access and discrimination
- Lack of knowledge on the existence of services and their importance
- Power relationships
- Language
- Marginalized not well received by health workers
- Language (marginalized and health speakers may speak different languages)

Recommendations:
- There has to be a combination of bottom-up and top down approaches, donors have an important role;
- Southern governments are also critical, not only donors: political will of governments Business as usual does not work;
- Influencing policies;
- Use evidence based advocacy: smart advocacy strategies, importance of education, door opening function of outside partners, making people the centre, establish accountability with indicator;

3. What kind of barriers do they face?

Current situation / experiences / problems / challenges:
- Power relations as an obstacle,
- Services not well received by marginalized groups, discrimination;
- Lack of services;
- Services not accessible in terms of physical accessibility or financial accessibility;
- Culture may not allow inclusion;
- Legal framework may be an obstacle;
- In the Malawi example, young women themselves identified barriers to access and ways of participation;

Recommendations:

- Participation in programming is crucial
- Use bottom-up planning
- Use methodology to facilitate participation
- Become aware of human rights
- Listening and learning
- Ownership of the power by the marginalized
- Be creative
- Providing safe space
- Bring about systemic change
- Law enforcement
- Accountability

4. What experiences exist that have proven to be an effective reach out to marginalized groups and that address their specific sexual and reproductive needs including HIV prevention?

- Financial resources have to be in place;
- Use rights-based approach in providing services;
- Programmes to be evidence-based, for this to happen, data have to be gathered; include civil society in government-government negotiations;
- Include UN organizations, especially World Health Organization (WHO);
- WHO to come up with policies and statements, it needs to be bolder;
- Concerted actions of internal and external champions;
- Collaboration and exchange of bottom-up approaches.

5. How can these experiences be transferred to other settings?

Current situation / experiences / problems / challenges:

- Scaling up: in the Malawi example that was discussed, there was building up from community level, which made it a successful model.

Recommendations:

1. Marginalization = exclusion has many faces and serious consequences,
2. Start button-up, peer education – understanding needs, finding solutions,
3. Address systemic issues in access to services,
4. May start on one sector (health), but go beyond, address economic empowerment, law and order,
5. Advocacy to be based on giving it a face and be evidence-based, to create leadership: smart strategies, importance of education, door opening function of outside partners,
6. Inside and outside change agents are needed (Not only donors, but United Nations and civil society),
7. It is a back and forth process, be prepared for a difficult journey, be creative,
8. Participation has to be an overall principle.

Input Working Group 6:

Targeting marginalized groups

Patrick Young,

Director, Theatre for a Change, Lilongwe, Malawi

Introduction

Theatre for a Change has been running HIV prevention projects in sub-Saharan Africa for the most marginalized and vulnerable groups for the last eight years. We have adopted a rights-based approach to the work, specifically based on the rights of girls and women to determine their own sexual lives and to break the cycle of poverty that many are trapped in. We do this through innovative, impactful and cost effective approaches to formal and non-formal education. We run two large programmes in Malawi, one targeting primary school children and their teachers, and the other targeting girls and women who are in sex work.

1. How do we define "marginalized" groups?

We define marginalization as a complex of interrelating social and economic factors – in this case, the interrelationship between gender, poverty and HIV. The barriers to the inclusion of these women are systemic, entrenched and directly related to each strand of their social exclusion.

Sex workers in Malawi can be defined as marginalized for a number of reasons. The first is their HIV prevalence rate – at 70.7 per cent it is the highest of any group in Malawi. The second is their economic status – the vast majority of women in sex work in Malawi are in it because of extreme poverty, and they would much rather be earning a living in other ways. The third reason is gender – as

girls and women, they are systemically disempowered, and are in need of processes that enable them to claim their rights.

2. How do we define 'access'?

We define 'access' as the ability to:
- Obtain and use SRH services, such as condoms and HIV testing and counseling (HTC)
- Obtain legal protection from human rights abuses such as gender based violence
- Obtain economic empowerment

3. Why do marginalized people not use sexual and reproductive health services, inclusive HIV services?

The reasons sex workers do not use SRH services are due to:

- Poverty: the drive to get money often overrides the need or use of SRH services. The financial pressure on sex workers to have unprotected sex is high when 'raw' sex is more highly paid.
- Gender: the lack of access is often a result of gender related factors. So for example in the context of sexual transactions with clients, gender power dynamics mean that women find it very difficult to negotiate with their clients for safer sex. There is frequent sexual abuse that makes it impossible for women to use condoms, for example. However, the pattern of use is more complicated and nuanced than it would at first appear. So, at baseline, many women who are in sex work do use condoms with some of their clients, whereas condom use with partners is however much lower.
- Provision: Sex workers in Malawi do not use SRH services often because they are not able to access services such as condoms or HTC.
- Education: Many women in sex work do not know how to access or use SRH services.
- Stigma: Many women are afraid of using SRH services, particularly in the case of STI and condoms, out of fear that they will be ostracized as sex workers.
- Law: There is a controversial 'HIV Bill' which has been tabled in Parliament, which would: make it compulsory for all sex workers to have HTC, criminalize the 'deliberate' transmission of HIV; and prosecute any women giving birth to an HIV-child.

4. What experiences exist that have proven to be effectively reach out to marginalized groups and that address their specific sexual and reproductive needs including HIV prevention?

We have the following experiences that have proved effective:

Our methodology is underpinned by the belief that our participants are the experts in their own lives. It is innovative in its experiential and participatory nature: participants' experience of a situation – physically, psychologically and socially – is the starting point of change, and puts them at the centre

of a process that enables them to take more control over their personal and social lives. It is a process that enables behavior and policy change to happen in typically challenging areas of sex and gender.

We also have experience in developing strategies that enable us to deliver this methodology to those who are most at risk and most vulnerable in the most efficient ways. The Theatre for a Change sex work programme is based on a peer education model, where we employ former sex workers who we have trained in facilitation and performance skills to set up focus groups of younger sex workers and carry out behavior change workshops and advocacy based performances to their communities and local authorities. This is the first step of a three step programme:

1. Behavior change, equipping women and clients with the knowledge and skills to make sex work safer;
2. Vocational skills training, equipping women with alternative sources of income;
3. Advocacy, using legislative theatre to enable women in sex work to represent themselves to those in power.

Finally, the experience of designing a range of specific projects that enables the methodology and strategies to be successfully implemented. Our 'Outreach Project' takes place in targeted locations such as bars or police stations, where the audience is invited to come into the acting areas to replace a character whose behavior they feel could be changed positively, or to advocate for the rights of a character who is being abused. Condoms are distributed and HIV testing and counseling (HTC) is offered on location, often with 200-300 people taking the test in one evening.

We have also developed ways of measuring this effectiveness: for our baseline on sex work in Malawi please see http://www.tfacafrica.com/What-we-do/Monitoring-and-Evaluation

5. How can these experiences be transferred to other settings?

Lessons are being learned for future programmes by working in partnership with other NGO's and INGO's, and by measuring the impact of the project on participants and policy makers, and by evaluating what worked, and what didn't work. This process will be documented in writing, in video and online in order that best practice can be shared and that the methodology can be used in other contexts where socially and economically marginalized groups need effective behavior change and advocacy interventions. In this way we hope to be able to access this methodology for larger audiences in Malawi and beyond. For more about our work, please see www.tfacafrica.com ■

Results Working Group 7:

Addressing religion and sexuality education

compiled by rapporteur **Syed Kamal Shah**, Chief Executive Officer, RAHNMA Family Planning Association of Pakistan, Lahore, Pakistan

Input: **Jon O'Brien**, Director, Catholics for Choice, Washington, USA

Moderator: **Doortje Braeken**, Senior Advisor for Youth, International Planned Parenthood Federation (IPPF), London, UK

Participants

Omer Aftab, Women empowerment group, Lahore, Pakistan

Sabine Guertner, Teamleader, Sectorprogramme Gender, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Catherina Hinz, Senior Project Advisor, of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Mazhar Javeed, Embassy of Pakistan, Germany

Dieter Koecher, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Focal Area, Coordinator Health, Lilongwe, Malawi

Torge Matthiesen, Division Afghanistan/Pakistan, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Guiding Questions:

1. **How can we create a safe and supportive environment that offers young people a place in their faith community to be able to talk openly about sexual issues?**
2. **How can we encourage and involve parents and religious leaders to talk about sexuality and personal responsibility?**
3. **How can we improve a better understanding in local faith communities for the SRH needs and rights of young people, especially those affected by HIV?**

Background

To address the issue exactly, the group agreed (keeping in mind limited number of participants and availability of time) to enhance the scope of the discussion beyond the given questions and as such the following questions were also discussed at length:

1. Why should we get involved in religion/ religious leaders (RL)/institutes?
2. How does one get the voices of the young people heard from faith based communities?
3. How can religion play a role?
4. How to work with religious leaders and when to work with them and when not?
5. What (ethical) framework should be used to work with religion/religious leaders/institutes?

All the above questions and also the already given three guiding questions were discussed at the same time and were

agreed by the group as being linked with each other and as such the group decided to discuss all at the same time and develop over all recommendations rather than question specific recommendations since it was felt by the group that otherwise the recommendations would be repeated under all questions.

Current situation / experiences / problems / challenges:

The present environment as discussed in the group came out to be more culturally and family values based rather than exactly religious based, it was discussed and agreed that dialogue at various levels with involvement of teachers and parents besides religious leaders in the context of knowledge and information sharing can create safe environment. Within the group it was agreed that none of the religion puts any restrictions on knowledge. The issues around sexual health and sexuality needs to be framed within the knowledge framework.

Recommendations:

1. We must deal with religion because some claim it to possess the sole right for interpretation;
2. Politicians use religious leader (RL) for power;
3. Engage in dialogue where dialogue is possible;
4. We cannot cover 20 years within two years;
5. Take religious leader as an entry point: proactively involve RL to seek sexual and reproductive health consent on;
6. Listen to the voices of young people in faith based countries;
7. We need to come up with very localized solutions for the communities;
8. We unpack local situations for local solutions;
9. React flexibly on trends towards change from within religious groups;
10. Sharing tasks religions-non-religions;
11. Importance of value clarification of all levels;
12. Do religious leaders have the sole right of interpretation?
13. Don't confuse religious leaders needs within the needs of religious people;
14. Secular and religious views can both be fundamental;
15. To work with religious leaders should not imply to be judgemental;
16. HIV/Aids are entry points that can take the discussion to the next levels. ■

Input Working Group 7:

Addressing religion and sexuality education

Jon O'Brien,

Director, Catholics for Choice, Washington, USA

Spot the difference – religious people vs. religious leaders

Religious people from every tradition around the world are faced with the problem of how to live with – or argue against – religious leaders who represent a faith they hold dear, but who may not have very much in common with them. Catholics are asked to take seriously a powerful group of celibate men who believe that "masturbation is an intrinsically and seriously disordered act," that "each and every marriage act must remain open to the transmission of life" and that "every genital act must be within the framework of marriage."

Catholics are not the only religious people who are often dismayed at what is passed off in our name. Protestants, Jews, Muslims and Buddhists have all had similar experiences as they hear their clerics get it all wrong about real, everyday concerns. Yet rank-and-file Catholics, Anglicans, Baptists and Muslims are sorely underrepresented in most important domestic and international policy spheres, and it's most often the clerics to whom policymakers turn when considering policy changes.

We know that the Catholic Church's teachings on sex and sexuality were, more often than not, based on temporal issues and not biblical decrees. Some of the rejection of sex came from people like the apostle Paul, who was planning for the world ending any day, or from someone like Peter Lombard, a 12th century bishop who believed the Holy Spirit fled the room during marital sex. Lombard did advocate for marriage being recognized

as a sacrament, but once it was, that simply made for more opportunities to control sex.

The issue of family planning was the subject of a heated debate in Catholic circles during the Vatican II conference in Rome during the 1960s. At that time, a Vatican-appointed Birth Control Commission voted overwhelmingly to recommend that there was no obstacle in church teaching preventing the church from rescinding its ban on artificial contraception. However, the pope balked, concerned that it would mean other church teachings would also be called into question. Instead, the hierarchy chose to look backwards rather than forwards, and kept the contraception ban in place.

More recently, in 1975 the Congregation of the Doctrine of Faith released "Persona Humana – A Declaration on Certain Questions Concerning Sexual Ethics," which laid out the Vatican's response to what it saw as a "corruption of morals" that was found in the "unbridled exaltation of sex."

Much of the repressive Catholic tradition on sex reflects the good, albeit misguided, intentions of some to devise a doctrine on sex that would bring Catholics closer to God. It also reflects the bad intentions of a few to assert control over the private lives of Catholics and non-Catholics alike. It reflects an unwillingness to change once-relevant doctrine and thought to respond to the needs and knowledge and scientific facts of our modern world.

The issue is no less important when we consider how we should educate our young people about sex and sexuality. We have come up with our own ten commandments about how young people might be best served in the discussion about sex education.

10 Ways you can think about making sex education work

1. Don't take religious leaders' representations of church teachings on sex and sexuality at face value – listen to religious people and see how they act.

2. Most religious traditions urge believers to follow their consciences, respect individual dignity and look after their own well-being while living harmoniously with others – all good reasons to share good information about sex.

3. Talk plainly about sex – even to clergy. There's no need to sneak it in under milder language for fear of offending them. For example, in England the Catholic Education Service, which is funded by the bishops, came out in favor of the government's Sexual and Relationship Education programme and hoped parents would not exercise their right to opt out of programme.

4. Children and adults can sense a hidden agenda a mile away, so focus on the values they already have, rather than trying to instill new ones. Meet people where they are, help them discern what they believe and why, and give them the best information to make their own decision.


RELIGION AND
SEXUALITY EDUCATION

5. Remember, most parents support some type of sex education because they want what's best for their kids.

6. Relationships are best talked about with someone you have a relationship with. We believe parents are the best place for sex information to start, but teachers can be a great help.

7. Being sensitive to religious concerns does not imply catering to the most extreme and backwards views within a religion. For example, the overwhelming majority of Catholics disagree with the hierarchy's opposition to contraception, divorce and premarital sex, and only two per cent of American Catholic women use the Vatican-approved natural family planning.

8. Recognize when it is the "immoral" rather than the "moral" that is motivating religious leaders. Many Catholics recognize that a fear of losing power and moral authority over issues pertaining to sex and sexuality is what drives the hierarchy's approach to sex.

9. You may be surprised at how many people – and regions – can get behind good information. Mexico, for example, is a country that is overwhelmingly Catholic. In 2006 it adopted government-sponsored textbooks that included quality educational materials on sex and relationships. The bishops asked the government to recall the textbooks, but the decision to use a scientifically based curriculum in government-run schools was upheld.

10. Work according to families' timelines - not the clergy's. In the Catholic Church, like many religious traditions, time is measured in centuries. Vatican teachings on contraception were overwhelmingly rejected once modern methods of family planning became widely available, but the hierarchy stubbornly held on to them. Families' decision-making process is much more immediate – as are concerns about sex education. If someone is stonewalling, they are probably out of touch with these needs. ■

Results Working Group 8:

Ensuring rights-based approaches

compiled by rapporteur **Beenish Farhan Hashwani**, Project Coordinator-HIV & AIDS / RH, Church World Service, Pakistan

Input: **Paul Hunt**, Professor and a Member of the Human Rights Centre at the University of Essex, Essex, UK

Moderator: **Louise Finer**, International Advocacy Manager, Center for Reproductive Rights, USA

Participants

Eva Schoening, Project Advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Germany

Benedicto Kondowe, Civil Society Coalition for Quality Basic Education, Lilongwe, Malawi

Nida Mushtaq, Youth Coalition for Sexual and Reproductive Rights, Pakistan

Guiding Questions:

1. **What are the key contributions (the ‚value-added') of a rights-based approach to sexual and reproductive health and rights and the link to education?**
2. **To what extent have human rights been used to promote sexuality education, either by influencing policy or by taking law cases? When and under which conditions have these initiatives been successful? Please give specific examples!**
3. **In which way could national human rights institutions play a role in (a) the promotion of balanced, culturally sensitive, scientifically-based, comprehensive sexuality education and (b) holding governments accountable for their human rights obligations to put in place appropriate sexuality education? What if any are/were the barriers?**

1. What are the key contributions (the 'value-added') of a rights-based approach to sexual and reproductive health and rights and the link to education?

Current situation / experiences / problems / challenges:

Key human rights relevant to sexual reproductive health and rights (SRHR) include the rights to education, information, life, health, equality and nondiscrimination. These human rights are integral features of the "International Bill of Rights" i.e. the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights.

Other critically important and binding international human rights treaties are also highly relevant to sexuality education, such as the "Convention on the Elimination of All Forms

of Discrimination against Women (CEDAW)" and the "Convention on the Rights of the Child (CRC)". All countries in the world (bar two) are legally bound by CRC.

Moreover, there are very relevant non-binding (but compelling) consensus documents, such as the International Conference on Population and Development Programme of Action (ICPD, 1994) that recognize the rights and needs of young people to sexuality information and education as a critical element of their development.

Note that relevant human rights encompass both civil and political rights (e.g. the right to information), and economic, social and cultural rights (e.g. the right to health), as well as the right to education, which can be placed in both these categories of human rights.

A rights-based approach is not a panacea – it does not bring magic solutions to very complex issues – but it has a contribution to make. For example:

1. If a human right forms part of binding international or national law, governments are required to implement it. Implementation is not optional.
2. Governments can be held accountable in relation to their human rights obligations.
3. The consistent and systematic application of a rights-based approach provides a compelling way of ensuring that governments do not overlook important elements of human rights, including sexuality education.

A rights-based approach could provide useful perspectives in different situations, including humanitarian settings. For example, conflicts may arise between women in IDP camps (internally displaced person), and camp leaders who may want to increase population in the camp for political reasons. A rights-based approach would provide an important tool for resolving these competing interests. It also empowers men and women, to make use of the rights that they have.

Recommendations:

– Empowerment of communities to contextualize, internalize and apply the human rights-based approach (HRBA) as a way of achieving, sustainability of sexuality- education.
– Human rights are not optimal-name and shame where necessary and useful, drawing on legal obligations. The human rights demand accountability, which comes in many forms.
– Ensure the meaning the HRBA is understood at individual level-human rights are for human beings- the key values are universal.

2. To what extent have human rights been used to promote sexuality education, either by influencing policy or by taking law cases? When and under which conditions have these initiatives been successful? Please give specific examples!

Current situation / experiences / problems / challenges:

Three illustrations:

1. In a law case taken against Croatia, the European Committee of Social Rights

decided that, under the European Social Charter, governments are required to provide sexuality education to young people on a scientific and nondiscriminatory basis. The Committee recommended that such education should be provided throughout the entire period of schooling, and said that governments are required to ensure that sexuality education programmes do not reinforce stereotypes or perpetuate prejudices regarding sexual orientation. (INTERIGHTS v Croatia, Complaint No.45/2007).

2. Various UN treaty-monitoring bodies have urged numerous governments to introduce or improve accurate and objective sexuality education as a means to reduce maternal mortality, abortion rates, adolescent pregnancies, and HIV/AIDS prevalence.

3. Between 1998 and 2009, the US federal government invested more than US$1.5 billion in promotion of abstinence-only-until-marriage programmes. Under President George W. Bush, abstinence became the leading federal government strategy for dealing with adolescent sexuality. In 2009, during the Obama Administration, most federal support for domestic abstinence-only programmes ended and funding shifted to science-based approaches and to teen prevention (although some abstinence-only funding was revived by Congress in 2010). There is evidence that human rights – as well as health – arguments contributed to the Obama Administration's decision to move to science-based approaches. Opposition to US domestic abstinence-only programmes also came from constitutional litigation.

Regarding 1 (Croatia) and 2 (treaty-body recommendations), more research is needed to ascertain the degree to which these interventions actually impacted on national law, policy and practice.

Recommendations:

- Identify good practice of where HRBA is useful and being-implemented – conduct research;
- Raise awareness of human rights (HR) standards on sexuality education with governments, market their use with non governmental organizations (NGOs); Inter-agency guidelines, UN special Rapporteur on education report;
- Recognize the successes so far of the HRBA – inter-agency guidelines, withdrawal of US abstinence policy;

– Outreach to faith-based leaders to get them on board so they can influence sexuality education positively: eg work so far on female genital mutilation (FGM) and HIV prevention;
– Encourage specialized agencies to raise concerns about policies (privately) with governments.

3. In which way could national human rights institutions play a role in
a) the promotion of balanced, culturally sensitive, scientifically-based, comprehensive sexuality education and
b) holding governments accountable for their human rights obligations to put in place appropriate sexuality education?
What if any are/were the barriers?

Current situation / experiences / problems / challenges:

During the group discussions it was strongly felt that national human rights institutions (NHRIs) play a pivotal role in both the promotion of sexual reproductive health and rights (SRHR) education and also in being able to hold governments accountable. Given that there are many different forms of accountability, and mechanisms that can implement accountability, NHRIs play an important role. NHRIs need to advocate that sex education is a right and not something that can be kept at the discretion of governments to implement or not. For this NHRIs need to mobilize civil society organizations (CSOs) and enhance their capacity so that mass advocacy can be created to promote balanced sexuality education.

Governments often ratify numerous conventions on human rights but either fail to or forget to implement them. In such a situation NHRIs can be instrumental in reminding the governments their obligations to the state. Also 'shadow reports' are an extremely useful tool which NGOs and NHRIs can employ.

Recommendations:

– International agencies should unpack terms used to help practical implementation in different contexts, e.g. using different 'language' and materials.
– Ensure UN agencies use their own guidelines raise awareness within agencies.
– Enhance capacity of civil society to prepare and present reports to available HR mechanisms (e.g. shadow reports, Universal Periodic Review (UPR) on sexuality education and HRBA.
– Encourage NHRIS to use all their powers: prepare reports (including UPR), draft guidelines for national implementation, provide platform for discussion
– NHRIs should be supported by civil social, bilateral and UN agencies to do this. A problem might be when NHRI lacks independence or relevance.

Input Working Group 8:

Ensuring of rights-based approaches

Paul Hunt,

Professor and a Member of the Human Rights Centre at the University of Essex, Essex, UK

What are the key human rights relevant to sexual and reproductive health education, or sexuality education?

They include the rights to education, information, life, health, equality and non-discrimination. These human rights are integral features of the International Bill of Rights i.e. the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights.

Other critically important and binding international human rights treaties are also highly relevant to sexuality education, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). All countries in the world (bar two) are legally bound by CRC.

Moreover, there are very relevant non-binding (but compelling) consensus documents, such as the International Conference on Population and Development Programme of Action (ICPD, 1994) that recognizes the rights and needs of young people to sexuality information and education as a critical element of their development.

More recently, African Ministers of Health (2006), and Latin American Ministers of Health and Education (2008), have each adopted Ministerial Declarations that are framed by human rights and commit their governments to concrete actions to provide sexuality education.

In 2010, the UN Special Rapporteur on the Right to Education (Vernor Munoz) devoted an important report to "the right to sexual education". (A/65/162, 23 July 2010)

Note the relevant human rights encompass both civil and political rights (e.g. the right to information), and economic, social and cultural rights (e.g. the right to health), as well as the right to education, which can be placed in both these categories of human rights.

So what does a rights-based approach bring to the issues? What is the 'value-added' of a rights-based approach?

A rights-based approach is not a panacea – it does not bring magic solutions to very complex issues – but it has a contribution to make. For example:

1. If a human right forms part of binding international or national law, governments are required to implement it. Implementation is not optional.

2. Governments can be held accountable in relation to their human rights obligations. In other words, they can be asked to explain what they have done to honor their human rights commitments. Accountability may come in many forms e.g. through Parliament, local councils with oversight of local schools, national human rights institutions, the courts, the media, civil society, UN procedures, and so on. Regrettably, accountability arrangements for many human rights are weak. They need strengthening.

3. In recent years, we have developed ways of understanding – or 'unpacking' – some human rights, including the rights to education and health. We have learnt that these complex rights place a range of requirements (i.e. do's and don'ts) on governments. For example, a government must listen to young people's wishes, put in place out-reach programmes for disadvantaged populations, ensure health education is informed by scientific evidence, and so on. History shows that governments often 'forget' to do these things. The consistent and systematic application of a rights-based approach provides a compelling way of ensuring that governments do not overlook important elements of human rights, including sexuality education.

Have human rights been used to promote sexuality education, either by influencing policy or by taking law cases?

Three illustrations:

1. In a law case taken against Croatia, the European Committee of Social Rights decided that, under the European Social Charter, governments are required to provide sexuality education to young people on a scientific and non-discriminatory basis. The Committee recommended that such education should be provided throughout the entire period of schooling, and said that governments are required to ensure that sexuality education programmes do

not reinforce stereotypes or perpetuate prejudices regarding sexual orientation. (INTERIGHTS v Croatia, Complaint No.45/2007).

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Regarding 1 (Croatia) and 2 (treaty-body recommendations), more research is needed to ascertain the degree to which these interventions actually impacted on national law, policy and practice.

Is there a role for national human rights institutions in relation to sexuality education?

To be discussed in the workshop. For example, could these national human rights institutions provide technical guidance on sexuality education to schools, colleges, Ministries of Education, and so on? Could they hold workshops for teachers? Could they hold a public enquiry into the extent and quality of sexuality education in their country? Could they receive, and adjudicate upon, a complaint about the inadequate provision of sexuality education?

Recommendations

To be discussed in the workshop, for example:

1. Clarify how a rights based approach to sexuality education can be operationalized.

   To what degree, if at all, would this be different from the very helpful International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators, published by UNESCO, UNFPA, WHO and UNAIDS in 2009.

2. Eliminate legislative barriers to comprehensive sexuality education.

3. Encourage the design and implementation of comprehensive sexuality education, focusing on gender (e.g. patterns of male behavior), respect for diversity and human rights.

4. Provide high-quality, specialized teacher training for sexuality education.

5. Look beyond the education sector to e.g. the media, civil society organizations, and the health sector.

6. Encourage the inclusion of families and communities in curriculum design and implementation, while grounded in pluralism, human rights and scientific information.

7. Encourage the engagement of national human rights institutions in these issues.

8. Enhance accountability mechanisms in relation to sexuality education;

9. Encourage relevant UN treaty-bodies and other international/regional human rights procedures to address sexuality education in their work. ■

Critical reflections by youth representatives regarding the first conference day

Lucky Crown Mbewe,
Executive Director, Youth Empowerment and Civic Education (YECE), Lilongwe, Malawi

I think that the presentations were rich and the number of issues concerning young people came out clear. But I feel that still there were some areas that did not come to light of the day during the other presentations.

In most societies, like in the Malavian for example, you see that a lot of programmes dealing with people living with HIV and AIDS are largely dominated by older people, the adults. The young people are not involved, are not seen in the programmes. In some groups I attended at this Dialogue I felt it was the same.

In addition to that, I realized that the issue of young males was under-represented. Young boys are at an age where they change a lot. Boys are also key in terms of initiating dialogue about sexual intercourse, among other things. But in most of the programmes, they are left out. Programmes mostly focus on girls, maybe because they are the ones who become pregnant. I think it is important to also bring boys into the lime light, so that they are seen to be agents of change.

Another point I would like to mention: most programmes target young girls within the age bracket 14 to 18. But some of them get pregnant during this age range. In some societies, they are left out in programmes targeting girls between 14 and 18, since they are regarded

as mothers. But we still need to regard them as teen mothers. What programme do you have for these teen mothers? I feel all participants should also take a critical look at that.

Finally, we should talk about the issue of the involvement of young people. Often they are regarded to be deaf in our programmes. I think this fact did not come out clearly in all groups.

Faiza Aziz,

Co-Chairperson at Youth Advocacy Network – Pakistan, National Youth Network (YAN), Pakistan

I have never seen such a diverse group of people come together under one roof and work together on such issues. I believe that is a wonderful effort. Another thing that I really liked was: everyone participated; everyone contributed, because when it comes to a big group of people, it is kind of hard to get everyone involved. But I think it has been managed wonderfully and everyone gave the best input.

The point that I find missing is, again, youth participation, because if you are talking about the youth, the age bracket is actually under 25. You don't actually see young people here. Of course, you see young people who are young at heart, but not young people. So I think that is what we are missing, because all these issues are going to be implemented for youth.

Another point is the recommendations that we are working on, what is the situation concerning a follow-up mechanism? That is, I believe, something we all need to work on.

Talking about Pakistan I would like to add that 64 per cent of the population of Pakistan actually youth, are under the age of 29, which is a big chunk of the population, the number of abortion is 900,000 abortions per year. Every third woman in South Asia has been sexually abused or harassed. All these facts actually tell us that this is a very critical, sensitive issue.This is something that we need to start working on.

In Pakistan, as far as the government is concerned, it's been pushed forward. The agenda is there, but when it comes to the parliamentarians: they are working on it, but you know it is hard to get everyone's agreement to it. So this is something that has to be worked on at that level, has to be pushed. People are working on the ground level. The implementers are also working, but on that level we are still struggeling for.

I believe the first thing starts from the awareness of what everyone has been doing for the past few years. I think it is time to move on to the next level, which is the sexuality education, so that everyone actually gets to learn what it is about. It definitely needs consistent efforts.

Irena Ermolaeva,

Director, Asteria, Bishkek, Kyrgysztan

What I would like to add is that in our country youth participation is necessary at all levels and in all areas. For all programmes and projects in the field of sexual and reproductive health and rights (SRHR) concerning formation and services questions of participation of young men at all levels should be planned as an important part of the programme. Only under these conditions may we speak about an increase in potential for youth and a society with sustainable development.

Country cases Kyrgyzstan, Malawi, Pakistan

October 20, 2011 (Day 2)

Recommendations country working group Kyrgyzstan

Moderator: **Joachim Schmitt**,

Division Health, Population Policy, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Each country group met in a separate room with required translation from Russian-English-Russian. Setting the scene at the beginning of the Session will be not longer than 30 minutes. In working group of Kyrgyzstan there was an input by youth (via video), government and donor representatives as well as representatives of civil society.

They based on questions identified beforehand through a consultative process. Above mentioned stakeholders set the scene for their countries and specifically described current opportunities and challenges in youth engagement, inter sectoral cooperation and their SRHR action context. The presentations took into account that about half of the members in each group had no specific knowledge about the country and it enabled participants to get the different perspectives of the stakeholders involved. Each representative was asked to address, as much as possible, both health, as well as educational aspects.

Sub-working groups – World Café

Sub-working groups were focused on one of these clusters of questions and applied, where applicable, the problem solving recommendations from Day 1 groups.

Moderators of special groups:

Joachim Schüürmann,

Senior Medical Advisor, Office Central Asia, KfW Entwicklungsbank, Bishkek, Kyrgyzstan

Chirkina Galina,

Alliance for reproductive health, NGO “Reproductive health alliance”, Bishkek, Kyrgyzstan

Larisa Bashmakova,

United Nations Development Programme (UNDP), Support of government in HIV/Aids prevention, Bishkek, Kyrgyzstan

The setting was like a World Café. That means three tables, with about 5-9 participants each (mix of country experts and others, government, donor representatives and civil society) sitting round the table, one being the host. There were two rounds of discussions and each of them lasted around 50 minutes.

Outcomes of each subgroup were presented by table hosts to whole country group and specific recommendations for national development cooperation action consideration had been agreed.

The questions regarding the country working group Kyrgyzstan had been identified as follows:

I. How to improve access to SRHR-services? This question implies the following dimensions of social protection, geographical inequities in availability, accessibility, acceptability and quality of SRHR services (urban versus rural SRHR-services) and the necessity of established referral systems.

II. How to improve access to information in the formal and non-formal education sector? How to make use of other actors besides teachers, such as religious leaders, social workers, police officers, media in order to improve access to SRHR-education? How to integrate traditional values and belief systems into SRHR-education?

III. How to strengthen and harmonize cooperation between Ministry of Education, Ministry of Health, Ministry of Youth, national HIV/AIDS programmes, NGOS and donors (in order to integrate comprehensive sexuality education in national curricula and HIV prevention programmes)?

Expected outcomes:
The outcome of each country working group had been presented in a wrap up and discussion in the afternoon of Day 2, October 20, 2 pm.

Kyrgyzstan country group table I:
How to improve access to SRHR-services? This question implied the following dimensions of social protection, geographical inequities in availability, accessibility, acceptability and quality of SRHR services (urban versus rural SRHR-services) and the necessity of established referral systems.

Direction	Tasks	Activities	Indicator
Work with advocating elements, i.e. people, organizations, parliamentarians + invest in facilitating this (donors, NGOs)	Advocacy: - parliament - public - culture/religion	Demand creation for services --- push from youth needs to advocacy	Information about demand and action (best practices) are available Find allies in the media
Support sexual and reproductive health (SRH) expertise development in Ministry of Health (MoH), Ministry of Education (MoE) and at decentralized level (village health committees?)	Capacity: - health - education	Capacity building on multi-level in the field of SRHR (from parliament to health service provider)	Services are youth friendly (attitude of service provider)
Decide on service delivery modality in line with strategy (MoH?)	Standards implementation	Quality assurance and quality control of SRHR services	
Identify steps/goals to be integrated in structure of corporations	Develop integrated policy that includes promotion of SRHR	Inter-sectoral coordination: - various ministries - village health committees	Established coordination mechanism
Engender SRHR services to get young men on board = change agents = target group			
Expand funding of SGBP			
Peer to peer parents/ youth groups in helping each other			
Support to Non Governmental Organizations (NGOs)			

Kyrgyzstan country group table II:
How to improve access to information in the formal and non-formal education sector? How to make use of other actors besides teachers, such as religious leaders, social workers, police officers, media in order to improve access to SRHR- education? How to integrate traditional values and belief systems into SRHR-education?

The aim was to think out concrete suggestions for benefitting from bilateral cooperation of two countries and support which provided by Germany in the field of SRHR and integrate this issue into education system and non-formal education on SRHR.

Suggestions of the group 2:

Formal education (includes basic education, VET and high education levels)	Non-formal education (out of school education, education provided by NGOs and youth organizations based on "peer to peer" approach for vulnerable and non-organized youth)
Political will in order to promote SRHR education on qualitative level in formal and non-formal education it's important to have political will which means: - Availability of national programmes developed and funded by state budget (youth policy, programmes on SRHR, national curricula) - Commitment of government in front of international society - Availability of corresponded indicators of the programmes - Effective inter-ministerial cooperation in implementation of the programmes on sexual education (key ministries: Ministry of youth affairs, Ministry of education, Ministry of health) - Active participation of youth in planning, implementation and evaluation of the programmes (it's important to take into account capacity of the youth speakers who would say about problems and needs of youth on the level of the Government and decision making level).	
Donors Donors should have integrated approach in identifying priorities, funding and promotion of the sexual education in Kyrgyzstan - Coordinated funding and enough duration - Securing availability of the resources and support in time (absence of bureaucracy and concrete work plan) - Push enough pressure on the Government in terms of international commitments (including Millennium Development Goals)	
Formal education approach - Availability of education session included into education system (curricula) - Availability of enough quantity of the books and visual teaching materials - Support and development of the education system in terms of integration of SRHR issues	**Informal education approach** - Availability of topics and methodology for specific groups of youth taking into account their needs and informing level as well as risky behavior - Access to alternative projects and informal type of youth informing and education - Visual materials and IEC materials are adapted for marginalized youth and vulnerable youth
Personnel - Availability of prepared teachers who are able to work with youth in the field of sexual education - Sexual education should be a part of Pre- and post graduate education of personnel - Appropriate trainings - Experience exchange	**Personnel** - Availability of the trainers and instructors who have skills to work on 'peer-to-peer' basis -NGO has to have enough capacity to train and support trainers - Appropriate trainings - Experience exchange
Standards and methodology Common and unified standards of sexual education are required and commitment should be from formal education side as well as informal education side: - Methodology - Adaptation according to age and group - Replication of materials	

Mass media

Mass media should be involved in promotion of the sexual education of the youth:
- Capacity building of mass media in development of editorial policy,
- Development of publication and public opinion in issues related SRHR of youth teenagers of Kyrgyzstan

COMMUNITY
- Support from parents and family
- Support from pedagogical and medical community
- Support from public leaders
- Support from religious leaders
- Involvement of youth and capacity building of youth leaders and youth NGOs

COMMUNITY
- Participation and support from local community
- Capacity building and improving level of awareness of social workers in the field of SRHR related to youth
- Co-dependants and members of their families with vulnerable youth should actively participate and support to sexual education
- Participation of youth from vulnerable groups and capacity building of them
- Religious community should be better informed and involved

INTEGRATION

Availability of support system for teenagers in informing and educating in order to demand services and resources:
- School nurse or doctor
- Youth friendly cabinets/clinics
- Accessible free of charge condoms and contraceptives
- Available hotlines, counseling of the psychologists and individual work with teenager

INTEGRATION

Youth and teenagers from marginalized group and social exclusive groups should have access to:
- Youth friendly services through specialists of NGOs or youth friendly cabinets/clinics
- Accessible free of charge condoms and contraceptives
- Access to diagnosis, treatment of STI/HIV, abortions and pregnancy services
- Available hotlines, counseling of the psychologists and individual work with teenager
- Organizations which work with this group of youth should take into account their needs in SRHR (police, shelters, asylum, NGOs)

Kyrgyzstan country group table III:
How to strengthen and harmonize cooperation between Ministry of Education, Ministry of Health, Ministry of Youth, national HIV/AIDS programmes, NGOS and donors (in order to integrate comprehensive sexuality education in national curricula and HIV prevention programmes)?

The third working group started from strengths, weaknesses, opportunities, and threats (SWOT) analysis in terms of cooperation:

Strengths	Weaknesses	Recommendations/concrete steps toward improving cooperation
National policy promotes cooperation between different partners including civil society	Coordination and cooperation is fragmentized by sectors (HIV sector, youth sector, education reform sector etc.)	Mapping of the major projects supported by donors
Country coordination mechanism (CCM) in HIV/AIDS prevention field is working more or less effectively	Competition between governmental structures and between governmental structures and NGO sector	Conference/Round table with participation of all stakeholders for better cooperation with concrete aims and goals
Sector wide approach (SWAP) is functioning during the last several years and coordinates all issues including SRHR and HIV prevention	Missing link between SRHR and HIV strategies	Link up activities within each of the directions (Healthy life style in education sectors, SRHR, HIV etc)
There is SOME cooperation between religious leaders and Govt/NGOs.	Cooperation between international organizations and Govt is dominated by international organizations	Engage parents counsel/school directors into SRHR activities including advocacy
	Sector wide approaches (SWAP) and CCM are two separate coordination mechanisms	Strengthen cooperation within SWAP/capacity of Govt to coordinate
	There is SOME cooperation between religious leaders and Government/NGOs.	Technical support to Ministry of youth affairs for better coordination of the partners.
		Strengthen monitoring and evaluation capacity of the ministries

Country working group Kyrgyzstan

Input from representative government

Larisa Sosnitskaya,
Deputy Minister, Ministry of Youth Affairs, Kyrgyzstan

Sexual and reproductive health of youth in the context of development of a youth policy in the Kyrgyz Republic[1]

Background

Kyrgyzstan is a mountainous country in Central Asia (mountains occupy 90 per cent of its territory) with an area of 198,500 km2 and a total population of 5,482,000 Million. By the end of 2010, 1,684,450, or round about 31 per cent of the total population are young people between 14 and 28 years old. 50.5 per cent of the youths are male, and 49.5 per cent female

Legal Framework of State Youth Policy in the Kyrgyz Republic (KR)

There are several laws regulating the youth policy of KR

- Law No. 256 of the KR "On the Principles of State Youth Policy" dd. 31 July 2009; Decree No. 173 of the President of the KR "On a Concept of Youth Policy" dd. 14 April 2006;
- Strategy of the Kyrgyz Republic Ministry of Youth Affairs for the development of a state youth policy up to 2015;
- Law on the reproductive rights of citizens;
- National strategy for the protection of sexual and reproductive health of the population of the Kyrgyz Republic from 2015 onwards;
- Other acts and regulations on youth policy.

1_The following text was taken from a Russian power point presentation.

Situation of youth in Kyrgyzstan

Two-thirds of all young people (70 per cent in totals) live in rural areas.

628,930, or 37.3 per cent of young people, are students, 320,889 thereof pupils in of primary and secondary schools, and 221,707 in higher professional education institutes.

855,000 young people (50.7 per cent) participate in various forms of economic activity, including 734,800 (85.9 per cent) employees - 61.2 per cent thereof are males, and 38.9 per cent females.

Of those employed in the civil service, 18.8 per cent are youths. According to statistics, about 20 per cent of Kyrgyz youths neither attend school, nor seek employment.

All youth can be classified in the following categories depending on their social, territorial and age-related characteristics, occupations and other gender- and ethnicity-related criteria:

- Pupils;
- Students;
- Migrants;
- Rural youth;
- Youth in military service;
- Youth employed in state and municipal service;
- Youth with handicaps and disabilities;
- Religious youth;
- Marginal and deviant youth.

In compliance with Decree No. 26 of the KR Provisional Government "On the Formation of the Kyrgyz Republic Ministry of Youth Affairs" dd. 26 April 2010, the Kyrgyz Republic Ministry of Youth Affairs was established.

Youth Policy

The main directions are:

- Civic education of youth, formation of moral and ethical values, responsibility and patriotism in the young generation;
- Formation and promotion of a healthy life-style support for the availability of youth-friendly services;
- Involvement of youths in the area of environmental protection and sustainable development;
- International youth cooperation.
- Procedures to implement policies to further the development of young people, including issues of sexual and reproductive health;

By now, a draft "Strategy for the Sexual and Reproductive Health of Youth in the Kyrgyz Republic up to 2015" has been developed with the support of the United Nations Population Fund (UNFPA) and Y-PEER, the "Youth Peer Education Network". The implementation of this strategy is to be kicked off in 2012.

Strategy for Sexual and Reproductive Health of Youth in the Kyrgyz Republic up to 2015

Tasks and Goals are:

1. To improve and ensure that young people and adolescents in the Kyrgyz Re-

public have access to high-quality education in matters of sexual and reproductive health in secondary school;

2. To develop prevention and education programmes on the national and local level;

3. To include issues of sexual and reproductive health in teacher-training programmes.

Kyrgyz Republic Ministry of Youth Affairs

The ministry currently is working on:

– Strategy of the Kyrgyz Republic Ministry of Youth Affairs for developing a state youth policy up to 2015;

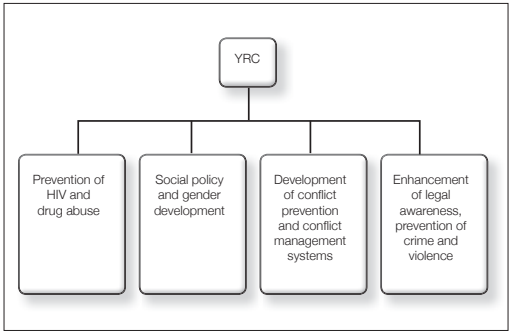
– Project "Youth Resource Centre" in collaboration with Deutsche Gesellschaft

für Internationale Zusammenarbeit (GIZ GmbH;

– Care Hotline: 0800 300238.

– For the purpose of involving young people in building peace, trust and awareness, Youth Resource Centres have been opened under the auspices of the Ministry, in collaboration with the GIZ.

Activities of the Youth Resource Centre (YRC) under the Kyrgyz Republic Ministry of Youth Affairs



Goals of the Youth Resource Centers under the Ministry of Youth Affairs:

1. Promoting the necessary collaboration between governmental and non-governmental organizations, targeting young people aged between 14 and 28;
2. Creation of ways and means for finding solutions focused to the problems of youth;
3. Enhancing the potential of organizations working with and for youth;
4. Development of essential skills including leadership qualities, a healthy life-style, creative skills as well as provision of alternative courses for young people;
5. Promotion of the protection of youth interests and rights;
6. Building of civic awareness and encouragement of youth participation in society by creating local youth activist groups, through youth organizations and education of leaders, and through dissemination of information on youth issues.

The Ministry of Youth Affairs defines the following measures aimed at integrating the objectives of sexual and reproductive health amongst young people into state youth policy:

1. Strengthen the role and participation of young people in the formulation of state youth policy, in the planning, monitoring and evaluation of national programmes and projects, including those concerning the sexual and reproductive health of young people.
2. Increase the sensitivity of the state policy to the problems of youth.
3. Set up a system of monitoring and assessing the implementation of state youth policy.

KYRGYZ REPUBLIC MINISTRY OF YOUTH AFFAIRS
MORE INFORMATION:
HTTP//: WWW.JASHTAR.KG
BISHKEK, UL. RAZZAKOVA 8/1,
TEL.: +996312 300-688
FAX: +996312 300790
E-MAIL: KENESH.KG@GMAIL.COM

Country working group Kyrgyzstan

Input from representative donor

Marion Urban,

Head of Division "East and Central Asia", Federal Ministry for Economic Cooperation and Development (BMZ), Germany

German Development Cooperation in Central Asia and especially in Kyrgyzstan is focusing on health and sustainable economic development which is broadly including capacity building and education. The perspectives of youth play an increasing role in our cooperation. Therefore I'm particularly excited to have the opportunity to give an input from a donor's point of view.

We encourage the Kyrgyz's Government to adequately consider sexual and reproductive health within national strategies and implement them.

Ten challenges from our point of view:

- Appropriate consideration within the health reform programme Den Sooluk 2012-2016;
- Legislative recognition of sexual reproductive health and rights (SRHR) to ensure free and informal choices regarding SRHR;
- Full coverage of SRHR costs by the State Guaranteed Benefit Package;
- Adequate inclusion in medical education and postgraduate trainings;
- Integration in national education strategies (inclusion in curricula, ensuring teaching quality and availability of materials);
- Expansion of youth friendly services under confidentiality conditions;
- Establishment of intersectoral coordination mechanisms of state actors and non-state actors, including relevant NGOs and youth representatives;

– Support to youth NGOs, delegation of tasks to NGOs;
– Making access to and availability of family planning products secure and affordable;
– Special attention to access in rural areas.

Germany stands ready to support the Kyrgyz's efforts in the field of SRHR. I am pleased to share with you some examples:

– Kyrgyz Government is working on an new strategy for 2012–2016 building on the results of the past reform agenda. The Worldbank, Swiss and Germany are ready to support the strategy financially, if consistent approaches are identified (the German part of the support would be 10 million Euro).

– Regarding mother-child-health, we agreed in the government negotiations in September to support Kyrgyzstan with an additional 4 million Euro, building on our previous efforts of 10.5 million Euro. The target is to build up perinatal centers of the highest care level as well as to strengthen the respective reference system – especially in rural areas in the south.

– Within technical cooperation in the health sector, we focus on improving the service offers in the field of reproductive health, but also are working in the pilot regions Issyk-Kul and Chuy-Oblast – together with the village health committee on health education.

– In Kyrgyzstan, preventive measures in the youth sector recently developed promising and dynamic. German Development Cooperation is teaming up and supporting the Youth Ministry. One interesting initiative was the foundation of a national resource centre which serves as a documentation centre for interested organizations, as well as directly offers trainings for youth. Important is also the development and testing of innovative approaches, on how to reach youth in an appropriate way. This is including the recently developed instrument of „mobile info tour", a joint initiative of the Youth ad Labor Ministry, in order to educate young people about training and employment opportunities as well as youth programmes and healthy lifestyle.

– As Minister Dirk Niebel pointed out, we promote participative approaches, like the „join-in-parcours" regarding the topics of AIDS, love and sexuality. Youth of all ethnic groups take part in the learning process and develop joint solutions.

Germany has high respect for the democratic path Kyrgyzstan has chosen. Real democracy, diversity of opinion and a lively civil society are essential framework conditions to promote SRSH. The international donor community and Germany are willing to accompany the Kyrgyz people on this way.

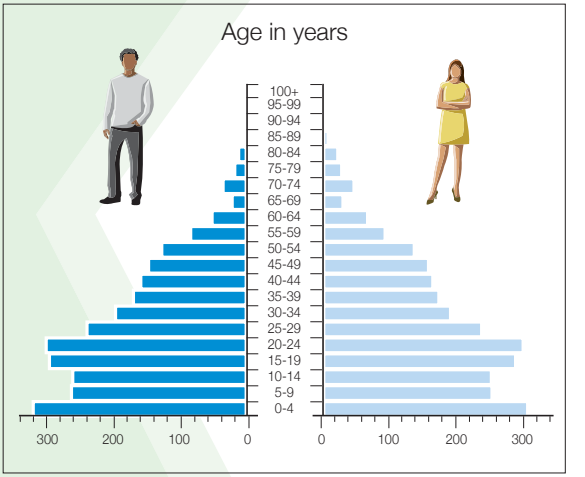
Country working group Kyrgyzstan

Input from representative non-state actor

Irena Ermolaeva,
Director, Asteria, Kyrgyzstan

Sexual and reproductive health and rights (SRHR) among young people in Kyrgyzstan: the need for services and education

Population pyramid according to age and gender, 2011 Kyrgyzstan



According to an estimate of the consistent population of Kyrgyzstan at the beginning of 2011 – 5,478,000 people, of which 1,680,000 (31 per cent of the overall population) are young people aged 14 – 28.

Analysis of the demographic situation

- Upward growth in population. Birth rate in Kyrgyzstan 25.2 per 1,000 people;
- Higher growth in the number of young people aged 15 – 29 compared to the general population, requiring special programmes for young people at all levels and in all areas of social and economic support;

– Growth in internal and external migration activity among young people, with minimum support.

Sexual and reproductive health and rights (SRHR) among youngsters and teenagers

– **Sex education**: over the last few years, under the influence of a society dominated by religion and parental values, sex education was almost completely excluded from the educational system. Only a weak effort was made to embrace some SRHR aspects (the "Healthy Schools" programme in 71 schools, and the "Healthy Lyceum" programme in 17 lyceums);

– Today, there is no standard in Kyrgyzstan for sex education, just as there is no uniform method for teaching SRHR issues in schools;

– **Basic sources of information** on sexual health for young people and teenagers are friends (up to 50 per cent), the street (up to 37 per cent) and the mass media.

– Every year in Kyrgyzstan, teenage births account for 8 per cent to 10 per cent (2010) of the overall number of births registered;

– The largest share of abortions are among women aged 20 – 29 (52.5 per cent). According to the official statistics, an average 2 per cent to 2.5 per cent of the 26,000 – 30,000 abortions registered every year are by teenagers under 18. However, independent research points to inadequate statistics in this area (only one in eight abortions registered);

– Young people aged 15 – 24 are most at risk from sexually transmitted diseases (STDs). Over the past 10 years, the average age of sufferers from STDs has decreased significantly in Kyrgyzstan, with cases of STDs among 12 and 13-year-olds already being registered;

– AIDS infections: of the overall number of infections, 26 per cent occurred through sexual activity, while infections through needle injection totaled 62 per cent. A quarter of the overall number of AIDS infections in Kyrgyzstan occurs among young people under 25.

Use of contraceptives

– The use of contraceptives among teenagers: among 12–14-year-olds, the proportion is 1.0 per 1,000 girls. Among

15–17-year-olds, the figure rises to 60.3 per 1,000 girls. In the given age ranges, preferred methods are condoms (68.1 per cent) and oral contraceptives (18.5 per cent);

– For many teenagers, contraceptives remain inaccessible for a number of reasons, such as their price, traditional and cultural social barriers which frown upon - or even prohibit - the use of contraceptives. Stereotypical attitudes on such issues are prevalent even among medical workers.

– Drug use: among young people and teenagers, the age at which drugs are consumed has decreased. Over the past three years, this has also applied to the use of opiates.

What we need

– Transparent programmes and projects to promote SRHR education and services should involve the young people themselves,

  At all levels: planning, implementation and evaluation

– Only under these conditions can we undertake to increase the potential of young people and promote stable social development.

You don't have to be old to be wise! ■

Recommendations country working group Malawi

Moderator: **Barbara Kloss-Quiroga**,
Head of Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

To set the scene, in the working group Malawi four short inputs gave the participants an overview over the actual situation in Malawi in regard Sexuality Education. The activities of United Nations Population Fund (UNFPA) were presented by **Emily Kamwendo**, **Thomas Staiger** from the Federal Ministry for Economic Cooperation and Development (BMZ) described the various engagements of Germany in the Health and Education sector. Civil society engagements were presented by **Benedicto Kondowe** from the Civil Society Coalition for Quality Basic Education. The representative from the Ministry of Health, **Hans Katengeza** explained the policy guidelines of the ministry concerning sexual and reproductive health.

Hans Katengeza, from the Reproductive Health Unit, Ministry of Health (MoH) Malawi stressed that there is a high unmet need for family planning/contraception in Malawi. HIV prevalence is 10.6 per cent and girls/young women are three times more vulnerable than boys/young men. There is high drop out of girls out of school due to early pregnancies. Mr. Katengeza stressed the need for youth friendly health services that work according to national standards within a youth policy. The need for training materials and monitoring and accreditation tools was stressed as well as he emphasized the substantial role non governmental organizations (NGOs) can play as training providers through mo-

bile services. As bottle necks Mr. Katengeza mentioned the scarcity of resources, insufficient male involvement and the role the private sector could play in providing youth friendly health services.

Simeon Hau, Principal Secretary, Ministry of Education, Republic of Malawi, could not deliver his input due to unforeseen difficulties to attend the conference. In his paper "Strategies for strengthening and harmonizing collaboration sexuality education" he described the holistic approach the sexuality education Malawi is taking up. (see page 130)

The working group was built of about 25 participants, with nearly equal gender representation, among them one third from Malawi and the majority older than 30 years. The following questions were discussed in a World Café setting during two rounds and wrap – up in the group before presenting the results in the plenary.

Question 1: How would you as an adolescent in Malawi an attractive SRH service like to be?

The discussion of the two rounds summarized the following recommendations:

1. Critically evaluate existing programmes and advocate for best practices making youth friendly services a priority area in donors and governmental commitments.
2. Define "youth friendly service" package through "triangulation". The aim of such a package would be to achieve normative change and address cultural barriers to sexuality education. This normative change can be achieved by "triangulation": technicians and beneficiaries / clients as well as "influential people" need to collaborate. Part of a youth friendly service is to provide a specific space and privacy.
3. Define the "right focus": equity, effectiveness etc. and be specific in addressing in-school vs. out of school; rural vs urban; boys / girls / young men / young women; young / very young; special needs (PLWHA).
4. Apply a comprehensive approach (service delivery and demand creation).
5. Ensure sustainability (political – economic analysis – how much invested by whom).
6. Identify and strengthen suitable implementing, accountability, and steering structures.

Question 2: Why should there be a link between sexuality education and human rights? How can we influence policy and law enforcement?

The discussion results specify recommendations for donors, government and NGOs

Donors

1. To engage with the government on human rights and sexuality education and especially the rights of girls;
2. To push for stronger dialogue on human rights through the United Nations;

3. To allocate sufficient youth centred funds through national platforms;
4. To support accountability interventions to ensure checks and balances;
5. To meaningfully engage with young people through dialogue to also learn from them using language acceptable by the young people;
6. To fund projects with focus on young women; 1/4 or 50/50 etc. for management, governance etc.

Government

1. Ensure coordination of all interventions;
2. Read and acquaint themselves from time to time on what they commited themselves;
3. Leave offices and listen, interact and engage with young people in their own localities;
4. Mainstream right-based approaches at all levels;
5. Use language acceptable by the young people.

NGOs/CSOs

1. Continuous engagement with government (MoH) on sexual and reproductive health and rights (SRHR) programming – clear mandate is needed;
2. Policy analysis and popularization of it;
3. Integration of human rights in programme delivery;
4. Engage in evidence based arguements (research) in our advocacy, e.g. to promote male circumcision. A strong comment was made in regard this question that there is an important role to play to advocate for and for leadership at the very highest level of the Government, in the President´s Office and the line ministries promote male circumcision.

Question 3: What in your point of view is the power and specific advantage of intersectoral collaboration between public service institutions, NGOs and Donors? What challenge do you envisage?

The discussion results specify recommendations for government, development partners, NGOs and youth

Government

The group's discussion considered that there is a need for a highest level commitment from the Office of the President to provide a budget and establish a national coordination body for young people. In that coordination body representatives from line ministries, civil society, including faith based organizations, youth representatives, and traditional leaders should participate.

Ministry of Health through a technical working group needs to lead the process. In this overarching body with youth representation strategies and guidelines should be developed, activities prioritized, clear roles and responsibilities defined and incentives for the private sector decided.

Development partners

1. UN and multilateral donors should provide policy guidance. Bilateral donors should provide financial and technical assistance also for civil society. Donors need to harmonize and coordinate their activities.

Civil society

1. Is the "watchdog" for accountability – if independent, but is not the only sector to look after accountability;
2. Is in charge of complementary service provision;
3. Provides evidence-based good practice and can assist in coordination.

Youth

1. Need to voice their needs, in regard standards and guidelines for the various target groups;
2. Need to be represented at all levels;
3. Service provision according to what youth needs.

Private sector

1. Sustainable long term responses are needed from the private sector (tax break?);
2. The sector needs to take up a corporate responsibility, follow guidelines, and cooperate in youth friendly services provision considering a "cultural reorientation".
3. Community local leaders, faith based organizations and media need to be taken on board.

Overall the group discussions revealed the following discussions threads:

A. Human rights: the treaties are there, but culture is a strong influencing factor to be considered and taken into account when trying to change societal norms. Structures in place are politically driven; youth's voices need to be included.

B. Sexuality Education needs to take place in and out of school. Rural/urban differences need to be considered. The challenges are the training of teachers to conduct sexuality education and the taboos around sexuality deeply rooted in the society.

C. Youth friendly services need to be provided gender specific for girls/young women and boys/young men based on their specific needs. HIV affected people need to be integrated, modes of this integration need to be developed. ■

Country working group Malawi

Input from representative government

Simeon Hau,

Principal Secretary, Ministry of Education, Malawi, speech was presented by **Hans Katengeza**, Ministry of Health, Malawi

Strategies for strengthening and harmonizing collaboration sexuality education

Introduction

Malawi as a nation desires that learners develop into responsible persons with sound minds and healthy bodies. In order to achieve this Ministry of Education Science and Technology in Malawi has put great emphasis on skills that would enable learners at all levels to cope with the demands and challenges of everyday life. Amongst these demands and challenges are problems that arise during puberty and adolescence as the youth are growing such as sexuality transmitted infections (STIs) HIV and AIDS among other reproductive and sexual health problems, drug and abuse, rapid population growth abuse, teenage pregnancy, moral decadence, environmental degradation and unemployment.

Sexuality education is embedded in life skills and sexual and reproductive health education which involves a dynamic teaching and learning process. The strength of life skills and sexual and reproductive health education lies largely in the use of a variety of participatory methodologies to impart population and sexual and reproductive health knowledge. The methodologies which are child centered call for a holistic approach in dealing with health and social problems in order to improve the quality of teaching and learning and also to provide skills in handling issues in any other subject area.

Harmonizing sexuality education

The life skills and sexual and reproductive health education syllabus attempts to

equip learners at all levels (primary school, secondary school and tertiary e.g teacher training college) with the following skills: decision-making and problem solving, effective communication, stress and anxiety management, conflict resolution, morals and values, interpersonal relationship, planning and entrepreneurship, self-esteem and assertiveness, and good health habits. These are considered a set of skills that help mould character, attitudes, values and interests so that the individual develops a sound mind and healthy body.

Sexuality education is highly featured in the following topics:

SKILL	Topics in Primary school syllabus	Topics in Secondary school syllabus
Decision-making and problem solving	Drug and substance abuse. Boy-girl relationship. Sexual relationships. STIs and HIV and AIDS.	Situations that require decision-making e.g sexual relationships. Consequences of decision making. The process of problem solving and decision making.
Effective communication	Misconceptions about drug and substance use and abuse, STIs, HIV and AIDS, reproductive health and sexuality, relationships, access to services.	Forms of communication. Elements and processes of communication Communication skills. Situations requiring effective communication e.g child abuse, spouse abuse, courtship, adolescence. Barriers to effective communication.
Self esteem and assertiveness	Assertiveness in everyday life: Steps in being assertive; characteristics of assertiveness-saying no without feeling guilty-saying no to sex and drugs. Importance of being assertive.	Characteristics of assertive persons, importance of assertiveness, resisting peer pressure, gender and assertiveness.
Stress and anxiety management	Situations that lead to stress and anxiety: pressure from relationships; un-planned pregnancy; physical and sexual harassment;	Situations that may lead to stress and anxiety: e.g harassment, rape/sexual abuse, teenage pregnancy. Effects of stress and anxiety: e.g prostitution. Coping with stress and anxiety: seeking counseling, medical attention. Preventing stress and anxiety: e.g positive living, VCT, assertiveness, acceptance of the situation.
Peaceful conflict resolution	Situations that lead to conflict: forced sex and forced marriages; poor relationship; teenage pregnancy; abortion; infecting one another with STIs and HIV and AIDS. Effects of conflict. Ways of resolving conflicts. Peaceful conflict resolution skills.	Situations leading to conflict e.g harassment, unfaithfulness. Ways of resolving conflicts peacefully. Effects of conflicts. Importance of peaceful conflict resolution.
Values clarification	Social and cultural values and the risk of contracting STIs, and HIV and AIDS; Sexual abuse/incest. Consequences of sexual relationships with sugar daddies and mummies.	Values judgment: e.g socio-cultural values, moral dilemmas. Values clarification process: e.g forced choices, rational decisions


Country working
group MALAWI
① Table 1
How would you as an adolescent
in Malawi an attractive SRH
Service like to be?
Table 2
② Why should we link sexuality
education to human rights? How
can we succesfully influence policy
and law enforcement?

SKILL	Topics in Primary school syllabus	Topics in Secondary school syllabus
Interpersonal relationship	Factors that enhance good relationships-between opposite sex: honesty, love, respect sharing gender equalities. Roles and responsibilities in relationship: guidance and counseling in sexual relationships. Factors that destroy good relationship e.g sexual harassment demand for sexual intercourse.	Situations that require interpersonal relationship skills: choice of friends, courtship, guidance and counseling. Factors that enhance good interpersonal relationship. Factors that destroy good interpersonal relationships.
Practicing good health habits	Formation of good health habits: e.g cleaning genitals properly. STIs and HIV and AIDS prevention: Factors that influence the youth to have sexual relationships. Signs and symptoms of AIDS; HIV modes of transmission. Factors that promote the spread of STIs and HIV and AIDS e.g having multiple sexual partners, unprotected sexual intercourse etc. Common STIs e.g syphilis, gonorrhea, chancroid.	Formation of good health habits: e.g avoiding unprotected sex. Factors that influence the spread of STIs and HIV and AIDS: e.g misconception about STIs and HIV and AIDS. Consequences of contracting STIs and HIV and AIDS e.g bareness, still birth, impotence, ectopic pregnancy. Coping with STIs and HIV and AIDS: seeking voluntary counseling and testing, living positively, seeking early medical attention, care and support.
Good health habits	Ways of preventing the spread of STIs and HIV	Prevention of STIs and HIV and AIDS: sexual health education; abstinence; using condoms; avoiding multiple sexual partners, not sharing underpants, razor blades.

In tertiary education (Teacher training college) sexuality and sexual relationship is taught in the following areas:

Skill	Topics covered in Teacher Training's Colleges (TTC)
Sexuality and sexual relationship	Growing up: functions of sexual body parts, physical changes associated with adolescence in girls and boys, how changes render adolescents vulnerable to HIV and AIDS.
	Sexual relationships: sexual partners (heterosexual and homosexual), social and peer pressure, beliefs and misconceptions about sex, factors influencing sex, reasons for sexual relationships, consequences of sexual relationships, sexual relationships and culture.
	Sexuality and HIV and AIDS: meaning of sex and sexuality, factors influencing sexuality, effects of sexuality on behavior.
	Gender inequity and HIV and AIDS: meaning of gender equity, gender inequity and vulnerability to HIV and AIDS, biological characteristics gender roles, cultural practices, cycles of sexuality, sexual health and hygiene, self-image and adapting to change (physiological, psychological social, etc.)
	Gender and the impact of HIV and AIDS.

Strategies for strengthening and harmonizing collaboration sexuality education

Other strategies for strengthening and harmonizing collaboration sexuality education are the set up of AIDS TOTO clubs and WHY WAIT clubs for learners and Teachers Living Positively (TLIPO) Association for teachers in schools and HIV and AIDS work place committee for both teachers and support staff in education institutions. Core topic for discussion is centred on sexuality education and HIV and AIDS prevention and management.

Effective teaching of population and sexual health education in education institutions is guided by the Ministry of Education strategic plan on HIV and AIDS response in the education sector; life skills, sexual and reproductive health education for HIV and AIDS for primary schools, secondary schools and teacher training colleges.

Alignment of the plan to National Education Sector Plan is a sign of the harmonization. The drawing up of the HIV and AIDS strategy demonstrates the commitment of the education sector to the fight against HIV and AIDS and partnership between government, private sector and development partners including civil society in the fight against HIV and AIDS. Above all, the plan is aligned to the key policy document in the sector.

The National Education Sector Plan outlines three priority areas which are rightly aligned to the five intervention areas alongside the National Education Sector Plan (NESP) thematic areas and strategies in four respective sub sectors: basic education; secondary education; teacher education and development; and technical and vocational training. The overall goal in all the respective sub sectors is to increase provision of relevant information on HIV and AIDS and the skills for preventing further transmission to learners, educators and support staff in all education institutions. This entails that the various sub sectors should be able to achieve and meet the priority areas stipulated in the National Education Sector Plan thus equity and access, quality and relevance, governance and management through enhancement of the five respective programme areas (prevention and behavior change; treatment, care and support; mitigation: social-economical and psychosocial; governance and management-management of response and advocacy; and monitoring and evaluation.

Structures for monitoring and strengthening the programme

Monitoring and Evaluation is tracked by the crosscutting technical working group. Crosscutting issues include school health, nutrition, HIV and AIDS, gender, special needs education, and education in emergency. Members of technical working group are from various ministries because of their expertise such as health, agriculture, water and sanitation, youth development and sports, development partners, local NGOs, faith based organization and private sector. Their expertise is used to strengthen and harmonize collaboration sexuality education at all levels (national, district and school

level). All levels are led by the ministry of education because of the schools. Other key stakeholders are the implementers, donors and resource persons.

Conclusion

In conclusion, 2006, MIE report states that parents, guardians and community leaders felt that the introduction of life skills, sexual and reproductive health for HIV and AIDS education in schools by the Ministry of Education was a good move and hoped that the schools will continue teaching it for many years to come. Many parents did not think it was necessary for them to get involved in the teaching of life skills education (LSE) in the schools. They did not think the teachers wanted them to and even if they invited them, they would not be able to discuss such things with their own children.

On February, 2009 Malawi National Examination Board issued Board circular no. 2025 and informed the public that beginning 2010 life skills, sexual and reproductive health be examined separately at all levels (primary and secondary schools). This is a great sign for harmonization and mainstreaming. ■

Country working group Malawi

Input from representative donor*

Emily Kamwendo,
Programme Officer Youth, United Nations Population Fund (UNFPA), Malawi

Background information

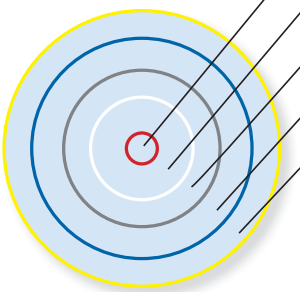
The issue of young peoples health, development and protection is of paramount importance especially this time when young people are profoundly affected by recent trends in this modern era like:

poor economic situations, social instability, HIV and AIDS, widespread youth unemployment, increasing levels of violence and crime, human trafficking (particularly girls for sex just to mention a few).

Why Youth friendly health systems (YFHS) to young people?

- The habits and lifestyles that are established during this period (adolescence) have a profound effect on future health and development of a person.
- 70 per cent of premature deaths amongst adults are largely due to behaviors initiated during adolescence (WHO, 2008).

Description YFHS



* Input is based on a power point presentation

– In addition, many of the lifestyles engaged in during adolescence, such as, unsafe sex and substance abuse can facilitate the transmission of HIV, result in unplanned pregnancy and sexual transmitted infections (STIs), and result in long term addictions, or dependency on unhealthy substances.

Why YFHS to young people?

– Young people (aged 10 to 24) thus need information, life skills and access to services (such as counseling) to assist them in a healthy transition to adulthood. Young people should be assured of physical and sexual health, mental and emotional well-being, freedom from exploitation and abuse, skills and opportunities for sustainable livelihoods.

Strengths:

– Development of National Standards
– Development of Policy (Youth Policy)
– Development of training materials to reflect the standards
– Development of monitoring and accreditation tools
– Training of service providers targeting all the 28 districts (health workers, police, teachers, youths, social workers, youth officers)
– Incorporation of the training manual into the pre-service curriculum
– Procurement and distribution of YFHS recreational materials
– Training of Youth Community Based Distribution Agents (Youth CBDAs)

Key factors to success

– Meaningful youth participation (steady increase in numbers accessing services)
– Capacity building-training of providers (5,080) providers
– Community mobilization and outreach services
– Systems strengthening – integration of YFHS in existing SRH services (youth drop in centres, flexible time, youth corner, etc)
– Collaboration and coordination between government, partners and non governmental organizations
– Robust monitoring and evaluation including supportive supervision.

Challenges:

– Inadequate financial resources - Donor dependence
– Human resources - inadequate number of well trained and deployed
– Limited access and quality of services
– Male involvement in sexual and reproductive health issues
– Minimal involvement of the private sector
– Inconsistent and inadequate supplies

Potential for scale up

A successful strategy to increase access to sexual and reproductive health services to adolescents and youths including in-school youths.

Country working group Malawi

Input from representative donor

Thomas Staiger,

Division Southern Africa, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Health and education are priority areas for the German Federal Ministry for Economic Cooperation and Development (BMZ) and also for German Development Cooperation (GDC) in Malawi. Improving the health and education systems plays a prominent role in the overarching Malawi Growth and Development Strategy, including through the devolution of tasks and responsibilities to the local level. GDC has been providing support to this endeavour for a couple of years through the three agreed priority areas health, education and democratic decentralisation and important progress has been achieved.

However, it becomes apparent that there are several challenges that cannot be addressed adequately through sector-specific interventions alone, for example the high rate of maternal mortality (675 per 100,000 live births in 2010) as well as the high population growth (ca. 2.8 per cent, fertility rate of 5.7). The ever increasing number of school children multiplies the pressure on the construction of schools, number of teachers and resources in general. The supply of contraceptives and other methods of family planning fall short of the demand, especially in rural areas.

Thus, in addition to efforts for better linking the activities in the health and education sector in order to create synergies, GDC is also considering a new programme in the area of Sexual and Reproductive Health in line with the 'BMZ Initiative on Rights-based Family Planning and Maternal Health'. This envisaged programme

should build on the existing activities of GDC in order to benefit from past experiences (e.g. regarding cooperation with private and non-state actors, results-based approaches). The International Dialogue with a country working group on Malawi with all relevant stakeholders therefore provides an excellent opportunity to learn more about the current situation, government policy as well as existing activities of other development partners in Malawi in this area and to gain fruitful ideas and recommendations as an input for the further preparation of the new programme. ■

Country working group Malawi

Input from representative non-state actor*

Benedicto Kondowe,

Executive Director for Civil Society Coalition for Quality Basic Education, Lilongwe, Malawi

To what extent have human rights been used to promote sexuality education?

Context of Sexual Education in Malawi

- 1964-1993 – Sexuality education/Sexual and reproductive health (SRH) are not allowed (one party system of government).
- 1994 to date – Sexuality education/SRH allowed (democratic era)
- The cultural value of sex and early marriages
- Legal deficiencies in championing sexual education and SRH i.e. anti-abortion laws (Malawi's Penal Code – Section 49 and 50) yet 30 per cent of all maternal mortality in Malawi being due to the effects of unsafe abortion

Legal instruments and regulations

- UN Declaration on Human Rights; Convention on the Rights of a Child (CRC), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), The African Charter on People's and Human Rights
- Malawi Constitution – guarantees right to information – which includes Sexuality Education, and sexual reproductive health and rights (SRHR)
- Child Care protection and Justice Act 2010
- The Prevention of Domestic Violence Act 2008
- Policies: National Youth Policy, National Youth Friendly Health Services Policy, National Gender Policy, National HIV and AIDS policy, National Response to

* Input is based on a power point presentation

Combat Gender Based Violence (2008-2013), Reproductive Health Policy, Re-Admission (Education) Policy for Teenage Mothers

Human rights (HR) promoting sexuality education

- Sexuality education is a human rights issue
- Legal reforms provide reasonable grounds to advocate for sexual education (SE) and sexual reproductive health (SRH)
- HRs used to demand for better SE &SRH services for younger people
- Integration of rights-based approaches (RBA) in youth and children centered programmes
- HRs used as an empowerment tool for parents and youth to talk about the 'unsacred, uncultured and sensitive issues'

Case studies

- The incorporation of sexuality education and life skills into the teacher training and primary schools curricula
- Campaign against the enactment of the revised marriage at 16 bill – and its consequent non-assenting by the president
- Public litigation (by Civil Society Organizations) to invalidate the constitutionality of the bill
- The popularization of information around RH for in and out of school youth e.g. condoms – availability, utilization and access (BLM/PSI to provide posters)
- The emphasis of the importance of SRHR among service providers and advocacy groups
- The use of television to educate young people on their sexuality e.g. Marie Stopes/ Pakachere TV slots)
- Attempt by Malawi Parliament to ban beaming of Big Brother reality show on the basis that the reality show would promote promiscuity among the youth

When and under which conditions the initiatives have succeeded?

- Cultural re-orientation – increased flow of information and cultural integration
- Quaranteeship of Bill or Rights in Malawi's constitution
- UN commitment for sexuality/SRH rights

Challenges

- Cultural sensitivity on SE, SRH and other minority rights
- Inadequate coordination of sectoral efforts to meaningfully implement SE and SRH i.e. Ministry of Education Science and Technology (MoEST), Ministry of Health (MoH), Ministry of Youth, Sports and Culture (MoYSC)
- Low access to SRH and SE services i.e. long distances, inadequate infrastructure, low staffing
- Low involvement of youth in youth programme design
- Inadequate number of youth mentors
- Legal deficiencies
- Inadequate funding

Recommendations country working group Pakistan

Moderator: **Catherina Hinz**,
Senior project advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Input representative government **Sitara Ayaz**,
Minister for Social Welfare and Women Empowerment, Government of Khyber Pakhtunkhwa, Pakistan

Input representative donor **Torge Matthiesen**,
Division Afghanistan/Pakistan, Germany, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Input representative non-state actor
Omer Aftab, Executive Director, Women's Empowerment Group, Lahore, Pakistan

Summary of Panel discussion:

Pakistan has a very young population structure with more than one third or roughly 65 million people below the age of 15. The population growth rate is estimated at 2.4 per cent per year – one of the highest in Asia and the world. The population is projected to increase from 180 million today to 320 million in 2050. Thus Pakistan faces a demographic challenge that impacts on its economic development as well as the availability of natural resources like water and soil and the provision of social services like health and education for an ever growing population. Economic growth and energy supply have to keep pace with population growth, a challenge given the economic, fiscal and energy crisis in Pakistan in recent years. Yet, if proper investments are made in the health, education and youth sector, Pakistan could make use of the demographic momentum. The question is how to empower the large generation of young people, who have been largely deprived

of their economic and social perspectives and opportunities in their own society, to take informed decisions.

Due to cultural issues Pakistan is not an easy working environment for development partners in sexual and reproductive health and rights (SRHR) and family planning. Religious norms and beliefs are deeply rooted; according to a recent survey 67 per cent of Pakistanis prefer an Islamisation of society. Therefore, the discussion of SRHR issues has to be framed within the cultural context of Pakistani society. The term „sexuality“ itself is highly sensitive. Comprehensive sexuality education for young people in Pakistan needs a culture and gender sensitive approach. A consensus has to be built in Pakistani society. First and foremost religious leaders have to be sensitized and educated on issues of SRH with messages adapted to cultural context and based on a analysis of the Quran teachings on issues like reproduction and family planning. Awareness raising of communities through mass media (TV soap operas and radio) in collaboration with civil society actors has to play a central role. On the other hand, SRH needs to be included in teachers‘ training courses. A strong political commitment is needed. Policy makers need to be sensitised. Good policies need to be developed in partnership with all stakeholders, including civil society organizations (CSO). Furthermore, at policy level sexuality education needs to be properly mentioned in policy formulation. The recent devolution

of the social sector to state (provincial) level poses an opportunity in this regard. Health services provided by community workers need to be scaled up and include HIV prevention efforts. Functional integration of health system and family planning programmes at grass root level could be another element of promoting a comprehensive approach to SRH services so that access to these services is not labelled.

Guiding questions for the discussion:

I. Which consequences derive from the demographic challenge in Pakistan with regard to the formulation and implementation of future health and education policies by the Federal- and Provincial Governments of Pakistan?

II. How to address comprehensive sexuality education (particularly gender-sensitive education) within a conservative Islamic society? (Sub questions of the moderator/host: Which elements within sexuality discourse can be justified from religious point of view and could be treated as entry points? How to build a consensus in Pakistani society – including religious authorities – towards comprehensive sexuality education?)

III. What is the impact of the legal and social status of women and girls on family planning? What steps need to be taken to ensure access of women and female adolescents to reproductive healthcare and sexuality education?

Recommendations:

- Make use of an indirect approach around sensitive issues
- Raise awareness by initiating the dialogue between different stakeholders
- Reframe and repackage SRHR messages, start with non-controversial issues as entry point
- Learn from other Islamic societies best practices
- Take into account the urgency of the situation, listen to the voices of young people
- Strengthen youth organizations
- Strengthen evidence – based research on adolescent behaviours and attitudes
- Scale-up exiting best practices
- Make use of e-mobile technology ■

Country working group Pakistan

Input from representative government

Sitara Ayaz,

Minister for Social Welfare and
Women Empowerment, Government
of Khyber Pakhtunkhwa Pakistan

I would like to highlight some main points and opportunities that may help the group's discussion to come up with recommendations:

Pakistan is in a phase of demographic transition and offers opportunities for demographic dividends delivers (60 per cent of Pakistan's population is below the age of 29 and they are a group that are still shaping their family planning). This is an opportunity if proper investment is made into this group and if their energies are properly utilized in the best interests of Pakistan. Key sectors to be targeted could be:

1. Education policy
2. Health policy population
3. Youth policy and also poverty reduction strategies

The opportunity that exists is the devolution of social sector down to state (province) level. Every provincial court now needs to have it's policies in all the forementioned sectors. As such there is great opportunity to have good policies developed in partnership with all stakeholders (including living society).

Health Sector

Traditionally health policies in Pakistan (National Health Policy) do mention reproductive health in bits and pieces but there is a need to have at least a chapter on reproductive health within health policy and as I mentioned earlier the devolution of the social sectors could be an opportunity.

Regarding implementation level

Functional integration of the health system and family planning programmes at grass root level could be another element of promoting a comprehensive approach to sexual reproductive health (SRH) services.

In Pakistan's context we also need to lower the fertility rate gradually.

Regarding the education sector

One aspect of imparting knowledge to Pakistan's youth is comprehensive sexuality education. The dominant religion in Pakistan does not prohibit imparting knowledge.

The comprehensive sexuality education needs to be packaged within the larger scope of knowledge and information shar-

ing and be taken forward in a more systematic manner with age appropriateness and also gender segregated.

Our experience has shown that religions do not bar information and knowledge, but at times people who are not from Pakistan do not comprehend that sexuality education is treated with alarm.

Religious schools and scholars can be taken as partners and initially focused on as an entry point. Any practices that are indeed anti-religious can be put aside as the scope of understanding and discussion widens.

Education and sharing knowledge should not only be targeted at children and youth in educational institutions. Those children

and youths not in school also need to be included by having various approaches.

HIV/Aids, as globally growing epidemic, could be another entry point. I mean awareness of HIV/Aids and its impact on vulnerable groups whereby youth and gender dimensions could be addressed.

Inland research projects could be carried out also on a smaller scale, and provide evidence that knowledge leads to more healthy decisions.

Population Policy

The traditional national population policy of focusing more on couple year's protection (CYPs) and contraceptive prevalence rate (CPR) needs to be looked into and the link between population and larger development needs to be highlighted through population policy.

A broader framework needs to focus on population policy with its impact on every single sector, and needs to be highlighted and tabled rather then a CYP focused policy.

Youth policy

Youth policies at provincial level need to have a youth focused organization to make sure youths are recognized as sexual beings at policy level. This will mean that youth-friendly services can deal with this age group.

Poverty reduction strategy paper have also to care for the needs and rights of youth so that youth is not left jobless and at the mercy of elements that might use their energies to their own advantage.

There is a greater need to promote the family as a unit with combined decision-making approach, since Pakistan as a male dominated society, deprives women of their basic right to be able to decide about their own bodies and desired number of children. Research has shown that across Pakistan, women have more children than they actually want to.

The maternal mortality rate of 276, wich has been reduced from more than 500 over time, is still very high. If women want to have fewer children, we have to think about how to empower them enough to take part in the decision-making process.

Sexual reproductive health services including family planning need to be provided as an integrated package within health services so that access to such services is not stigmatized. Policies must recognize the vulnerability of women and girls and youth and once they have done so, act to the advantage of these groups. ■

Country working group Pakistan

Input from representative donor

Torge Matthiesen,

Division Afghanistan/Pakistan, Federal Ministry for Economic, Cooperation and Development (BMZ), Germany

I have been asked to set the scene for our further discussions from the external perspective of a donor. In this regard it is also worth noting that Pakistan and Germany have just celebrated their 50th anniversary of bilateral Development Cooperation this year. Today the bilateral development cooperation of both countries focuses on the areas of renewable energy, health, basic and vocational education and most recently good governance. Much has been achieved but many challenges remain to be addressed. Since we began our development cooperation in 1961, the population of Pakistan has multiplied many times and now stands at over 180 million. That bears both challenges and opportunities.

Pakistan is home to a very young population – more than one third or roughly 65 million of its inhabitants are younger than 15 years. The population growth rate is estimated at 2.4 per cent per year – one of the highest in Asia and the world. Against this background it does not come as a surprise that the demographic outlook for Pakistan depicts a population of 320 million in the year of 2050. During the recent journey of our parliamentarian state secretary, Ms. Gudrun Kopp to Pakistan, even high ranking officials explained that Pakistan so far has not managed the growth of the population in a sensible way.

From a donor's perspective, this is a serious development: scarce resources like water and soil already face overexploitation. The floods of 2010 and 2011 clearly showed the vulnerability of poor communities that were forced to settle in areas that were prone to flooding. Also the social cohesion within the

society and between citizen and state is challenged by such outlooks: how can the state provide basic social services like education, health to an ever growing number of citizens? At the same time, the economic growth and energy supply steadily have to keep pace or even surpass the growth of the population by a large margin.

The last years of economic, fiscal and energy crisis in Pakistan have clearly shown that such a steady progression can not be guaranteed in a world of growing interdependencies and limited local capacities and financial means. This leads to the question: what can be done to avoid a youth bulge of young citizens that have been deprived of an economic and social perspectives and opportunities in their own society?

From a donor's perspective furthermore the very impact of past and present achievements of development cooperation is challenged by these perspectives. How to adjust development programmes and funding to the ever growing demand of a larger population?

The classical approach of a donor would be to secure the cooperation and support of the government to address some of the core issues of population growth and to set up programmes that deal with family planning, reproductive health and education. You would also supplement this approach with some elements to empower civil society to augment the credibility of such an approach.

But can you succeed with such an approach in rural, traditional yet conservative Islamic society that constitutes the majority of Pakistan's population? How to design a comprehensive, overarching approach that is up to the scope of the challenge (65 Million inhabitants below the age of 15) and is rooted in and accepted by both, urban elite and rural society?

Today, the German Government is engaged in the field of reproductive health by supporting a local system of social franchising. This approach is increasingly accepted even in a conservative environment. We also support areas like basic education, curricula development and vocational training but have not addressed such culturally sensitive issues like sexuality education in this regard.

In my opinion, the vibrant and sometimes progressive media could serve as an important vehicle to contribute to the empowerment of the young population of Pakistan. Despite some areas of self-censorship, freedom of the press largely exists in Pakistan. This could be used to raise consciousness and understanding for the needs and difficulties of young people. I think it is very important to raise awareness for both – the upcoming demographic challenge and the needs of adolescents. To convey the relevant information to the public and to political decision makers therefore will be crucial.

I am well aware that I have not contributed much to present tangible solutions but to raise questions instead. However, I hope that this can serve as an impulse for our further discussion. ■

Country working group Pakistan

Input from representative non-state actor

Omer Aftab,
Executive Director, Women's Empowerment Group, Lahore, Pakistan

Strategic Framework to Address SRHR Issue in Pakistan

Today, many Pakistani women die during childbirth. These deaths, along with many other sexual and reproductive health problems, can be easily prevented. But to achieve this, better education on information on sexual and reproductive health and rights (SRHR) and life skills are needed, especially amongst girls and boys in their puberty. Getting comprehensive sexuality education in the school curriculum is a sustainable way to ensure this for most youth, also in the future.

A number of organizations have piloted initiatives around SRHR but none of them has been able to create a real breakthrough, mostly as their initiatives were localized and concentrated on service delivery and not on social change. This is why Oxfam Novib and Women's Empowerment Group joined hands to bring together an alliance of civil society organizations, together with a selection of technical experts, to jointly implement a strategy for national change, and to make a real difference all over the country.

Over the past one year we have held extensive stakeholder consultations, based upon which we have developed a long-term framework on sexual and reproductive health and rights in education (SRHR-E). The proposed framework strategically intervenes in four areas.

First, it intends to mobilize the important gatekeepers and have the moral and political authorities speak out on the sexual

and reproductive health situation of young women.

Second, it intends to reframe the concept of sexual and reproductive health and rights, through 'Edutainment' (a methodology of using educational entertainment for social change) and community outreach campaigns. These are intended to lessen the resistance of parents, teachers and the general public against sexuality education, by engaging them with the idea that proper information is needed to protect the adolescents in their communities.

Thirdly, it elaborates a comprehensive curriculum on sexual and reproductive health and life skills for adolescents and has this adopted by the examination board, included in the teachers training institutes. Finally, it intends to consolidate and strengthen the civil alliance driving these changes, in terms of their capacity, cohesion and sustainability.

Important gatekeepers have to be to be mobilized to promote sexual and reproductive health and rights education.

On the basis of a stakeholder analysis, key gatekeepers were identified. These are the ones that have the power to block the road towards achieving our objective, but who can also become our allies.

The first most important ones are the religious opinion leaders from the different schools of thought. Therefore we need to start by engaging them actively, confronting them with the alarming facts and figures of the sexual and reproductive health situation, and asking them to develop reports with interpretations of the sections of Quran that deal with sexuality and reproduction, and that could contribute towards resolving the maternal mortality, adolescent stress and population challenges. As most Pakistani cannot understand Arabic Quran, and these sections are usually not disseminated, it is essential that we start by demonstrating that some of the conservative beliefs around sexuality are in fact not based on Quran. Different schools of thought are to be asked to contribute and speak out.

The second key gatekeepers are the media. The framework suggests to ally with them and uses certain media as a platform to introduce the findings from the religious leaders to relevant politicians and the wider public.

Through this, and other methods such as lobby, the framework intends to influence the key political decision makers, the third key gatekeeper group, to get them to develop policies regarding sexuality education in the curriculum on provincial and federal level.

Sexual and reproductive health and rights are reframed and popularized nationally.

The fourth key gatekeeper groups are parents and, subsequently, teachers. They are addressed through large scale commu-

nity engagement programmes, combining Edutainment, and community outreach.

As sexuality is a highly sensitive issue, surrounded by taboo and strong moral views, it is important that the programme frames its communication in a way that is acceptable and engaging for the various stakeholders and the wider public. It is considered inappropriate or even rebellious for youth to claim their rights, and therefore the framework suggests not communicating externally that this is a rights based initiative. Rather, it suggests framing the initiative in terms that appeal to parents, teachers, politicians and religious leaders.

A central role in the suggested framework is a mass media strategy combined with on the ground campaigning tools. The concept is to use popular media such as soap series, interactive radio programmes, mobile phone applications or pop concerts to engage communities in social change campaigns. It is an effective way to reach large audiences, dealing with difficult subjects in a way that is positive and engaging, by using role models and everyday life situations.

The messaging will revolve around the need to protect adolescents from health risks and prepare them properly to make sensible decisions. The community outreach activities complement the mass campaign, and stage community dialogues between moral authorities, parent and teachers on SRH risks for adolescents and the need for protection. They will involve national role models engage opinion leaders, make use of testimonials, disseminate communication materials and make use of social drama.

Comprehensive sexuality education is taught through formal school curriculum.

An appropriate sexuality education curriculum is to be developed in cooperation with the Provincial and Federal Ministries of education, including all the corresponding pedagogical materials. It includes physical and emotional changes in puberty, conception and pregnancy, and sexually transmitted infections, but also life skills for confidence building, courage and problem sharing.

The framework suggests working with the Ministries to develop the curriculum and produce a plan for its implementation. Further this comprehensive sexuality education is incorporated into the examination board. Master trainers are trained who ensure that teacher training institutes are adequately capacitated.

Civil society organizations' alliance is built to advocate for SRHR education

The framework also suggests developing an alliance of civil society organizations to advocate strongly for SRHR education. In order to boost its capacity and outreach the alliance members will strengthen their individual and joint campaigning force, gain more insight in the SRHR dynamics in Pakistan and deepen their knowledge of best-practices for influencing policy, public opinion and sexual and reproductive health education.

A critical reflection on the conference

Franz von Roenne,

Head of the Health Section,
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Thank you for allowing me to reflect on what we have heard, discussed and learnt at the 9th International Dialogue on Population and Sustainable Development.

Some of the important things I heard are not new to me or anyone here, I assume. But as Carol Bellamy said, they are worth repeating until they are heard loud enough to evoke change:

- Health and education are fundamentals for human development;
- They are inseparable;
- They interact with most other forces driving development, but we don't have to stop at stating that life is complex and everything is interconnected (synergies linking everywhere).

Carol Bellamy described a manageable model of what youth need in order to be fostered in their development: "Health, education, essential conditions like water, food, sanitation and safety." Of course you may want to add other aspects. But I agree that they are very basic and essential.

Another point I would like to mention is the keynote, given by Babatunde Osotimehin. He pointed out the interconnectedness of poverty, inequality and wasteful consumption in the context of a world population that is growing faster and larger than we think is healthy and wise. He also reminded us of the important fact that all that matters is subject to policy and that population policy is by no means necessarily leading to infringement of human rights.

Here are some more points I would like to make in reaction to what I have heard and learned:

– Youth is not a homogeneous group. They may share a common age and some common positions in the social life of their generation but otherwise, they are as diverse as all other age groups. That's why we cannot and must not expect communalities where there are none.

– If we want to tackle youth-related issues- and that's what we wanted to do here – we should follow up on one excellent idea that came up: "Get the generations to talk to each other". GIZ has experience with targeted inter-generational dialogues from a range of countries and we have seen that these can incite policy processes. Dialogue means respect for values and different views. Generations have different perspectives and lives.

– Which leads me to another important point that I found emphasized in this meeting: "Treat religion with much care and respect". Religion is both: on the one hand a fundamental set of human and social values, the very base of societal collusion in many if not most parts of the world. On the other hand religion is one of the bases for power in many if not most countries.

In the first sense a discourse about sexuality can disregard religion, which includes the fundamental values that relate to these issues at the very core of our human existence.

In the second sense, we must acknowledge the immense power yielded by religion, religious leaders and by all believers.

The good idea I picked up was that countries can learn from other countries where Islam is important. Perhaps one aspect to follow up after this meeting?

I'd like to come back to the important points from the beginning that health, education and other essential conditions, like safety, food, water, hygiene must be seen as interconnected. This also means that services, for the youth in particular, must be comprehensive, beyond the bonds of traditional government and development sectors. We have long known this and are working hard on this ground. But this meeting has reminded me, that more needs to be done and that more can be done. I will go home to my organization with the intention to seek ways of getting health and education closer together and I encourage others to do the same. This could become another point to follow up after our meeting.

I would like to make one more reflection:

Rights alone are not effective to move things in sexual and reproductive health and rights (SRHR). You have to interconnect them with other issues as we have discussed. We all know that rights are constantly to be gained and regained, defined and redefined.

Rights are alive only in the context to which they apply. This was said very often during our conference and so I think its worth to repeat it here once again.

Finally I just would like to suggest and sum up four points for the follow-up list that I think will be completed by others. These are practical points, just what you need for a to-do list:

1. Joining health-education initiatives;
2. Exchange between Islamic countries;
3. Strengthening measures for youth organizations;
4. Inter-generational dialogue. ■

Panel discussion

October 20, 2011 (Day 2)

Keynote Speech

Renate Bähr,

Executive Director, DSW (Deutsche Stiftung Weltbevoelkerung), Hanover, Germany

This year's conference is entitled "Education Matters: Empowering Young People to Make Healthier Choices." And yes, education does matter!

In 2011, half of the world's population is under the age of 25. This includes the largest-ever generation of adolescents who are, or will be soon, of reproductive age, ready to become sexually active or to establish their own families. Significantly, millions of these young people are challenged by prospects of early marriage and childbearing, incomplete education, and the threat of HIV/AIDS and other sexually transmitted diseases.

Young people's right to lead a healthy life, including the right to be informed on how to protect themselves against unwanted pregnancies and sexually transmitted diseases, including HIV, is part of many human rights declarations. To realize these rights, young people need to be empowered with knowledge, skills, attitudes and values to help them make informed and self-determined choices.

These young people are the future of our planet, and that future we would like to discuss with you tonight.

On October 31st, 2011, the seven billionths human on Earth will be born. We chose this as a topic for tonight because we, the organizing partners of the International Dialogue, believe that the issue of population dynamics is one of the key global issues for our future. It is also an issue that is often neglected but has never been more relevant, now that we are facing global crises related

to climate change, food, security and environment – to name but a few.

The issue of world population growth raises many difficult and controversial questions that need to be discussed:

– How did we become so many?
– How large a number can our Earth sustain?
– Do numbers actually matter or is it about the way we live on Earth and the way wealth is distributed?
– Or should we instead ask: What can we do to make this world more liveable for all of us and what can we do to make our lifestyles more sustainable?

We should probably also ask ourselves what the different global demographic trends mean in order to find solutions.

Some of the global trends are remarkable. Today, there are 893 million people over the age of 60 worldwide. By the middle of this century that number will rise to 2,4 billion. About one in two people lives in a city, and in only about 35 years, two out of three will live in urban areas. People under the age of 25 already make up 43 per cent of the world's population, reaching as much as 60 per cent in some countries.

There is also much to celebrate in world population trends over the last 60 years, especially the average life expectancy, which leapt from about 48 years in the early 1950s to about 68 in the first decade of the new century. Infant mortality plunged from about 133 deaths in 1,000 births in the 50s to 46 per 1,000 in the period from 2005 to 2010. Immunization campaigns reduced the prevalence of childhood diseases worldwide.

In addition, fertility, the number of children a woman is expected to have in her reproductive years, dropped by more than half, from about 6.0 to 2.5, because of a complex mix of social and cultural forces and women's greater access to education, income-earning opportunities and particularly sexual and reproductive health services, including modern methods of modern contraception.

But despite a decline in global fertility, about 80 million people are added to the world each year, a number roughly the population of Ethiopia or Germany.

Three factors will be mainly responsible for the future development of the world's population: unplanned births, a desire for more than two children per couple and the young age structure.
All of these factors can be influenced.

First, access to adequate family planning may help couples to avoid unwanted pregnancies.

Second, continued efforts to decrease child and infant mortality and improve women's chances of education and employment may have a major influence on the desire to have many children.

Third, targeted sex education and improved access to family planning for young

people, raising the age of parents at the birth of their first child, for example due to improved education opportunities for girls, and the higher age of couples when marrying may reduce the effect of age structure.

The Population Division of the UN estimates a global population of 9.3 billion people at 2050, an increase over earlier estimates, and more than 10 billion by the end of this century – and this scenario assumes lower fertility rates over time. With only a small variation in fertility, particularly in the more populous countries, the total could be even higher.

Wherever the number of children grows faster than the possibility to provide the younger generation with the necessary schools, health institutions or food, and the ability to give young people jobs is lacking, the economic situation of the entire country gets worse.

Currently, there is no global development framework beyond 2015. In current debates over the goals, demographic aspects, such as the high population growth in many countries, have to be taken into account more seriously than before as obstacles to development.

At this point I would also like to take the opportunity to invite you to another international conference hosted by DSW that is taking place on October 21, 2011 in the same venue on Africa's demographic challenges. We have invited several experts from the UN, African and German governments, civil society organizations and researchers to discuss the specific demographic challenges that sub-Saharan Africa is facing in some parts.

Another issue that I would like to raise tonight is that of environmental sustainability. It is precisely because our population is so large and growing so fast that we must consider, ever more with each generation, how much we as individuals are out of sync with environmental sustainability.

For example, fresh water is now shared so thinly that the United Nations Environment Programme (UNEP) projects that in just 14 years two thirds of the world's population will be living in countries facing water scarcity or stress. Half of the world's original forests have been cleared for human land use, and UNEP warns that the world's

fisheries will be effectively depleted by mid-century. The world's area of cultivated land has expanded by about 13 per cent since its measurement began in 1961, but the doubling of world population since then means that each of us can count on just half as much land as in 1961 to produce the food we eat.

From our point view with a world population of 7 billion we believe linking population, health and the environment is crucial. That is exactly why DSW next to the youth programmes and the thematic focus on sexual and reproductive health has integrated this new approach as a major part of the strategic plan for the next five years.

Working now to bring population growth to an end through intentional childbearing won't solve such problems by itself, but it will help — a lot.

Therefore, I call upon all of you to put sexual and reproductive health and rights high on your personal agenda to make sure that the needs of so many girls, women and families are not neglected in the global development framework.

I would like to invite the panel now to discuss what new, innovative approaches are necessary in development cooperation in order to deal with the challenges that I have mentioned. What specific role do human rights, family planning, education and the empowerment of women and girls have to play in this respect? ■

Panel Discussion

A World of Seven Billion: Balance, Rights, Equity

Melinda Crane: Many of you here in this room have spent the past two days in workshops and discussions as part of the International Dialogue looking at the role of sexual education in empowering young people to make healthy choices. Now that film is ending and we want to zoom out to the big picture. We want to talk about what new and innovative approaches to development cooperation can do to help us meet those challenges. What tools are available in the area of rights-based approaches, family planning, and gender equality? What are the ethical and practical limits of such tools and policies? I would like to start off by taking a fundamental look at the very premise of our discussion. And I'd like to first turn to you Tewodros Melesse. Could we find a world of seven billion to be perfectly manageable?

Tewodros Melesse: It really depends upon who you are addressing the question to. If you are addressing high-level government officials, prime ministers, or ministers of finance planning, they put the macro into the equation. But for women and their families – particularly those living in Asia, Africa or other developing nations – the number itself might not matter. However, it does matter significantly for individuals and in households. It makes a difference whether you have to distribute the small amount of land that you have to three of your children or to six of them. Whether a woman is able to feed her children or she has the right to go to school when her number of children has increased – that matters. It also matters in communities; when they have scarce land resources and peace is disrupted – that matters. When a woman has to go many kilometers to fetch water for her family, that also matters, even though she is not aware of the numbers. So when we talk about the number, let us think of those who are the numbers. Those individuals whose lives are not balanced, whose rights are not respected, where there is no equity in food distribution, in access to education, in sanitation, nor concerning the space for children to grow up. That is what matters.

Melinda Crane: To turn now to Margot Käßmann: when we talk about sexual and reproductive rights, we tend to mean a woman has a right to family planning, to birth control but in fact, many couples want to have more than two children. Don't they have a fundamental human right to fulfill that desire? The Bible, after all, tells us to be fruitful and multiply.

Margot Käßmann: Well, I thought it would come to that quotation. You have to consider the context. When this quotation was written, the Israelites needed to multiply to become a people that could own the land and be a people that survives. I would say, in that time, that was something that was a

"God-given" way to live your life. But today I would say, we would follow another statement, which can also be found in the same chapter of the Bible, namely that we should be people who care for creation. We can say it is a gift from God that we can choose responsible parenthood. And certainly people, I think, should be able to decide how many children they want.

I remember when I was pregnant with my fourth child. I came to an international conference in Geneva and somebody said to me: "So do you think what you are doing is ecological?" I have to admit, I did not feel very good. In Germany people would say: "How can you have a fourth child? Do you want to live from social health care?" – So to say. I think a couple should have a choice. I am very certain – this is what I learned from all my visits to Latin America, Africa, Asia and also in Germany – a woman would love to have the possibility to decide in favor of responsible parenthood. I don't know one single woman who wants to have a child every year, if she knows that she won't be able to raise it.

When I was in Ethiopia, a few years ago, I was in a hospital of the German Mission and there was a woman dying because she had been pregnant with her eighth child. Her seven children were standing around her bed while she was dying and leaving them behind. Once again: every woman in the world would like to decide how many children to have. She should have fertility rights and the right to decide herself and the right to have access to this possibility to decide herself.

Melinda Crane: Günther Taube, it is said that development policy often does not adequately take into account demographic obstacles. Why is that? And if you agree, what is the GIZ doing about it?

Günther Taube: Of course we take these issues into account. How do we do that? I would like to refer to the remarks made by Ms. Käßmann. Wherever we work, whether it is in Asia, in Africa, or in Latin America, we always keep in mind our guiding principle and that is: we are trying to help expand what a famous person has called the "decisional authority" or the "decisional power of people". That is also exactly the way we act when it comes to population growth. We don't necessarily, explicitly mention or deal with the issue of population growth in many of our programmes and activities, but we tackle them by expanding the access to health services, expanding the access to education, improving water sanitation and so on. In that way, we are expanding the possibilities for people to decide. And we very often do this specifically when it comes to the issue of population growth for the benefit of women. Because history has shown, and many analyses have shown or - let me quote Amartya Sen, Nobel price winner in economics, again, who has looked extensively into the experience of countries like India, China and others –"it is always key to look at the access of women, young women, older women, to health services, to education and to employment".

Melinda Crane: Klaus Brill, the birth control pill, of course, was invented in the West, no accident there, perhaps. Is not fear of popu-

lation growth, perhaps, an equally Western concept? Is it not in our interest, whether it is corporations looking to earn money with pharmaceuticals, or countries worried about lots of migrants coming their way; is it not in our interest to present this as a big problem?

Klaus Brill: Let me share some thoughts with you on that question. First of all, every year some 215 million women worldwide have an unmet need for modern contraceptives. In addition, each year, 75 million women in developing countries have an unwanted pregnancy. And let me add: almost half a billion women die due to complications during pregnancy and while giving birth. And – another crucial point: every year 14 million teenage girls become pregnant. I think these figures give a very good impression of the problems we are facing in developing countries.

Looking at the developing world, you will easily find good practices and good examples of how different countries deal with the problem. Take, for example, China. Thirty years ago, China started a strategy which they call the "One-child family". I don't want to judge it, just describe the Chinese strategy. Let me introduce Sri Lanka to you: you probably don't know how good Sri Lanka is dealing with the problem. They not only include strategies for giving access to contraceptives, allowing women to plan when they want to have their child. They also thought about how to better educate children, which is very good. Sri Lanka is a country where more girls finish their schooling in comparison to many different developing countries.

Thinking about our role: as a pharmaceutical corporation, social responsibility is a core value. This is why we developed a strategy for healthcare programmes and that strategy goes along the lines of helping to achieve the Millennium Development Goals (MDGs) number 4 and 5. This is why family planning programmes play a major role in our strategy. And this is all about providing access to products and making them affordable for developing countries. I hope that, in a way, answers your question.

Melinda Crane: Ralf Südhoff, let's talk about the sustainability issues, environmental degradation, food shortages. To what degree are there really physical limits brought on by excessive population growth? If we actually ever did what we said in terms of economic policies, technological solutions, if we consumed less and grew more, would seven billion not be a perfectly manageable number?

Ralf Südhoff: Indeed, it would be no problem at all. Population growth is often linked to food. In addition, UN projections highlight that, in 20 years, we need 50 per cent more food worldwide. On the one hand, you think, well, where shall all that food come from and how can so much food be produced sustainably? On the other hand, first of all, I do not think, in fact, this is mainly a population growth issue; population growth per year roughly contributes to rising food demand with something like two per cent. That is something which has been going on for many years, and we were able to deal with it for many years. So obviously there are other factors contributing to this rising

demand and creating short-term problems like very high food prices or vulnerability to droughts, which is the case at the Horn right now. Population growth in that respect would not be a problem if we dealt with the other issues properly. Take just the simplest one. 30 per cent of the food we produce is wasted in Germany. Worldwide, 30 to 40 per cent of the food, even of small-scale farmers who really need to survive from the food they produce, is wasted because they don't have any capacities to store it, to bring it to the market in time, to use the food in a way they could live from it and to feed themselves and their own communities, instead of relying on our assistance, for example, at the Horn of Africa these days. So, is population growth per se a challenge to our goal to live sustainably with seven or even nine billion people on Earth? No, it is not a problem at all.

Melinda Crane: What I am hearing from all of the answers is that population is a problem in a world in which economic growth is stagnating and is very inequitably distributed. I want to come back to some of those larger political issues later on. But Mr. Melesse, picking up now on the International Dialogue that has been going on here for the past two days: if we agree that in the world as it is now, population expansion is a problem, what have you come up with? What were the key messages in the workshops in terms of approaches to deal with those issues?

Tewodros Melesse: During the last two days, participants from different countries, Pakistan, Malawi, Kyrgyzstan and experts from other international organizations and from Germany were discussing the issues, and what would work in the future. The key messages were: educate young people so they are empowered to make healthier choices. But it is not just about empowering them, but also about ensuring that they are able to fully participate and make effective decisions. Information is critical, especially in schools. There should be an appropriate way of providing sex education, healthier choices in schools and also reaching out to those who are outside the traditional school curriculum. Even formal educational establishments often have different institutional mechanisms for sex education, and there can also be disparity between the qualities of such education between these establishments.

The participants also talked about services. Adolescents or young people need a special kind of attention in service provision. The health services that are already in place are either inadequate or are not necessarily user-friendly. There are different ways to reach young people, including through community programmes, peer education, health education, services; these must be widely promoted in real terms and services have to expand.

Another area which has come up is the issue of coordination: collaboration – intersectoral both amongst and between donors, governments, local authorities, central governments, civil society and the private sector. There is a need for a much more harmonized, integrated and coordinated approach, and we also have to be more results-oriented.

Melinda Crane: Mr. Taube, we have just heard that sex education is important. But isn't that even true of education in general? If we are talking about family planning, isn't the single best method of shrinking family size to educate women better and further?

Günther Taube: Well, there is no single best method. I promised some practical examples, so I will refer to some country examples where we are directly involved in trying to support government programmes and policies in terms of dealing with population and the pressure of population growth. There is no single best shot and no silver bullet. Sometimes, you have to primarily focus on health services, better education in terms of health, and access to health services; sometimes you focus on education more broadly; and sometimes you combine these; and sometimes, you even work on very different issues like water sanitation and other points.

But let me bring a few examples, just to illustrate my point and also to show what we do a bit more clearly. Let me begin by saying that, of course, much of what we do is funded by the German government, by the Ministry of Economic Cooperation and Development, which sets the sort of policy framework and provides the funding for what we do with our partner countries.

One very good example that Mr. Brill just mentioned is Sri Lanka. Sri Lanka is a case where we have provided some assistance in terms of better access to health services and other areas. But Sri Lanka is also a very interesting case which has shown that, by having strong policies of its own and by being very determined; a lot of improvement can be achieved.

Bangladesh is another case. We have been supporting the government there for over 20 years. Bangladesh is a country that has reduced its fertility rate by, I believe, over 70 per cent, compared to 20 or 30 years ago, nowadays reaching a reproduction level of about two. Bangladesh is clearly a case which demonstrates that a very poor country – Bangladesh is not a rich country, does not even fall in the category of an emerging market – can make a lot of progress with own programmes and poli-

cies, and some support provided by donors like the German government, which we are happy to implement. So those are two interesting cases.

Another case I would like to raise is Burkina Faso. Burkina Faso, in Africa, is a country where we are very active right now with a programme that focuses on female education in the health sector. And just to quote a few numbers, which I think are quite impressive: through better access to family planning and better community-based distribution of contraception etc., we have tripled the use of modern family planning methods in ten years. The cases of female genital mutilation have dropped from 41 per cent to 14 per cent. The proportion of girls in schools has increased enormously. So that is another case where we are not only focusing on the health sector but also on the education sector.

From these examples you can see that a lot can be done. All of these countries, as diverse as they are, have in common a great deal of determination and policies by the governments themselves. This is the basis for us to be very active and very effective as a donor. I would like to point out that, if you should have been given the impression that GIZ is doing all this, implementing all these projects and activities, that is not so. What we do is support national programmes and policies of governments.

Melinda Crane: Ms. Käßmann, donors have been talking about sexual and reproductive rights for pretty much 18 years since the International Conference on Population and Development in Cairo. In all that time, while they have been talking about them, many governments have been cutting back support for family planning and reproductive health services, among them my own government, the US, of course, referencing religious principles. You once said the birth control pill is a blessing, a rather unusual attitude, even among some Protestants. What can you do within the Church to change attitudes in this area?

Margot Käßmann: I must say, I said this in a Roman Catholic cathedral in Munich, at an ecumenical service. I said that if we look at the reproductive rights of woman, we could say that the invention of the “pill”, as we say in Germany, could even be called a blessing of God or a present from God. But we still have to keep in mind that a child is a blessing for people. And we should not forget that a child is, first of all, not a problem and a pregnancy is not a problem, but rather a blessing for a couple if they want to have a child. As a religious person, I would say that we have been given the responsibility by God for taking care of creation, of this Earth. I believe that most people in this world want to have children. But they want them in a way that they can support them, can sustain them, and can raise them. Certainly, in most cases, this is only possible with a very limited number of children and I would say it is part of my religious responsibility to raise children in a number I can be responsible for. For me this is a very important aspect.

On the other hand, I don’t want to be culturally dominant. Right at the moment, there

is a very special child, recently born to the President of France. The newspapers are full of how great, how wonderful this is. And everybody wants to have a picture and nobody gets a picture. So there is a lot of fuss about one child in Europe. We sometimes forget how many children are not given the chances in life that this particular child has. I would say a child is a blessing, always. Every child is a blessing. But I think, as a religious person, it is part of my responsibility in this world to take care of how many children I can raise. And I would say it is also a blessing by God to be able to control that.

Melinda Crane: Ms. Käßmann has qualified her reference to the blessing. But nonetheless, Mr. Brill, I guess that would be music to your ears. How many women in developing countries actually have access to the birth control pill or to other modern forms of contraception? By access, of course, I mean not only physical availability but affordability.

Klaus Brill: First of all, I hope that is music to the ears of women, too. The Guttmacher Institute in New York has run quite a number of surveys related to your question and found out that, in 2008, three-quarters of women in developing countries who seek to avoid unplanned pregnancies already use a modern contraceptive method.

In addition, we have to make sure that the products are accessible. This is why we work together with international organizations like UNFPA or USAID, to name two very big ones, in order to talk about the demand and how we can contribute towards fulfilling this demand. And this is why we have increased our efforts over the last three years significantly. To give you an example, last year, we provided more than 110 million cycles of oral contraceptives, about seven million ampoules of injectables and around 1.3 million units of Jadelle, and implants to those organizations. This is one part of the story. Another important part is to make it affordable. This is why we provided our products to those organizations at a cost price.

Where is the challenge? The challenge is distribution and supply chain security. This is something we really have to look into: How can we make sure that the products will go to the woman who wants a modern contraceptive method. This is really something with which we have not yet reached an ideal situation in each of the countries we are talking about. This is why we entered a new area or avenue, together with USAID, to avoid a situation whereby distribution is not taking place. What we are doing is that we have already started and will continue to introduce one of our products into eleven countries in sub-Saharan Africa within the next three years at an affordable price. We will also be responsible for the distribution. So we will make sure that the product is available at any place where it should be available for a woman. Last year we started in Ethiopia, and we recently introduced the product in Uganda. Next country will be Tanzania, and the next eight countries are to come in the next two years. So this is a new idea concerning how to overcome the issue of distribution.

Melinda Crane: Mr. Südhoff, whether it is a practical issue like distribution or some of the larger linkages that we have been talking about between underdevelopment, growth and population dynamics. Clearly, there is a huge need for more cooperation, more inter-sectoral initiatives, as Mr. Melesse has mentioned. How can we best bring that about? We keep hearing that people are talking about getting out of the silos and working together, but the reality in terms of implementation tends to lag behind.

Ralf Südhoff: To give an example, if you talk about countries, looking at UN indexes, with the highest population growth and you compare them with the countries that are the poorest in the world, the so-called least developed countries, the 48 ones, they basically match. Of course, the equation is not that simple. There are exceptions – Sri Lanka was mentioned, for example – where the equation poor = too many people – does not match. However, the question I would like to put on the table is: to what extent is all this about fighting poverty, to enable people to get education? Our experience in the field – we do a lot of school feeding programmes for example – is: it does not work if you only build schools, if you only educate teachers. The people won't send their kids to school because they need the kids in the fields or to beg for their own food. So people in poor countries will keep having more and more kids as long as they don't have a sense of social security. They think: if I don't have eight kids, who will be in charge of providing me or supporting me? What happens, for example, if I get sick today for the rest of my life? So, what is the priority? And I would put the question on the table whether, while we certainly need more family planning, is this is really the key to solving the issue of population growth? Or do we first of all need less poverty and then more education, a different role for women and so on before things can improve sustainably and by themselves in many ways.

Melinda Crane: I would like to come back to that question of cultural sensitivity and self-interest on the part of a company like Bayer. Are there issues where you need to be very careful, or be culturally sensitive when talking about distributing contraceptive methods in developing countries?

Klaus Brill: In general, I would say no. But the problem lies in the details. So we are sensitive how to do this in different countries where we are in the markets. We always aim for partnerships with the Ministry of Health and other such partners. I always call it 'strategic alliance for health'. And I think this is important, because you have to sit together with different stakeholders and talk about the problem and find solutions. And I think, looking back at what I have seen during the last two days, exactly what we need is to bring people together from different organizations. And what was amazing for me, was that people in the different working groups were figuring out within four hours what the problem was and came up with solutions. Besides that, within these four hours, they managed to build networks. They will go back to their countries and they now know each other. They know what they want to achieve, and I am convinced they will work on this.

Let me give you one example concerning why we talk about education. I want to share this example with you because I am so enthusiastic about it. Together with DSW, we developed what we call the 'young adolescence programme', to find a way to reach young adolescents. The objective is to educate young girls and boys between 10 to 14 years of age at primary schools about sexual and reproductive health. After three years of hard work, the outcome is amazing - more than 5,800 girls and boys have learned more about their bodies and health issue in general than ever before.

Melinda Crane: Ralf Südhoff, I would like to know your answer, if you were talking to a donor who says: Look, I have got limited fire power, where should I concentrate it? What would you tell them?

Ralf Südhoff: I have just been to Uganda. On the one hand, there you can see how important the impact of education programmes is. For example, HIV/Aids prevention: Though people are as poor as before, the HIV situation in Uganda has tremendously improved over the years just thanks to these programmes. So I don't want to say, well, forget about it, people just need money and then the population issue will be solved over the years. At the same time, we realized in Uganda that urbanization is an important factor when we talk about population growth. Traditionally, Uganda has one of the highest birth rates with six, seven, eight kids for each family. However, families who move to the cities have fewer children, on the average three to four kids. The reason is: in cities women have a better chance of being educated. Once better educated, they come with ideas for going into business, and see they can have social security without having eight kids and their status and role is revolutionized within the families as well as within society.

Intervention from the floor

Joachim Schmitt,

Division Education, Health and Population, Federal Ministry for Economic Cooperation and Development (BMZ), Germany:

I thought it might be helpful to share some of our thoughts on the issues that we have been discussing. I just want to make three points and really looking at the title of the discussion we have – "A world of seven billion", I think we should not look at it from the aggregate side, from the total side; this is a world of seven billion indi-

vidual human beings. And you can also say a world of seven billion potentials and individual hopes.

I think that is something we really try to steer. What we will see is a lot of "The boat is full", "We are too many", and "What can we do?" We try to give other messages here. There is a lot of potential in this. A world of seven billion is very unequally spread around the globe. Obviously, family planning is not really an issue in Germany. If you look at predictions by the end of the century, we will have half the population size we have right now. So it is not an issue here. If you look at China, or some of the other emerging countries, ageing is a huge challenge. Then if you look to some of the poorer countries, the problem is obviously population growth. We need a country-by-country solution. That's why, at the International Dialogue, we looked at three specific, very diverse country examples. We need different solutions for each of these countries.

"Balance, rights and equity" is not easy to achieve. I think that it is very important to remember that a lot is about power games. Just look at balance, equity in our own society. You will realize it is a very difficult path to get there. We have certainly set priorities. The priorities we have set, and Minister Dirk Niebel opened the Dialogue emphasizing this – are that education is a priority. In Africa, we plan to double our commitment to education by 2013 (compared to 2009).

We have started an initiative on self-determined family planning and reproductive health. We will double our bilateral commitments in these areas. I think that needs to be accompanied by empowerment, especially of women and human rights. Education needs to go beyond basic education and it is very important that there is a perception of economic possibilities. We realize that, wherever we have that setting, most women or couples say: "We don't want seven or eight children. We would rather like to lower the number of children we have".

The last point is - "is seven billion a puzzling number", and in many areas, in many countries it certainly is a very puzzling and worrying number. I mean, if we look at some of the countries where predictions visualize a tripling of the population by 2050, just imagine for a second, Germany, by 2050, that is, 39 years from today, have 250 million people; that certainly is a puzzling number. The framework conditions in some of the poorer countries are a lot worse. The third area we are working on is exactly the intersectoral approach. We are thinking that we need to get together. I think that, until now, we have been thinking too much in sectors - health sector, education sector – which is why we try to bring them together, and we try to look at the issues from different perspectives. For instance: what does that mean for migration, for environment, for infrastructure? So that will be one of our next steps - to continue to take a look at issues from that perspective. ■

List of Participants

Bubuira Abdyzhaparova	Embassy of Kyrgyzstan in Germany	Councellar	Germany
Omer Aftab	Women's Empowerment Group	Executive Director	Pakistan
Nabeela Ali	USAID Technical Assistance Unit for Health	Chief of Party	Pakistan
Alex Apfel	World Health Communication Associates Ltd. (WHCA)		UK
Franklin Apfel	World Health Communication Associates Ltd. (WHCA)	Youth supporter	UK
Sitara Ayaz	Ministry for Social Welfare and Women Empowerment, Government of Khyper Pakhtunkhwa	Minister	Pakistan
Aigul Azimova	Kyrgyz State Medical Institute for Retraining and Continuous Education (KSMIRCE)	Head of E-learning Department	Kyrgyzstan
Faiza Aziz	National Youth Network (YAN), Pakistan	Co-Chairperson at Youth Advocacy Network - Pakistan	Pakistan
Renate Bähr	German Foundation for World Population Development (DSW)	Executive Director	Germany
Larisa Bashmakova	United Nations Development Programme (UNDP)	Support of government in HIV/Aids prevention	Kyrgyzstan
Erica Belanger	International Planned Parenthood Federation (IPPF)	Resource Mobilization Officer	United Kingdom
Carol Bellamy	Global Partnership for Education	Chair of the EFA/FTI Board of Directors	USA
Wolfgang Bichmann	Education and Social Protection, KfW Entwicklungsbank	Head of the Sector and Policy Division Health	Germany
Uwe Birnstein			Germany
Doortje Braeken	International Planned Parenthood Federation (IPPF)		UK

Jason Bremner	Population Reference Bureau	Programme Director, Population, Health, and Environment	USA
Klaus Brill	Bayer HealthCare Pharmaceuticals	Vice President of Corporate Commercial Relations	Germany
Michaela Brinkhaus	Federal Ministry for Economic Cooperation and Development (BMZ)	Division Education	Germany
Ingar Brueggemann			Germany
Arndt Bubenzer	Common Sense eLearing and training consultants	Director	Germany
Sharon Camp	Guttmacher Institute	President	USA
Venkatraman Chandra-Mouli	World Health Organisation (WHO)	Maternal, Newborn, Child, Adoslescent Health	Switzerland
Katie Chau	International Planned Partenthood Federation (IPPF)	Project Officer Youth	UK
Angela Chipeta-Khonje	Banja La Mtsogolo	Senior Research Manager	Malawi
Galina Chirkina	Alliance for reproductive health		Kyrgyzstan
Helena Choi	William and Flora Hewlett Foundation		USA
Dorothea Coppard	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Programme Director Sector Programme Education, Division Education, Health and Population	Germany
Melinda Crane	Deutsche Welle-TV	Anchor Woman	Germany
Olga Daitche	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Associated Expert, Regional Programme, Health in Central Asia/ Uzbekistan	Uzbekistan
Mary Delaney	United Nations Organization for Education, Culture and Science (UNESCO)	Regional Advisor for HIV and AIDS for Latin America and the Caribbean	Chile

Beth Deutsch	United States Agency for International Development (USAID/Malawi) Health Office		Malawi
Gudrun Eger-Harsch	Lebenschancen International	Executive Director	Germany
Irena Ermolaeva	Asteria	GIZ/Kyrgyzstan	Kyrgyzstan
Lydia Ettema	Marie Stopes International	Policy Advisor	UK
Louise Finer	Center for Reproductive Rights	International Advocacy Manager	USA
Sabine Flessenkämper	Division of Health, Education and Social Security, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	MD, MSc, DTMH, Specialist for Internal & Tropical Medicine	Germany
Almut Gebhard	Bayer HealthCare Pharmaceuticals		Germany
Katarina Greifeld	Sexual Health Specialist and Medical Anthropologist		Germany
Sabine Gürtner	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Teamleader, Sectorprogramme Gender	Germany
Nicole Haberland	Population Council	Programme Associate	USA
Beenish Hashwani	Church World Service, Pakistan	Project Coordinator-HIV & AIDS / RH	Pakistan
Marianne Haslegrave	International Federation of University Women	President	Switzerland
Mona Herbert	DSW (Deutsche Stiftung Weltbevoelkerung)	Advocacy Manager	Uganda
Ruth Hildebrandt	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Technical Advisor, FATA Dev. Programme, Health Component	Pakistan
Catherina Hinz	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Senior Project Advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights	Germany

Michael Holscher	Marie Stopes International (MSI)	Senior Vice President	UK
Paul Hunt	University of Essex		UK
Mary Wairimu Iruga	DSW (Deutsche Stiftung Weltbevoelkerung)	Peer Educator Trainer	Kenya
Ulrich Jahn	KfW Entwicklungsbank	Sector Ecomonmist, Health, Education and Social Protection, Competence Centre	Germany
Mazhar Javed	Embassy of Pakistan		Pakistan
Shahid A. Kamal	Embassy of Pakistan in Germany	Ambassador	Germany
Syed Kamal Shah	Family Planning Association of Pakistan	Chief Executive Officer	Pakistan
Emily Kamwendo	United Nations Population Fund (UNFPA)	Youth focal Person	Malawi
Margot Käßmann	Ruhr University Bochum	Professor for Social Ethics and Ecumenism	Germany
Hans Katengeza	Ministry of Health	Reproductive Health Officer	Malawi
Faith Kazembe	Embassy of the Republic of Malawi in Berlin, Economic Affairs	First Secretary	Germany
Caroline Kent	DSW (Deutsche Stiftung Weltbevoelkerung)	Advocacy and Campaigns Manager	Germnay
Norbert Kloppenburg	KfW	Member of the Executive Board	Germany
Barbara Kloss-Quiroga	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Head of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights	Germany
Marion Kneesch	KfW Entwicklungsbank	Sector Economist, Chief Sector Division Health, Education, Social Protection Sub Saharan Africa	Germany

Dieter Koecher	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Focal Area Coordinator Health	Malawi
Benedicto Kondowe	Civil Society Education Coalition		Malawi
Thierry Kühn	Federal Ministery for Economic Cooperation and Development (BMZ)	Division Education, Health and Population	Germany
Ruth Levine	The William and Flora Hewlett Foundation	Director, Global Development and Population Programme	USA
Roland Lindenthal	Federal Ministry for Economic Cooperation and Development (BMZ)	Division Health, Population Policy	Germany
Nighat Lone	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Education Support Unit Curriculum Wing, Senior Programme Officer	Pakistan
Manuel Enrique Maldonado	Club en Conexion, PASMO		Honduras
Torge Matthiesen	Federal Ministry for Economic Cooperation and Development	Division 305, Afghanistan/ Pakistan	Germany
Lucky Crown Mbewe	Youth Empowerment and Civic Education (YECE)	Executive Director	Malawi
Tewodros Melesse	International Planned Parenthood Federation (IPPF)	Director General	United Kingdom
Klaus Müller	KfW Entwicklungsbank	First Vice President, Policy Department	Germany
Nida Mushtaq	Youth Coalition for Sexual and Reproductive Rights	Member Pakistan	Canada
Dirk Niebel	Federal Ministry for Economic Cooperation and Develpoment (BMZ)	Federal Minister	Germany
Jon O'Brien	Catholics for Choice	President	USA
Johanna Offe	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Sector Project Profile	Germany
Babatunde Osotimehin	United Nation Population Fund (UNFPA)	Executive Director	USA

Serge Rabier	Equilibres & Populations	Executive Director	France
Eva Schildbach	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, GFA Consulting Group GmbH, Team leader	Promoting Sexual and reproductive health and rights/MoHP/GIZ Health Sector Support Programme	Nepal
Maike Schliebs	DSW (Deutsche Stiftung Weltbevoelkerung)	Advocacy Officer	Germany
Joachim Schmitt	Federal Ministry for Economic Cooperation and Development (BMZ)	Division Health, Population Policy	Germany
Eva Schöning	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Project Advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights	Germany
Ruth Schumacher	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Senior Project Manager, Health Division	Germany
Joachim Schüürmann	KfW Entwicklungsbank, KfW Office Central Asia	Senior Medical Advisor	Kyrgyzstan
Jamuna Shresta	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, GFA Consulting Group GmbH	Regional Programme Officer	Nepal
Larisa Sosnitskaja	Ministry of Youth Affairs of the Kyrgyz Republic	Deputy Minister	Kyrgyzstan
Thomas Staiger	Federal Ministry for Economic Cooperation (BMZ)	Division 305, Southern Africa	Germany
Ralf Südhoff	UN World Food Programme (WFP)	Director, Berlin Office	Germany
Ann Svensén	Swedish Association for Sex Education (RFSU)/EuroNGOs	Chair of EuroNGOs, Director of External Relations, Swedish Association for Sexuality Education (RFSU)	Sweden
Bolotkan Sydykanov	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	National Coordinator Regional Programme Health in Central Asia	Kyrgyzstan

Günther Taube	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Head of Division Health, Education and Social Protection	Germany
Siegrid Tautz	evaplan Heidelberg GmbH and Universitätsklinikum Heidelberg	Trainer and Consultant	Germany
Katja Tielemann	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Sector Project Profile	Germany
Claudia Trautvetter	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Technical Advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights	Germany
Marion Urban	Federal Ministry for Economic Cooperation and Develpoment (BMZ)	Head of East and Central Asia Division	Germany
Franz von Roenne	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Head of the Health Section	Germany
Matthias Wein	DSW (Deutsche Stiftung Weltbevoelkerung)	Research and Advocacy Officer	Germany
Sonja Weinreich	Church Development Service (Evan-gelischer Entwicklungsdienst – EED)	Senior Health Advisor	Germany
Peter Weis	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Head of Back up Initiative	Germany
Katie Whitehouse	Charité	Rapporteur	Germany
Christine Winkelmann	German Federal Centre for Health Education (BZgA)	WHO Collaborating Centre for Sexual and Reproductive Health	Germany
Jonathan Wittenberg	Guttmacher Institute	Director of Development	USA
Patrick Young	Theater for a Change	Programme Director	Malawi

Programme

19. - 20.10. 2011, Berlin Germany

Day 1, October 19, 2011

12:00 a.m. Registration and informal lunch

1:00 p.m. **Welcome**
Norbert Kloppenburg, Member of the Managing Board of KfW, Frankfurt, Germany

Klaus Brill, Vice President of Corporate Commercial Relations, Bayer HealthCare Pharmaceuticals, Berlin, Germany

1:10 p.m. **Opening Session**

Opening speech
Dirk Niebel, Federal Minister for Economic Cooperation and Development (BMZ), Germany

Nida Mushtaq, Youth Coalition, Pakistan

1:35 p.m. **Keynote Speech**
Babatunde Osotimehin, Executive Director, United Nations Population Fund (UNFPA), New York

Carol Bellamy, Chair, Global Partnership for Education, Washington, USA

2:15 p.m. **Setting the scene**
Franklin Apfel, Managing Director, World Health Communication Associates (WHCA) Ltd., UK

Joachim Schmitt, Division Health, Population Policy, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

2:35 p.m. **Working groups**

Working group 1: Designing youth-to-youth education (formal / non-formal)
Working group 2: Measuring impact
Working group 3: Empowering girls
Working group 4: Engaging the digital youth
Working group 5: Setting national standards for sexuality education
Working group 6: Targeting marginalized groups
Working group 7: Addressing religion and sexuality education
Working group 8: Ensuring rights-based approaches

5:00 p.m. **Market place – presenting outcomes of working groups**

8 Working groups – 8 booths
Rapporteurs, moderators and input givers present the recommendations of their working group

6:30 p.m. End of day 1 (bus to place of dinner)

7:00 p.m. **Informal networking dinner**
Restaurant “Maritim pro Arte”

Day 2, October 20, 2011

8:30 a.m.

Critical reflection on day 1
Youth representatives of country working groups Kyrgyzstan, Malawi, Pakistan – supported by **Alex Apfel**, World Health Communication Associates (WHCA) Ltd., UK

Discussion

Three working groups parallel – Kyrgyzstan, Malawi, Pakistan

9:00 a.m.

▶ Kyrgyzstan
Moderator: **Joachim Schmitt,** Division Education, Health and Population, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Guiding questions

1. How to improve access to SRHR-services? This question implies the following dimensions of social protection, geographical inequities in availability, accessability, acceptability and quality of SRHR-services (urban versus rural SRHR-services) and the necessity of established referral systems.
2. How to improve access to information in the formal and non-formal education sector? How to make use of other actors besides teachers, such as religious leaders, social workers, police officers, media in order to improve access to SRHR-education? How to integrate traditional values and belief systems into SRHR-education?
3. How to strengthen and harmonize cooperation between Ministry of Education, Ministry of Health, Ministry of Youth, national HIV/AIDS programmes, NGOs and donors (in order to integrate comprehensive sexuality education in national curricula and HIV prevention programmes)?

9.30 a.m.

Setting the Scene
Input from representative government
Larisa Sosnitskaja, Deputy Minister of Youth Affairs, Kyrgyzstan

Input from representative donor
Marion Urban, Head of East and Central Asia Division, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Input from representative non-state actor
Irena Ermolaeva, Asteria, Kyrgyzstan

Question & Answers

9:45 a.m.

1st Round World Café,
3 tables with 10 participants each. One table for each guiding question.

10:45 a.m. — 2nd Round World Café,
3 tables with 10 participants each. One table for each guiding question.

12:00 a.m. — Kyrgyzstan country group meets again in full size;
table hosts present recommendations of their table. Discuss and continue jointly work on recommendations. Summarize most important lessons learned and concrete actions to be taken in future.

9:00 a.m. — **▶ Malawi**
Moderator: **Barbara Kloss-Quiroga,** Head of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Guiding Questions:

1. How to improve access to SRH-services and information for adolescents in order to reduce the high unmet need of modern methods of family planning?
2. To what extent have human rights been used to promote sexuality education, either by influencing policy or by taking law cases? When and under which conditions have these initiatives been successful?
3. What strategies can be used to strengthen and harmonize collaboration between Ministry of Education, Ministry of Health, Ministry of Gender, National HIV and AIDS programmes, NGOs and donors?

9:30 a.m. — Setting the Scene
Inputs from representative government
Simeon Hau, Principal Secretary, Ministry of Education, Malawi

Inputs from representatives donor
Emily Kamwendo, Youth Focal Person United Nations Population Fund (UNFPA), Malawi

Thomas Staiger, Division Southern Africa, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Input from representative non-state actor
Benedicto Kondowe, Civil Society Coalition for Quality Basic Education, Malawi

Questions & Answers

9:45 a.m. — 1st Round World Café,
3 tables with 10 participants each. One table for each guiding question.

10:45 a.m. — 2nd Round World Café,
3 tables with 10 participants each. One table for each guiding question.

12:00 a.m. — Malawi country group meets again in full size;
table hosts present recommendations of their table. Discuss and continue jointly work on recommendations. Summarize most important lessons learned and concrete actions to be taken in future.

9:00 a.m.

▶ Pakistan

Moderator: **Catherina Hinz,** Senior project advisor of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Guiding Questions:

1. Which consequences derive from the demographic challenge in Pakistan with regard to the formulation and implementation of future health and education policies by the Federal and Provincial Governments of Pakistan?
2. How to address comprehensive sexuality education (particularly gender-sensitive education) within a conservative Islamic society? (Which elements within sexuality discourse can be justified from religious point of view and could be treated as entry points? How to build a consensus in Pakistani society including religious authorities - towards comprehensive sexuality education?)
3. What is the impact of the legal and social status of women and girls on family planning? What steps need to be taken to ensure access of women and female adolescents to reproductive healthcare and sexuality education?

9:30 a.m.

Setting the Scene

Input from representative government
Sitara Ayaz, Minister for Social Welfare and Women Empowerment, Government of Khyber Pakhtunkhwa, Pakistan

Input from representative donor
Torge Matthiesen, Division Afghanistan/Pakistan, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Input from representative donor
Omer Aftab, Executive Director, Women's Empowerment Group, Lahore, Pakistan

Questions & Answers

9:45 a.m.

1st Round World Café,
3 tables with 10 participants each. One table for each guiding question.

10:45 a.m.

2nd Round World Café,
3 tables with 10 participants each. One table for each guiding question.

12:00 a.m.

Pakistan country group meets again in full size;
table hosts present recommendations of their table. Discuss and continue jointly work on recommendations. Summarize most important lessons learned and concrete actions to be taken in future.

1:00 p.m.

Lunch

2:00 p.m.

Wrap up and discussion of the outputs of the working groups –
all meet again in full size

3:30 p.m.

A critical reflection on the conference and recommendations
Franz von Roenne, Head of the Health Section,
Deutsche Gesellschaft für Internationale Zusammenarbeit
(GIZ) GmbH, Eschborn, Germany

Final comments by youth representative

4:00 p.m. **End of International Dialogue**

6:00 - 8:00 p.m. **Panel discussion**
KfW Kassensaal, Entrance Behrenstraße 31, 10117 Berlin

A World of Seven Billion: Balance, Rights, Equity

Welcome Address
Klaus Müller, Director of East and West Africa, KfW Entwicklungsbank, Frankfurt, Germany

Keynote Speech
Renate Bähr, Executive Director, DSW (Deutsche Stiftung Weltbevoelkerung), Hanover, Germany

Panellists
Günther Taube, Head of Division, Health, Education and Social Protection, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Eschborn, Germany

Klaus Brill, Vice President of Corporate Commercial Relations, Bayer HealthCare Pharmaceuticals, Berlin, Germany

Margot Käßmann, Professor for Social Ethics and Ecumenism, Ruhr University Bochum, formerly Chair of the Council of the Evangelical Church in Germany, Germany

Tewodros Melesse, Director General, International Planned Parenthood Federation (IPPF), London, UK

Ralf Südhoff, Head of Berlin Office, UN World Food Programme (WFP), Berlin, Germany

Moderator
Melinda Crane, DW TV, Berlin, Germany

8:00 p.m. Reception

Curricula Vitae

AFTAB, Omer
is working as Development and Communications professional for the last 15 years specializing in Campaigning, Communications Management and Strategic Public Relations. He is the only Pakistani professional who has been awarded the Front Line Golden World Award by International Public Relations Association – IPRA. He is currently engaged in strategizing and developing National Initiative on Sexual and Reproductive Health and Rights in Education (SRHRE).

ALI, Nabeela
is currently the Chief of Party for JSI's USAID Technical Assistance Unit Health, a three year project in Pakistan. She has been a full time employee of JSI since 2004 was Chief of Party for Pakistan Initiative for Mothers and Newborns (a $ 93 million project). Dr. Ali has 27 years experience of working with public sector, private sector and implementing donor funded projects at national level.

APFEL, Alex
is a junior doctor currently working at South mead hospital, Bristol, UK. He holds degrees in psychology from the University of Sussex and medicine from the Brighton and Sussex Medical School. On completing his foundation training, Alex aims to work in rural South Africa before continuing to specialist training. He has been youth action coordinator at World Health Communication Associates since 2006.

APFEL, Franklin
is Managing Director and founding partner of World Health Communication Associates (WHCA) Ltd. and serves as a visiting faculty member of the Health Science Department at the University of West of England. He is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

AYAZ, Sitara
is Social Welfare and Women Development Minister of Pakistan's North West Frontier province (Khyber Pakhtunkhwa) and a member of the Provincial Assembly. She is a fervent supporter of the women's and children's rights in Pakistan. In June 2010 Ms. Ayaz was given a prestigious Pakistan Excellence Award as recognition of her contribution to the protection of rights of women and children in her province.

AZIMOVA, Aigul Asanbaevna
is Head of E-learning Department at the Kyrgyz State Medical Institute for Retraining and Continous Education (KSMIRCE).

AZIZ, Faiza
is Governing Board member and caretaker Co-Chairperson of Youth Advocacy Network (YAN) from Karachi, Sindh. She is a youth activist and has been working on human rights and improving the image of Pakistan internationally for the past four years. She is now serving as the elected President of SARYN (Youth of Pakistan, India, Bangladesh, Bhutan, Maldives, Iran, and Afghanistan).

BÄHR, Renate
is the Executive Director of DSW (Deutsche Stiftung Weltbevoelkerung). Ms. Bähr has a long-standing record of successful media and public awareness work for population and sexual and reproductive health issues in Germany and around the world.

BELANGER, Erica
is a Resource Mobilization Officer at the International Planned Parenthood Federation (IPPF) Central Office in London and has been with the Federation since 2007. She is responsible for working to create a supportive environment within donor governments to finance sexual and reproductive health and rights. She is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

BELLAMY, Carol
serves as the Chair of the Education for all (EFA)/FTI Board of Directors. Since its creation in 2002, EFA/FTI has grown to become a dynamic global partnership endorsing the education sector plans of 41 low-income countries around the world and granting $2 billion in support of these strategies.

BRAEKEN, Doortje
is Senior Advisor Adolescents/Young People, International Planned Parenthood Federation (IPPF), in London. She also has been working for the Dutch Family Planning Association as a sexual health educator for adolescents for more than 20 years. She initiated their participation in the organization's highest policy making body and helped to develop the IPPF Youth Manifesto.

BREMNER, Jason
is Population Reference Bureau (PRB) programme director for Population, Health, and Environment, informing people through research, writing, and outreach on the relationships between population, environmental change, and the impacts on human health. He has over 10 years of research and programme experience in population, health, and environment and has worked throughout South America and East Africa.

BRILL, Klaus
is Vice President of the Corporate Commercial Relations at Bayer HealthCare Pharmaceuticals, Berlin. Further career milestones at Bayer Schering Pharma were Head of the Gynaecology Business Unit in the German operation and Head of the Strategy and Portfolio Management as well as of the Global Women's Healthcare Business Unit. He is member of the steering group of the 9th Dialogue on Population and Sustainable Development.

BUBENZER, Arndt
is director of common sense – eLearning & training consultancy. His main activities and responsibilities cover operations management, strategic consults, project management and assessment of sustainability measures, learning and distance learning design.

CAMP, Sharon L.
is the President and CEO of Guttmacher Institute, the leading policy research organization in sexual and reproductive health and rights. Prior to joining Guttmacher in 2003, Dr. Camp was President and CEO of Women's Capital Corporation, a start-up company responsible for the development and commercialization of Plan B emergency contraception.

CHANDRA - MOULI, Venkatraman
works in the Department of Maternal Newborn Child and Adolescent Health at World Health Organization (WHO). He is also involved in both research and development, and technical support provision in the area of improving the making health systems responsive to the needs of adolescents.

CHAU, Katie
is a Youth Project Officer with the International Planned Parenthood Federation (IPPF). She coordinates projects that aim to empower young people and expand access to youth-friendly sexual and reproductive health services and comprehensive sexuality education. Katie has a Master's degree in public health from the London School of Hygiene and Tropical Medicine.

CRANE, Melinda
is a journalist and TV-presenter. Melinda Crane produced documentaries for German and US television and wrote for the Christian Science Monitor, The Boston Globe and The New York Times Magazine.

DELANEY, Mary Guinn
is Regional Advisor for HIV and AIDS for Latin America and the Caribbean for the United Nations Organization for Education, Culture and Science (UNESCO) in Santiago, Chile. As a development and HIV specialist she has extensive experience in programme management and leadership; project design and technical cooperation; interagency and multi sectoral coordination.

ERMOLAEVA, Irina
is Director of the Non Governmental Organization "Asteria". She has been working for Asteria since 2007. She has a diploma from the Kyrgyz National University Faculty of Law. Her key qualifications are including analysis and assessment of female issues, probation questions, incarceration issues, marginalized groups, psychology, lecturing, training, TOT and research.

FINER, Louise
is International Advocacy Manager in the International Legal Programme. She leads the Centre's advocacy work before the United Nations and in other international fora. She has extensive research and advocacy experience on sexual and reproductive rights, freedom of information, transitional justice and Indigenous Peoples' rights.

GREIFELD, Katarina
is an anthropologist and works as a free lance consultant since more than 15 years. Youth related inputs and all connected to sexual health is her field of expertise, as well as new channels for information and education/edutainment. She worked in Asia, Africa and Latin America and the last three years in Middle America as monitoring consultant for a regional social marketing programme for condoms with a strong youth component.

HABERLAND, Nicole
has been working at the Population Council since 1996. She conducts intervention and policy research in the areas of adolescents, power in sexual relations, and sexuality and HIV education. As a programme associate her current projects include the Rethinking Sexuality Education Project, which aims to place a more central emphasis on gender in sexuality and HIV education.

HASLEGRAVE, Marianne
having studied history for her BA and MA degrees, now semi-retired, she still spends part of her time working as the Director of the Commonwealth Medical Trust (Commat). She also served as a consultant on Partnerships for Sexual and Reproductive Health and the Millennium Development Goals (MDGs) with the UN Millennium Project and has been a member of UK government at International Conference on Population and Development in Cairo in 1994.

HASHWANI, Beenish
has been working in the development sector for eight years and has been associated with Church World Service-Pakistan/Afghanistan for the past several years. She has advocated on highlighting the issue of HIV in Pakistan and has written several articles on highlighting the need for women to recognize among their rights, the right for proper access to reproductive health needs.

HERBERT, Mona
is Advocacy Manager for DSW (Deutsche Stiftung Weltbevoelkerung) Uganda. He previously worked as GTZ Technical Programme Officer attached to the Uganda Ministry of Gender, Labour and Social Development and before as Producer in charge of Development broadcasting Ugandan Television and as a consultant for several organizations, among which the British Council.

HINZ, Catherina
is working as a senior project advisor of the sector initiative PD SRHR with a focus on population dynamics at GIZ since September 2011. She has more than 16 years of experience working in the field of information, communication and advocacy on development issues with a special focus on population issues and sexual and reproductive health. She is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

HUNT, Paul
is adjunct Professor at the University of Waikato, New Zealand, and Professor at the University of Essex, England. From 2002 to 2008, he was appointed the UN Special Rapporteur on the Right to Health.

IRUGA, Mary Wairimu
joined Youth-to-Youth (Y2Y) Initiative (DSW) in 2009 as a youth club member and has since improved her skills to a trained Peer Educator Trainer in the field of Adolescent Sexual and Reproductive Health and Rights as well as Entrepreneurship, Life Skills and Livelihood matters for the youth. She is actively involved in community work in Korogocho, an informal settlement area in Nairobi, Kenya.

KAMAL SHAH, Syed
is Chief Executive Officer, Rahnuma-Family Planning Association of Pakistan (FPAP). FPAP is the leading and amongst the largest Non Governmental Organizations in the field of SRHR providing services based on holistic development paradigm. Established in 1953 and an affiliate of International Planned Parenthood Federation (IPPF) since 1954.

KAMWENDO, Emily
is Programme Officer Youth at United Nations Population Fund (UNFPA) responsible for adolescent and youth sexual reproductive health. She supports mainstreaming of youth issues within the broad mandates of UNFPA, i.e. SPHR (including HIV and AIDS), Gender, Population and Development and Humanitarian response.

KÄßMANN, Prof., Margot
has been Chairperson of the Evangelical Church in Germany (EKD) from 2009 until 2010. From August and December 2010 she accepted a guest professorship at the Emory-University in Atlanta (USA). Since 2011 she teaches and researches as a guest professor for ecumenism and social ethics at Ruhr University Bochum.

KATENGEZA, Hans
Is Reproductive Health Officer at the Ministry of Health, Malawi, Reproductive Health Unit. Among other things he is responsible for the Coordination of Post Abortion Care services in FP (pregnancy prevention) and Youth Friendly Health services Programme since 2006. From 1998 - 2006 he was Chief Clinical officer- General Duties at Mangochi & Kamuzu Central hospital.

KLOPPENBURG, Norbert
has been working for KfW-Bank since 1989. Dr. Kloppenburg is member of the Executive Board of KfW-Bank since 2007. From 2002 to 2006 he was Senior Vice President, Head of Europe and Asia Department.

KLOSS-QUIROGA, Barbara
is head of the Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights at GIZ. She has been working for DSE/INWENT/GIZ since October 1988 as head of the Primary Health Care Division at DSE, Senior Project Manager responsible for Social Security programmes at InWEnt, HIV/AIDS cross sector representative as well as Gender and equality representative for InWEnt. She is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

KÖCHER, Dieter
is team leader of the Malawi German Health Programme and Health Sector Coordinator of German Development Cooperation in Malawi since 2007. He has specific expertise in health system development, reproductive health, decentralization and community participation, organizational development and result based monitoring.

KONDOWE, Benedicto
is currently working as Executive Director for Civil Society Coalition for Quality Basic Education. He has over 10 year's practical management experience in programme development and quality including education and sexuality; development and policy research, analysis and advocacy.

KÜHN, Thierry
is desk officer in the division "health; population politics" at the German Federal Ministry for Economic Cooperation and Development (BMZ). Beforehand, he worked with the German Academic Exchange Service (DAAD) in Germany, with Doctor without Borders (MSF) in the Democratic Republic of Congo and with the Welthungerhilfe (WHH) in Ethiopia. He is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

LEVINE, Ruth E.
is director of Global Development and Population Programme at the William and Flora Hewlett Foundation. Previously she was a deputy assistant administrator of Bureau for Policy, Planning and Learning at US Agency for International Development.

LONE, Nighat
is currently the Component Head for two of the three components in the GIZ education programme namely 'Curriculum and Textbooks Reform' and 'Teacher Education and Training.' She has worked for the last 16 years for GIZ education programme starting out in Khyber Pakhtunkhwa province (formerly NWFP) and following on to work in the GIZ federal programme.

MATTHIESEN, Torge
is desk officer for Afghanistan and Pakistan at the Federal Ministry of Economic Cooperation and Development (BMZ).

MBEWE, Lucky Crown
is Executive Director for Youth Empowerment and Civic Education (YECE) a local youth Non Governmental Organization. He has over eight years experience leading civil society advocacy including conducting awareness campaigns on Sexual Reproductive Health and Rights for young people and lobbying for adequate resource allocation for youth development programmes.

MELESSE, Tewodros
is Director-General of International Planned Parenthood Federation (IPPF). Previously he was the Regional Director of the IPPF Africa Region starting in January 2002.

MÜLLER, Klaus
is Director of East and West Africa of the KfW Entwicklungsbank. Since 2009 Dr. Müller has been Regional Director of the Department East and West Africa Sahel of the KfW Entwicklungsbank in Frankfurt.

MUSHTAQ, Nida
is member of the Board of Directors at Youth Coalition for Sexual and Reproductive Rights. She is also Member of taskforces related to ICPD, MDGs Review, Young Women's Health Rights and Comprehensive Sexuality Education.

NIEBEL, Dirk
is Federal Minister of Economic Cooperation and Development since 2009. From 2005 until 2009, he was Secretary General of the party FDP.

O'BRIEN, Jon
is President of Catholics for Choice (CFC). He heads the leading pro-choice organization, addressing sexual and reproductive rights from a standpoint of culture, faith, and morality.

OSOTIMEHIN, Babatunde
is Executive Director of United Nations Population Fund (UNFPA). Previously, he was Nigeria's Minister of Health. During his tenure, he united all 36 states to build a national health plan focused on primary health care.

RABIER, Serge
is Executive Director of Equilibres & Populations, a French NGO dedicated to SRHR as well as to population issues at large, established in 1993 to heighten the awareness of global population and health trends and their consequences among French policy decision-makers, the media, and the public.

SCHMITT, Joachim
works in the Division for Health and Population Policy in the German Federal Ministry for Economic Cooperation and Development in Bonn. His main working areas are MDG 4 and 5, sexual and reproductive health and rights. He is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

SCHÖNING, Eva
is project advisor of the sector initiative Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights at GIZ with a focus on HRBA, linking SRHR/HIV, MDG 5 and FP since 2010. She has been working in the field of SRH in clinical, community-based and humanitarian settings since 1992. She is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

SCHUMACHER, Ruth
is Senior Project Manager, Health Division Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. She has been responsible for sexual and reproductive health training programmes, including blended and e-learning approaches, in InWEnt before it was merged to become GIZ. She has worked in a number of different African and Asian countries, especially in Turkey and Mali. She is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

SOSNITSKAYA, Larisa
is Deputy Minister of Youth Affairs of the Kyrgyz Republic since 2010. From 2007 to 2010 she has been expert of the parliamentary of the Kyrgyz Republic.

STAIGER, Thomas
is desk officer Zambia and Malawi, Division for Southern Africa for German Federal Ministry for Economic Cooperation and Development (BMZ) in Bonn since 2009. He studied Economics at the University of Bayreuth.

SÜDHOFF, Ralf
is head of WFP Office Berlin and Spokesperson - Germany - Global Issues for the UN World Food Programme (WPF). From February until December 2007 he worked as Public Affairs Officer and spokesperson of the UN World Food Programme for Germany and Austria until he was appointed Head of the Berlin office of the UN World Food Programme in January 2008. Prior to that he was spokesperson and public affairs officer for the World Health Organization, Germany.

SVENSÉN, Ann
is the Director of External Relations in RFSU, the Swedish member association to IPPF. She is currently on the Board of Directors to the Guttmacher Institute and the Chair of the EuroNGO network. She has 22 years experience within the area of Sexual and Reproductive Health and Rights.

TAUBE, Günther
is Director of GIZ, Division Health, Education and Social Protection since October 2011. From 2005 until September 2011 he has been Director for Good Governance and Social Development Policy and Regional Commissioner for Asia at InWEnt and GIZ. Prior to that he was Senior Economist, Head of Programmes at the International Monetary Fund (IMF), Washington, D.C.

TAUTZ, Siegrid
is Director of evaplan at the University of Heidelberg and consultant in International Health. Her areas of specialization include sexual and reproductive health and rights including young people's specific SRHR needs, gender, HIV & AIDS, commercial sexual exploitation and trafficking in human beings as well as health promotion.

URBAN, Marion
is Head of East and Central Asia Division/Federal Ministry for Economic Co-operation and Development (BMZ)

VON ROENNE, Franz
is currently heading the health section of GIZ. His areas of expertise are in Health Policy, Health Financing, Health Systems Development, and HIV and AIDS control. He worked nine years in Africa (Malawi, Guinea Conakry), one year in Pakistan, and three years in Indonesia.

WEIN, Matthias
is Research and Advocacy Officer at the Berlin office of DSW (Deutsche Stiftung Weltbevoelkerung). Working for GTZ in 2009 he was involved in the organization of the NGO Forum on Sexual and Reproductive Health and Rights in Berlin, co-hosted by the German government and UNFPA. He is member of the steering group of the 9th International Dialogue on Population and Sustainable Development.

WEINREICH, Sonja
has been Senior Health Advisor at the Protestant Church Development Service (EED) since 2008. She is a member of the NGO delegation to the Programme Coordinating Board of UNAIDS and has been a member of the civil society delegation to the board of the Global Fund to fight AIDS, Tuberculosis and Malaria.

WINKELMANN, Christine
is Scientific Officer at the Federal Centre for Health Education, responsible for the WHO Collaborating Centre for Sexual and Reproductive health (part-time).

YOUNG, Patrick
has been international Programme Director of Theatre for a Change since 2003 and is responsible for the areas in Malawi, Scotland, England and Ghana.

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The International Dialogue on Population and Sustainable Development underlines the interdisciplinary importance of sexual and reproductive health and rights (SRHR) and population dynamics as key factors in achieving international development goals such as the Millennium Development Goals (MDGs). The conference series is designed to facilitate the networking of national and international players and encourage the exchange of information and experience.
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Bayer HealthCare

Bayer HealthCare Pharmaceuticals
13342 Berlin, Germany
Social Healthcare Programs
(Family Planning)
Tel. +49 30 468 118 03
Fax +49 30 468 167 74

www.dialogue-population-development.info