

Sexual and Reproductive Health of Youth in Northwestern Russia

an Evaluation of the Project

Ivonne Camaroni

**Department for Central and
Eastern Europe**

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Sida Evaluation 02/30

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List of acronyms

EU	European Union
GDP	Gross Domestic Product
GNP	Gross National Product
HIV	Human Immnudeficiency virus
IPPF	International Planned Parenthood Federation
LAFA	Landstinget förebygger Aids
NGO	Non governmental organisation
RFSU	Swedish Association for Sex Education
RFPA	Russian Family Planning Association
Sida	Swedish International Development Agency
STI /STD	Sexually transmitted infections / Sexually Transmitted Diseases
UNAIDS	Joint United Nation Programme on HIV/AIDS
UNFPA	United Nations Population Funds
WHO	World Health Organization

Glossary

Maternal mortality rate: the risk of dying from causes associated with childbirth. (Pregnancy, during and/or due to deliveries). Number of deaths from puerperal causes in a given geographical area during a given year / number of live births that occurred among the population of the given geographical area during the same year * 1000 or 100 000

Mortality rate: an estimate of the proportion of a population that dies during a specified period.

Population growth: a measure of population growth (in the absence of migration) comprising addition of newborns to the population and subtraction of deaths. The result, known as natural rate of increase, is calculated as (live births during the year – death during the year/midyear population) *1000

Birth rate: number of live births to residents in an area in a calendar year divided by the average or midyear population in the area in that year multiplied by 1000

Life expectancy at birth: the average number of years an individual is expected to live if current mortality trends continue to apply. It is a hypothetical measure and indicates current health and mortality conditions

Fertility rate: average number of children that would be born alive to a woman during her lifetime is she were to pass through her childbearing years conforming to the age specific fertility rates of a given year

(Adolescent) birth rates: the number of births per 1000 population in a given year

(Adolescent) abortion rates: the estimated number of abortions per 1000 women aged 15/44 years in a given year

Adolescences, youth and young people: ‘adolescents’: those aged between 10 and 19 years: ‘youth’ those between 15 and 24 and ‘young people’ covers both age groups, i.e. those between 10 and 24 (The Reproductive health of Adolescents: A strategy for action, a Joint WHO/UNFPA/UNICEF Statement, WHO, 1989)

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Executive summary

Reproductive health and sexuality among youth is an area of concern in the Russian Federation. High rate of adolescent abortion, high rate of sexually transmitted infections among those aged 15 to 19 years, and the fastest growing HIV epidemic in the world, with a high percentage of new HIV infections amongst young drug users are some of the facts that needs to be urgently addressed. Reproductive health and sexuality issues are not included in the programme of schools, and there are few professionals working in the health sectors trained to work with youth.

The Russian Family Planning Association, RFPA and the Swedish Association for Sex Education, RFSU, implemented a Sida-funded project 'Sexual and reproductive health in adolescents in Northwest Russian' during the period 1998–2002 after a preparatory phase in 1997, aimed to improve the reproductive health of youth living in North West Russian. The specific objectives of the project were to expand and improve the cooperation between RFPA with health, education and other concerned authorities in adolescents sexual and reproductive issues, to introduce and expand sexuality and interpersonal relations education in and out of schools, to strengthen competence among staff working with counselling and contraception services to young people thus increasing the number of institutions with a youth friendly approach and to work for STD and abortion counselling services becoming an integrated part of general preventive work of existing health care institutions.

The strategy used by the project in order to achieve these objectives was to combine workshops for training of trainers with study visits to Sweden, to produce information, education and communication material for youth on reproductive health issues. The target group for the training activities were professional working with youth within health and educational sectors. The total budget requested by RFPA/RFSU was 8,161,000 Swedish crowns, out of which 6,158,598 was spent.

Swedish Health Care AB was requested to conduct an evaluation of the project. The consultant Ivonne Camaroni carried out the evaluation in September–October 2002. The main objective of the evaluation was to assess how activities have been formulated, conducted, reported and received by the project beneficiaries and based in the finding give recommendations for possible future cooperation. The evaluation included a review of relevant documents at Sida, interviews with participants in training activities, youth and other actors direct or indirect involved in the project in the involved regions and interviews with RFSU and RFPA staff.

The Evaluation found that the project has contributed to consolidate the cooperation between health and educational professionals working with youth. The project has also contributed to draw attention to reproductive health issues in many schools. However, the project has not wholly managed to achieve a shift from biological orientation of the lessons on reproductive health held in and out of schools towards a more interactive and problem oriented approach.

The professionals who participated in the workshops have had the opportunity to consider reproductive health issues and sexuality from a different perspective and to understand how participatory method could be applied to teach reproductive health issues in and out of school. The workshops organised in the first phase were follow up by advanced training workshops in the second phase of the project. Unfortunately, only some of the participants attended both round of workshops, which may decrease the expected output and impact of the training.

The workshops have served as an inspiration source to start some activities in the involved regions and many of the participants have facilitated local workshops and training for their colleagues. In order to

increase the effectiveness of the project, a follow up of such activities generated and implemented in the regions would have been desirable.

Some of the planned activities have not been fulfilled, i.e. opening of youth centre and inclusion of St Petersburg as one of the participating region. The opening of new youth centres was not concretised due to insecurity in long-term sustainability of centres operating outside the existing health structure, and St Petersburg was not included in all the activities implemented by the project due to already ongoing activities there (Youth Centre with technical and financial support from LAFA), and it was replaced by Novgorod. A comprehensive risk analysis at the design phase of the project should have prevented the inclusion of these activities in the project proposal, since the reasons for not inclusion would had became clear already at that stage. The other activity that was only partially carried out was the meeting for managers of the project (RFSU and RFPA managers). Only one out of three planned meetings was held.

RFSU and RFPA headquarters managed the project jointly. Whilst the RFPA branches have been involved in the implementation of the activities, the branches could have been benefited had they have a more active participation in the design and management of the project and in setting up criteria for selection of participants and activities.

The project has met some of the needs youth have. Nevertheless, a more active participation of youth in the identification of needs and in the implementation of activities could help to ensure that their main concerns were attended.

To achieve a gender balance amongst participants to the workshops is very difficult, as participants are chosen from those working in sectors with a clear female dominance. Another gender imbalance existing in the regions is regarding the provision of services. Family Planning Centres are a suitable alternative for female youth, but they are not attended by male youth. Whilst the project has contributed to improve the Family Planning Centre, it has not been able to create a corresponding suitable alternative for male adolescents within the existing health services structure.

Whilst a consolidation of the activities initiated within the framework of the project is needed, it can be said they the achievements are sustainable, and it can also be said that the project has been cost effective. It is, although, worth to note that as much as 25% of the requested budget has not been utilised.

Based in the results of the evaluation it is recommended that:

- Sida provides financial support for a project on reproductive health to further develop the progress achieved during the current project in the regions that are already involved in the current project.
- youth and youth organizations are involved in the design and implementation of future activities
- each branch develops its own project proposal within a common and well-defined overall objective. At the same time, it will be important to have activities to facilitate the exchange of experiences among the branches, for example regional conferences
- support is provided to the branches to organize training on design, management, monitoring and evaluation of projects and in the use of the Logical Framework Approach¹. The output of such training could be project proposals from each of the branches and identification of further training needs.

¹ Logical Framework Approach (LFA) is an analytical tool for objectives-oriented project planning and management

- support is provided to organise capacity building of branches in advocacy issues. One of the outputs of the training should be to achieve agreements with concerned authorities on how the implementation of future activities could be facilitated (and financed?) by local authorities.
- an ongoing communication channel between Russian and Swedish specialists is established, with inclusion of follow up of training activities conducted by Russian specialist and monitored by Swedish specialist
- support is not given to activities in which the provision of condoms is not guaranteed, either with direct financial support from Sida or from local authorities. If Sida funds the provision of condom, provisions should be made for the long term sustainability after the project faces out
- a great attention is paid already during the design phase to the establishment of a feasible alternative for provision of services to male youth within existing structures
- the implementation of peer education activities is considered to be included amongst future activities.

1 Introduction and Methodology

1.1 Introduction

The Russian Family Planning Association (RFPA) and RFSU (Riksförbundet för sexuell upplysning) have jointly implemented a project called 'Sexual and reproductive health in adolescents in Northwest Russian'. The project has recently come to its end. Before taking any decision on eventual funding for a new phase, Sida has commissioned an evaluation of the project to the consultancy company, Swedish Health Care AB.

This report presents the results of the evaluation carried out in September 2002 and some recommendations for future course of action. This Chapter presents a summary of the current situation in the Russian Federation, mainly focused on the health sector in general and in reproductive health issues in particular. The objectives and methods used for the evaluation and some of the limitations to be taken into consideration when interpreting the results is also discussed in this chapter. Chapter 2 outlines the background of the project, its objectives and the implemented activities. Chapter 3 summarises the main ongoing activities in the sites visited by the evaluation mission. Chapter 4, 5 and 6 present and discuss the findings of the evaluation. Finally, conclusions and recommendations are discussed in Chapter 7.

1.2 The Russian Federation

Since the disintegration of the Soviet Union at the end of 1991, the country has experienced significant transitional difficulties. During the last years, and mainly as a consequence of the deep economic crisis in 1998, GDP has decreased, inflation and unemployment rate have increased and the real incomes fell by 40% in 1998 compared with 1997 levels. (WHO, 1999). During the transition to a free market system, vital sectors such as education and health have been profoundly affected. Health care expenditure as a percentage of the GDP has decreased from 12.7% in 1970 and 9.1 in 1987 to 3–4.5% in 1991–1995 and to 2.9% in 2000 (WHO Europe, 2002).

Birth rate and population growth rate have fallen steadily. In spite that mortality rates have decreased during the last years, the life expectancy in Russian is still one of the lowest in Europe. Since 1990 male life expectancy at birth has declined by five and half years and it was 59.15 in 2000, whilst female life expectancy has been less affected, from 74.42 in 1990 to 72.36 in 2000. (WHO Europe, 2002)

1.3 Education sector

Russia has a high literacy rate, 99.5% in 1999, and almost 60% of the population over 16 years old has completed secondary school. Schools are free of charge, however, it is a well-known fact that parents have to pay for books and other school material and sometimes, for a place in the most attractive schools. The government has proposed a comprehensive development package for the sector. The package includes provision of computers to all schools by the end of 2002, and access to Internet for all secondary schools and 60% of primary schools. However, the budget allocated to meet this objective is not enough when considering that only 1.5% of schools have access to Internet and many schools are located in areas without access to telephone lines. The salaries of teachers are low and based upon number of lessons. Therefore, it is not uncommon that teachers work in more than one school and with private students.

1.4 Health sector

In the former Soviet Union the management of the health services was completely centralized and focused mainly on in-patients, secondary and tertiary care, with limited efforts on primary and preventive medicine. The Ministry of Health was the only responsible for resource allocation and therefore the chances for adaptation in response to local needs were limited. The health care system was reformed in 1991 mainly by decentralization and financial restructuring. Everybody is entitled by law to a basic health care package: However, there are medical services such as educational activities and health promotion literature from health centres other than those approved by the Ministry of Health, that are explicitly excluded from this package.

During the Soviet Union, health promotion, health education and prevention were the responsibility of the network of San Epid stations. The stations were, however, established to address mainly the needs of surveillance and control of infectious diseases. After the establishment of the Russian Federation, responsibility for promotion and prevention activities have shifted toward the primary care sector. Family Planning and antenatal services are currently included in general practice provision.

The salaries within the sector are low. In the Soviet era it was a widespread practice of accepting payments under the table. In accordance with a study conducted in the 1980s by the Soviet Sociological Institute, these payments represented about 17% of the budget of the health sector. Recent estimations (WHO, Europe, 1999) indicate that this kind of payments still represents a major source of funding.

1.4.1 Reproductive health services

Reproductive health is a complex issue that needs to be analysed in the context of the current socio-economic situation in Russia. The increasing unemployment rates and the emergence of new marginalized and vulnerable groups may have a negative impact in the reproductive health of the population in general and for youth in particular.

Fears of depopulation during the Soviet Union resulted in a strong pro natal policy. Promoters of pro natal policies, who are against family planning activities, still have a strong presence in the public debate. Their arguments are based in the observed downwards trends of fertility rates, which has dropped steeply from 2 births per women in the 1980s to 1.4 births per women in 1994 (Hollander, 1997) and 1.2 for the period 1995–2000 (UNDP, 2001). Funds for implementation of reproductive health activities are scarce and one of the few programmes supported by the government is the presidential Family Planning Programme, introduced in 1998.

In 1998, 24% of the population was between 10 and 24 years old, with 42% of adolescents sexually active. A study conducted in the country showed that the average age for starting sexual life was 16.4 years old. The percentage of sexually active girls increases from 3.2% in the age group 14 to 15 year olds to 13.4% and 58.3 in the groups 16 to 17 and 18 to 19 respectively. (Kulakov et al, 1996). Pregnancy rates among adolescents are very high in the Russian Federation in comparison with other European countries, 102 per 1000. The adolescent birth rate in 1990 (between 44 and 70 per 1000) was nearly double than the rates in 1970. The trend changed in 1990 with important decrease between 1990 and 1995, however, and contrasting with what is observed in other developed countries, the rate in Russia is still higher than the one of 1970. (Singh and Darroch, 2000)

Early sexual debut in combination with limited information on basic principles of family planning, sexual issues, sexually transmitted infections (STI) and contraception methods may result in unwanted pregnancies, unsafe abortions, and increase the risk of sexually transmitted infections including HIV. Sexually active teenagers, who do not use contraceptive, have a 90% chance of becoming pregnant

within one year. The risk of acquiring HIV after a single act of unprotected sex is for teenage women around 1%, 30% risk for genital herpes and 50% for gonorrhoea. (The Alan Guttmacher Institute, 1999)

In the Soviet Union, access to birth control was limited and therefore abortion was (and still is) used as a reliable contraceptive method. (Stanley *et al*, 1999). Abortion is covered by the health insurance scheme and is performed in public and private clinics. However, statistical data from the private sector is not included in the statistic provided by the Ministry of Health, and therefore it could be assumed that abortion rate is underestimated in official data.

By law, girls under 15 years old should have the permission of at least one parent in order to have an abortion, which may contribute to a higher rate of clandestine abortion within this age group. Adolescent abortion rate is high – 56% per 1,000 (The Alan Guttmacher Institute, 2002). Maternal mortality is one of the highest in Europe with a ratio of 50 per 100 000 live births in 1980-90 (UNDP 2002) and 75/100 000 in 2001 (Rate in Sweden: 8/100 000). (UNFPA; 2001). Almost 30% of maternal deaths are due to abortion complications. (Alan Guttmacher Institute, 1999)

1.4.2 Sexually Transmitted Infections (STI)

Rates of STI in the Russian Federation and other countries of the former Soviet Union has increased dramatically reaching epidemic proportions. Syphilis increased from less than 30 cases per 100 000 inhabitants during the period 1978–92 to 275.30/100 000 in 1997 and has decreased since then to 164.54 in 2000. Gonorrhoea increased from 75/100 000 in 1987 to 236 cases in 1993 and decreased to 120.94 cases in 2000. (WHO Europe, 1999 and 2002) Internationally, young adults aged 20 to 24 years old account for more than one fifth (and often more than one third) of reported cases of syphilis, gonorrhoea and chlamydia. Similar situation has been observed in Russian, with 1/3 of new cases of gonorrhoea and 1/5 of syphilis among 15–19 years old. (RFPA)

1.4.3 HIV

The first case of AIDS in Russia was registered in St Petersburg in 1987, and the first death from AIDS was recorded in 1988. Until 1995, HIV /AIDS surveillance was organised monthly through mandatory screening in most subgroups of the population, together with contact tracing. Testing has remained mandatory only for certain groups. The screening for HIV is coordinated by the centre for Prevention of AIDS and Infectious Diseases for all blood donors, tuberculosis patients, prisoners, occupational groups (including healthcare workers) patients with risk factors and drug users. (Kaziony *et al*, 2001)

Until 1995, fewer than 200 new cases of HIV were reported per year, mostly among men who have sex with men (MSM) and large city sex workers, with a total of 1062 cases of HIV reported during the period 1987–1995. Since 1996, the number of new cases has increased sharply, with the majority of cases diagnosed among drug users. The number of new cases of HIV has increased from 162 in 1987, which represents a prevalence rate of 1.1 per million inhabitants, to 87200 cases in 2001 (prevalence rate 594.4/million). The number of tests performed in the country has remained unchanged until 1997 with almost 20 million test in 2001 or 135 test per 1000 inhabitants, (in Sweden 16 test per 1000 inhabitants). The number of tests have then decrease by 20% during the period 1997–2001 suggesting that the increase of new HIV cases has not been the consequence of an increase in the number of tests. (EURO HIV, 2001)

The overall HIV prevalence rate has increased from 1.1 per 100 000 in 1994 to 135 in 1997 and to 594.4 in 2001, which shows how rapid the spread of HIV has occurred, probably representing the fastest-growing epidemic in the world (UNAIDS, 2002). HIV prevalence in blood donors reflects the spread of the epidemic in the general population. Blood donors rate 0.1 in 1995, 4.9 in 1999 and 28.7 /100 000 in 2001

The vast majority of new cases of HIV has been reported among drug users, from 22 537 cases in 1997 to 46 837 cases in 2001. However, an increase of new cases has also been reported among cases of HIV sexually transmitted, from 221 cases in 1997 to 2292 cases in 2001 as well as among paediatric cases due to mother to child transmission from 41 cases in 1997 to 914 cases in 2001. (EURO HIV; 2001)

It is estimated that there are 3–4 million drug user in Russia, mainly in the age groups 14 to 30. (Bobkov *et al*, 2001) comparative studies on age distribution of drug users have shown that drug users in Russia are younger than in other European countries. (Kelley, 2001) It can be assumed that drug users are sexually active, and therefore the probability of transmission of HIV infection to their sexual contacts is of particular concern.

1.5 Evaluation Objectives

The main objectives of this evaluation are to assess how activities have been formulated, conducted, reported and received by the project beneficiaries, and based on the findings give recommendations for possible future cooperation. See Annexe 1. ‘Term of Reference’.

Consultant Ivonne Camaroni, Swedish Health Care AB conducted the evaluation, and the time allocated for it was 6 working weeks, through which 3 were allocated for field visits.

The first activity of the evaluation process was to attend the final Conference of the project held in Moscow on 27th and 28th of May 2002. The conference offered a good opportunity for the consultant to get a comprehensive overview of the project and the activities implemented in the regions.

1.5.1 Evaluation methodology

The evaluation process comprised of 3 phases.

1. Review of key documents related to the project (project proposals, Sida’s decision, contracts, internal evaluation, reports, etc)
2. Interview with project staff in Russia and in Sweden. See Annexe 2 ‘List of persons interviewed’
3. Field visits to the project sites. See Annexe 3 ‘Programme of field visits’

The activities carried out during the field visits were:

- a. Semi structure interviews with
 - i. Key persons from health and education sectors as well as decision makers (school rectors, clinic staff)
 - ii. Participants in the workshops and the visits to Sweden
 - iii. Youth at school and youth attending Family Planning Clinic
- b. Direct observation at Youth Centres/clinics and lessons on sexuality at schools

1.5.2 Evaluation approach

The analysis of the information gathered was conducted using the guide of the following questions:

- a. What happened and how does it compare with what was expected in relation with in/outputs, outcomes and impact? (Planned versus implemented activities, changes achieved)
- b. Is what is supposed to be happening actually happening? Are the intended target groups being reached? Are the services adequately delivered at schools, youth centres, youth clinics, etc? Are the goals being met?

- c. Why and how did inputs, outputs, outcomes and impacts happen or not happen?
- d. What could/should be done about it?

1.5.3 Limitations of the evaluation

- The interviews in Russia were conducted with assistance of interpreters (Russian-English), which may have limited the communication between interviewers and interviewees. Whilst the proficiency of interpreter is not questioned, it is needed to be taken into account that shade of meanings could have been missed during interviews or during the observation of lessons.
- The sample selected for the interviews of youth was not randomly selected. Youth participated in interviews voluntarily and therefore a selection bias in the sample cannot be excluded.
- The programme for the visit in each region was outlined by the consultant, but each region took the final decision of which persons should be met and what places should be visited therefore, selection bias cannot be excluded in this sample either.
- The majority of people interviewed during the evaluation have participated in the project and they are probably keen on giving a positive impression of the project and the work carried out within its framework.

2 The project

2.1 Brief history of the project

In 1994, the Russian government launched the Family Planning Programme and it was within the framework of this national programme that several family planning services were established in the country. The programme is implemented with the participation of public sector, educational sector, social services and NGOs. The government budget allocated for the Family Planning Programme was sharply cut down in 1997, and therefore implementing agencies searched for alternative funding sources.

The Russian Family Planning Association, a Russian NGO, has played a central role in the implementation of the programme. The Association identified sexual education in schools and establishment of youth centres as key areas to be developing in order to improve the reproductive health of youth. With technical and financial support from UNFPA, the RFPA developed a manual for training in reproductive health issues and assisted by WHO, they trained a group of peer educators. With financial support from European Union and the International Planned Parenthood Federation, they established three centres for youth. However, establishment of the new centres in other cities could not be realized due to the cut down of the financial support from the government.

In 1997, RFPA requested technical and financial support from RFSU for further implementation of activities in the field of sexual education. RFSU carried out an exploratory mission to identify areas of cooperation and to find out the most appropriate strategy in the context of the Russian Federation. The two organisations reached an agreement on the implementation of a project, for which financial support from Sida was requested.

In September 1997, Sida approved financial support for the preparation of an eventual project. The preparatory phase comprised of an exploratory mission for RFSU representatives to Russia, a study visit to Sweden for RFPA representatives and a workshop to prepare a project proposal. After that, a first phase of the project was implemented in 1998–1999. At the review conference after the first phase, RFPA and RFSU agreed to request financial support for an extension of the cooperation for a second phase of the project, which was implemented in 2000–2002. Since the onset of the project and up to May 2002, Sida has allocated a total of 6,158,586 million Swedish crowns for the three phases of the project.

2.2 The Russian Family Planning Association (RFPA)

The RFPA is a non-governmental, non-profit organization, established in 1991, with headquarters in Moscow and branches in 52 cities, and member of the International Planned Parenthood Federation (IPPF) since 1993.

The main objectives of the Association are to contribute to the development of a positive public opinion in the field of reproductive health and family planning; to provide information on questions of responsible parenthood contraception, safe and responsible sexual behaviours and a healthy lifestyle; to participate in the elaboration and implementation of federal and regional programmes on reproductive health and family planning; to support special services for adolescents and youth, to prevent STI and unwanted pregnancy; to improve the knowledge amongst specialists working in the field of reproductive health and family planning. The strategy used by RFPA to achieve these objectives is

advocacy for reproductive health rights, training health personnel, social workers and teachers as well as information and education for young people

Some of the activities carried out by RFPA are:

- Guidelines for sexual education ‘Fundamental of family planning and healthy lifestyle.’ The guidelines are based on the results of the survey that RFPA conducted among 2500 adolescents and its development was financed by UNFPA
- Development of a sexual education curriculum and training of professionals in the implementation of the curricula
- Establishment of youth centres in Moscow, Tula and Stavropol with financial assistance from the European Union and the IPPF
- Peer education training, with financial and technical support from WHO and UNFPA,
- Publication of a scientific journal, Journal of Family Planning

2.3 Description of the Project

During the exploratory mission, RFSU and RFPA identified two areas for future collaboration, i.e. expansion and improvement of sexual education and services for youth and strengthening of institutional capacity of RFPA.

The overall aim of the project was to improve the reproductive health of adolescents in seven sites in Northwest Russia, i.e. Moscow, St Petersburg, Pskov, Novgorod, Petrozavodsk, Murmansk and Arhangelsk. The target group for the overall objective of the project were youth, and for the specific objectives professionals from the educational and health sectors and representatives of RFPA at central and local level.

The approach judged to be the most appropriate to achieve the objectives were study tours to Sweden for decision makers and key Russian professionals working within education and health combined with training activities in Russia for the latter group.

2.4 Project implementation

The implementation of the project can be divided in a preparatory phase and two implementing phases as presented in table 2.1. :

Table 2.1: Summary of activities implemented by the project 'Sexual Reproductive Health of Youth in Northwest Russian' 1997–2002

PREPARATORY PHASE			
Date	Activity	Objective	Achieved Output
August 1997	RFSU exploratory mission to Russia	To identify areas of co-operation and collaboration partners together with RFPA	3 representatives from RFSU took part in the mission. Together with RFPA, they identify the need to strengthen capacity and competence at health and social institutions and schools in reproductive health issues
January 1998	Study trip to Sweden for RFPA representatives and decision makers within health and education sector	To increase understanding on the cooperation between NGOs and public health and educational institutions in Sweden To observe practical examples on how sex education is imparted in Sweden	24 persons visited RFSU and RFSU AB, the Ministry of Health and Social Affairs, the Ministry of Labour, the National Institute of Public Health, the Swedish Federation for Gay and Lesbian Rights, Stockholm County Council Aids Prevention Programme County council in Jämtland and Sida 5 hours were devoted to observation of lessons on sexuality at secondary school in Östersund and observation of activities at the Youth Centre, STI clinic, Gynaecological and Obstetric Department at Östersund Hospital
February 1998	Planning workshop In Russia	To plan for potential cooperation and exchange of experiences in the field of reproductive health services and sexual education for young people	Agreement on a draft of a project proposal after meeting between 5 representatives from RFPA HQ and RFSU

FIRST PHASE			
Date	Activity	Objective	Achieved Output
September 1998	2 weeks planning mission to Russia	To introduce the project to ministries and authorities in the fields of education, health and social services To plan for upcoming activities training activities	Representatives from RFSU and RFA (HQ) visited Pskov, Petrozavodsk and Arhangelsk and agreed on a time schedule for workshops and study visit to Sweden
November 1998 January 1999	Training workshop on Sexual and Interpersonal Relations	Capacity building on sexual and interpersonal relations education for those working with youth (teachers, health workers, psychologists and social workers	4 workshops with 20 participants each were held in Moscow (10-13/11-98), Pskov (18-22/1-99), Arhangelsk (16-19/11-98) and Petrozavodsk (25-28/1-99). Head masters, teachers, medical doctors, nurses, psychologist and social workers participated in this activity (78 female and 2 male)
February 1999	Study visit to Sweden for RFA members and for decision makers within health and, education sector	To study interaction between governmental authorities and institutions at national and provincial levels and RFSU and other NGOs in the areas of sexual and reproductive health and rights.	Six representatives from RFA, and five from the departments of Health, Education, Social Care and Youth Affairs Gob Departments visited the Swedish Parliament, National Institute for Public Health, Sesam clinic, Ministry of Health and Social Affairs, LAFA and Sida. It was the second visit for some of the participants
March/April 1999	Study visit to Sweden for professionals working within health and education sector	To observe organization and methods for sexual and interpersonal relations education in schools in Sweden To get a better understanding on the Swedish model of collaboration between various public sectors involved in sexual and reproductive health services for adolescents	22 teachers, medical doctors, psychologists and social workers visited Östersund and Stockholm. The group visited schools to observe lessons in sexual education in schools, and youth clinics and the hospital where they got a briefing on work with prevention of abortions and STI
June 1999	Review conference	To review and summarise the experiences of the project implementation and to outline future work.	The conference was held in Novgorod and attended by 69 participants from the regions involved in the project. Each region outlined a 2 years action plan for improvement of the quantity and quality of sexual education in schools and reproductive health services for adolescents
1998-1999	Production of information, education and communication (IEC) material	Production and dissemination of information and training material primarily for participants in the workshops	The following material was reprinted: Conception of sex education (100 copies) Experiences of work with Youth Centres (1000 copies) 7 leaflets on sexual and reproductive health issues (Your friend, condom, Hormonal contraception, Urgent contraception, What is Family Planning, Love without risk, Youth is wonderful), Production of a special issue of the journal 'Family Planning' (4000 copies)
1998-1999	Capacity building and institutional strengthening of youth centres	To initiate and support Youth Centres in the involved regions To improve existing Youth Centres by providing equipment needed.	Purchase of office equipment (computers, printers, OH projectors, video systems, screens, magnetic boards and flip-charts) Financial support to RFA members to participate in the XII World Congress on Paediatrics and Adolescence gynaecology

SECOND PHASE				
Date	Activity	Objective	Achieved Output	
November 2000 and January 2001	Planning mission to Russia	To follow up experiences of the 1998-99 activities To plan for activities to be carried out during the second phase of the project.	Two planning missions were carried out, November 2000 and January 2001. Agreement on time framework and contents of the forthcoming advance courses and visits to Sweden	
November-December 2000 and March 2001	Advanced course 'Reproductive health and sex education of adolescents	To increase competence amongst participants to the first series of Workshops	Two training courses, one for specialists within the educational sector and one for specialists from health sector	
February 2001	Study visit to Sweden for education specialist	Same as first visit	20 educational specialist visited schools and had meeting with teachers and students. In one school they observed sexual education lesson. They also visited RFSL, the National Institute of Public Health and the Youth clinic for Drug Addicts	
July 2001	Project management meetings in Russia	To review progress of the project and to agree on adjustments if necessary	Discussion on administrative (taxation) and monitoring issues as well as the future of the project	
August 2001	Study visit to Sweden for health specialists	Same as first visit	20 medical doctors, psychologist and midwife visited the Youth Clinic and the Hospital in Östersund, Sesam clinic, Family Centre, Youth Clinic for drug addicts, Noah's Arc Centre for HIV/AIDS prevention and care development and RFSL	
2000-2001	Production and dissemination of IEC material	To produce and disseminate IEC material To be distributed during lessons in schools and to clients who visit Family Planning Centres and other health institutions.	Reprinting of booklets on sexual and reproductive health. 15 000 copies of each of 7 booklets mentioned above were distributed to each region 8000 copies of the Family Planning Journal (4 issues x 2000 copies)	
March 2002	Final Conference in Moscow	Final review of the project	The final conference took place in Moscow in May 2002. 3 representatives from each region participated in the conference and presented outcomes of the activities carried out.	

3 Reproductive health and ongoing activities

3.1 Family planning centre

In 1993, due to an increased concern with demographic trends showing a negative population growth, the Federal Government launched a family planning programme at national level. It was in the framework of this programme that Family Planning Centres were established around the Russian Federation.

The objectives of the Family Planning Centres are to protect the reproductive health of the population, to prevent unwanted pregnancies and consequently decrease abortion rates as well as, to decrease rates of STI and to improve fertility rates. The structure and quality of services at the Centres differ, but in general the centres offer a comprehensive service with medical and non-medical consultations. Historically, health care institutions in the Soviet Union had a straight medical approach. Therefore, it can be said that the introduction of social workers, psychologists and other non-medical staff among the staff at the Family Planning Centre has been a new and innovative policy. In general it can be said that Family Planning Centres are the platform for RFPA and therefore, they have been the platform for the implementation of the RFPA/RFSU project.

Following, is a brief presentation of the activities carried out in the places visited during the evaluation mission. It should be noticed that this summary does not, however, claim to be a fully presentation of activities going on in the regions, but it has to be seen just as a selection of those activities that the consultant considered relevant for the evaluation of the project.

3.2 Arhangelsk

The Family Planning Centre was established in 1989. It is financed by the government and by projects carried out jointly with national and international organisations. The main activities are individual consultations and information on reproductive health. Attendees for individual consultations (about 5500 per year) are primarily women and one of three of them in the age group 20 to 30. Sixty percent of the consultations are related to contraceptive counselling and 30% due to infertility. Youth can obtain contraceptive free of charge at the Centre, and those less than 18 years old may also get a prescription from their family doctors.

Information and training activities include lectures for youth, workshops for health and educational specialists working with youth including teachers from the districts, collaboration with journalists and visit to districts. The frequency of these activities depends upon availability of human and financial resources; therefore it is difficult for the staff to plan a long-term scheme for these activities.

A day care centre and a home for social disadvantaged children have received financial support from British cooperation and from the Soros Foundation for training and production of information material on reproductive health issues. The staffs of the Family Planning Centre has provided technical assistance and in collaboration with the University of Medicine, they have designed and produced a booklet on Children and Reproductive Health, covering issues on physical changes during adolescent, health and harming health factors, Aids, pregnancy and contraception, Russian law on reproductive health, teenager's communication problems and interactive method of education.

Five years ago, the Education Committee launched a school programme called '**Health**' within which reproductive health issues are taught at schools. The programme has been implemented with assistance

from RFPA. The first phase of the programme, called 'Changes', was carried out in the framework of a Russian-American programme². During that phase, teachers imparted lesson on reproductive health for youth aged 12 years and older. The lessons at schools are combined with lectures at the Family Planning Centre and the distribution of booklets for parents and youth. In 2000, the Departments of Health and Education signed an agreement, '**Family and children**', by which sexual education is to be introduced in schools on a voluntary basis.

After initiative of the school administration and the Department of Education, an information centre has been created in one school ('Valeology Centre'). The objective of the Centre is to train biology teachers on how to teach reproductive health issues at school. Teachers' participation is on a voluntary basis: Unfortunately, as a result of work overload, the number of teachers who participated in the training has not been very high.

3.3 Novgorod

In Novgorod, the platform for the project is not the Family Planning Centre but the Psycho-Medical and Pedagogical Consulting Centre, created by the Ministry of Education 10 years ago. The Centre offers support for children, parents and technical assistance for teachers. Some years ago, the Education Committee approved the implementation of a programme called '**Healthy way of life**' by which health education was introduced in schools. Currently, a mobile team set up by the Centre carries out the programme. The team comprises of 49 persons, educational and health specialists, who work part or full-time. Funds to meet the expenses of the team are covered by the Education Committee.

The mobile team visits schools to have intensive courses lasting from a couple of days up to a week. At the onset of the visit they have meeting with parents and ask them whether they authorize their children's participation in the course. The participation of parents and children is voluntary. The programme includes a wide range of health-related issues including reproductive health. Students are given the opportunity for individual consultations with members of the team and, if needed, they may be referred for further consultation to the Family Planning Centre, the Youth Centre or the Clinic of Venereology.

Daily individual counselling and weekly 30 minutes group lessons for youth are also available at the Juvenal Medical Centre, created in 2000 by decision of the City council. The Juvenal Centre shares premises with the Family Planning Centre and it is staffed exclusively with medical doctors. Whilst female and male youth are to be present at the lessons, only female seek for individual consultations. Laboratory tests and treatment of certain sexually transmitted diseases cannot be carried out at the centre but youth have to be referred somewhere else.

3.4 Petrozavodsk

The Family Planning Centre was opened in 1993. Thereafter, centres for family planning have been opened in the districts and staffed with personnel trained in Petrozavodsk. In 1993, the ministries of Education and Health jointly launched a programme called 'Health'. Within the framework of the programme, reproductive health education was included in the programme for students from form 7 to 9, and likewise than in other regions, information material produced by an American Russian project has been used. Upon request from schools, specialists from the Family Planning Centre impart classes on hygiene.

² The five-years programme, implemented nation.wide, was a collaboration between Russian authorities and Procter and Gamble, an American business company that market female sanitary products. Procter and Gamble funded the design and production of educational material on reproductive health for school children from 10 years old.

The Family Planning Centre organizes regular educational activities (2-hours lessons for 20 students each time) for senior students of secondary school and colleges at the Centre and sessions at the pedagogical and medical colleges. The Centre has also coordinated training on reproductive health and sexuality for staff at social institutions (orphanages and detection centre).

In 1998, staff from the Centre participated in training for peer educators 'Teen to Teen' organised in the framework of a UNFPA project. After the training, 40 students were trained as peer educators at the Centre. The Centre, in cooperation with schools, has regularly conducted a surveys among youth to assess their needs and thereafter, to adapt the educational programme. The results of the surveys have shown a decrease in the level of worries youth has. They have interpreted the finding as a positive result of their activities.

The college for teacher has organised seminar on methodology to teach reproductive health at school. Both students and College's instructors participated in the seminars. This mixed participation, which is unusual in Russia, was highly appreciated and presented a good opportunity for discussion of sensitive issues between youth and adults.

The administration in Petrozavodsk has set up a working group for development of two programmes related with reproductive health. Staff at the Family Planning Centre has been involved in the design of the project. The drafts are to be presented and discussed in December 2002 by the Council of the City.

3.5 Pskov

After the establishment of the Family Planning Clinic in the city of Pskov in 1993, other centres have been opened in the oblast. The approaches used by the Centres vary from exclusively preventive work to prevention and provision of medical care, depending upon human and financial resources available in each place.

The main activities in the Centre of Pskov are individual consultations, free distribution of contraceptive, when available, and education and information activities for medical staff, teachers and youth. In addition, the staff is involved in outreach activities, consisting in visits to the districts. During the 2–3 days visits, the staff meet decision makers for advocacy of reproductive health, held sessions for teachers, students and parents. The districts cover the expenses for outreach activities, and therefore, the frequency of visits depends upon availability of funds. The information material used during lessons is the one produced by the Russian-American project

Before lessons, youth were required to answer some questions (multiple choice 'knowledge, attitude and practice' survey), and the contents of the lessons were then adapted based on the results of the survey. The results of all the surveys are kept at the Centre.

The main constraints for the work carried out by the Family Planning Centre are the lack of a long term financial planning, which leads to an uneven allocation of governmental funds for family planning activities and the frequent turn over among decision makers, which render difficult advocacy efforts. In addition, prevention of unwanted pregnancies is an area that may result in conflict between those working with family planning and private doctors who may see abortion as an extra income source.

3.6 Moscow

The Youth Centre in Moscow was opened by the RFPA in 1993. The director of the centre is a medical doctor and the vice director an educationalist. The main activities of the Centre are provision of services and educational activities. The centre has received a grant from the Soros foundation for the

period 200-2002. In addition, they have got financial support, if very limited, from local authorities. The Centre has no funds secured for 2003 and forward.

The Centre organises workshops at the Centre or in other places for those working with youth. They have educational session for students from secondary schools, vocational schools and medical college. A group of medical students have been trained at the Centre as peer educators. They have also set up a hot line opened between 10 a.m and 5 p.m. and they received between 5 to 9 calls per day from youth who need some kind of advice.

4 The objectives of the project

4.1 Are the objectives well formulated and reasonable?

The overall objective of the project, as stated in the project document presented to Sida³ is to improve reproductive health among youth living in North West Russian. The specific objectives of the programme are

- *To expand and improve the cooperation between RFPA and Education, Health and other concerned authorities in adolescents sexual and reproductive health issues*
- *To introduce and expand sexuality and interpersonal relations education in and out of schools and*
- *To support establishment of five new youth centres by improving competence among the staff in counselling and contraceptive services to young people*

For the second phase of the project, the third objective mentioned above was replaced by the following 2 objectives

- *To strengthen competence among staff working with counselling and contraception services to young people thus increasing the number of institutions with a youth friendly approach*
- *To work for STD and abortion counselling services becoming an integrated part of general preventive work of existing health care institutions.*

Some reflexions can be made in with: relation

4.1.1 Overall Objective

According to WHO, reproductive health implies that

'people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility, regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a health infant'

(WHO, 2001)

The definition encompasses a wide range of aspects, and therefore, the project should have defined more precisely what is meant by reproductive health in the context of the project and what the progresses that the project envisaged to achieve were.

To determine whether an improvement of reproductive health among youth has occurred as a result of the project, the involved agencies should have established a baseline data on reproductive health (or at least some indicators) and behavioural indicators amongst youth in each of the region. In addition, baseline data on attitude and practices amongst health care providers involved in the project could have been collected. Even more important, it should have been predetermined what level of improvement was to be achieved in order to consider that the objective of the project was fulfilled.

In the second phase of the project, one of the specific objectives was to increase the number of institutions with a youth friendly approach. What was meant with friendly approach is not explained in the project document. Is the presence of friendly and sympathetic personal who are able to listen to

³ Ref Nr: Öst 1997-0209/140 and Öst 2000-001596/20

youth enough? Is accessibility to services measure by geographical location, opening hours, etc a requirement to consider that a Centre has a friendly approach?

The project has a number of specific objectives. It would have been important to have a prioritisation or hierarchy ranking of them and to clearly specify how the objectives and their achievement are interlinked.

4.1.2 Target group

The project foresees to reach the target population, i.e. adolescents living in the regions included in the project, indirectly by acting on an intermediary target group. The intermediary target groups are health and education professionals at national regional and institutional level and representatives from RFPA headquarters and local branches.

A more specific definition of the target population should have contributed to better measure the impact of the project. Was the intention of the project to cover all youth living in the area without regarding age groups? Was youth attending University included in the target group? What selection criteria were used for the intermediary target group, i.e. specialist who participated in workshops and study visits? How did they decide the percentage of representatives from each sector and each level, i.e. national, regional and institutional?

4.1.3 Indicators

The project document mentioned some quantitative indicators (number of participants in the study visits, number of workshops). However, no quantitative indicators were predetermined. Having a combination of indicators should have facilitated the monitoring of the project. Even more important, it should have contributed to an assessment of the results achieved at the end of the first phase and by doing so, to identify which areas, if any, were in need of strengthened during the second phase. It cannot be excluded that such a discussion was held during the preparatory phase for the second phase, but if so, no documentation on the outputs of the discussion has been made available for the evaluation mission.

4.1.4 Project approach

The project document has no information on what are the assumptions on which the programme is based. Some important assumptions made implicitly by the project seem to be: 1) that teachers are an appropriate channel of information for youth, 2) that teachers and health staff would be willing and ready to share their knowledge with their colleagues, to apply the new knowledge in their everyday work. 3) That the training will lead to a change in the attitude of educators towards youth and sexuality.

The achievement of the objectives depends upon the ability and motivation of teachers to communicate their knowledge to other teachers and to students, but also it depends upon the existence or development of a conducive environment. Whilst no risk analysis was explicitly stated in the project document, the selection of high qualified and motivated professionals minimised the risk of failure in the pathway chosen by the project to reach the primary target group.

4.2 Have the objectives of the project been fulfilled?

The principal output of the project has been the training of a number of specialists working with youth within education and health on the use of participatory methods. The training was an ‘eye opener’ for the participants who learnt how things can be made in other way than they were used to.

4.2.1 Workshop

The following table shows some of the outputs of the training

Table 4.1 Participants to training workshops 1998–2001, presented by sector

Activity	No of participants by sector			Total
First Phase	Decision makers or RPFA HQ	Health specialist	Education Specialist	Total
Workshops November 1998 and January 1999	?	40	40	80
Second phase				
Workshops November/December 2000 and March 2001	4	18 (7 new)	18 (8 new)	40
Total: 95 persons participated in at least one training workshop 21 persons participated in both, basic and advanced workshops				

Surprisingly, it was difficult to get a complete list with names, profession and work place of the specialists who participated in each one of the activities from available documents at Sida and the regions visited. Therefore, the information presented in the tables may not be totally accurate

The mixed approach between more theoretical workshop and practically oriented study visit was highly appreciated and praised by the participants. During the visits, the participants could see how cooperation between different sectors works in Sweden and they could observe practical examples of sexual education for youth both at school and in youth clinics. However, the time spent on observations was limited (less than 8 hours).

Project participants interviewed during the evaluation mission expressed high admiration for the work carried out by Swedish colleagues they met during the visits to Sweden. However, the high performance of Swedish colleagues was in general analysed as an isolate event and not in the context of the openness existing in the Swedish society as a whole. Whilst the use of appropriate methods for teaching sexual issues is a crucial and unquestionable requirement, no success in the field of sexual education could be achieved without the existence of an ongoing changing process in other groups of the society.

Advance courses during the second phase of the project was planned to allow for a deeper insight on the methodology learnt during the first round of workshops. However, not everybody who had participated in the first round of seminars participated in the second one, and therefore, it seems that the advanced course was used as a possibility to extend the number of professionals trained rather than to deepen knowledge, which may have compromise the fulfilment of the objectives of the workshop.

Getting a trickle down effect is an implicit expected result of the training of trainer approach. Participants in the workshops have organised seminars for other health and education specialist in their respective regions. However, in some cases it was remarkable the short time allocated for the activity (4-8 hours). Is it possible to maintain a high quality of the contents of the seminars in such a short time? Is there the introduction of interactive method enough? Is there any risk of ‘watering down’ the essence of the new approach they are trying to introduce for sexual education?

A continuous communication between trainees and the Swedish agency in between the workshops could have contributed to the consolidation of knowledge by offering a forum for methodological discussions. In addition, it could have been used as an ongoing quality assurance and monitoring of the activities planned after the workshops.

4.2.2 Study visits

The tables 4.2 and 4.3 in the following page show the number of participants on the visits to Sweden, presented by sectors. The first visit during the preparatory phase of the project took place in February 1998, with the participation of 25 representatives from RFPA headquarters and, according to the project document (Final report Öst.1997-0229/18) representatives from regional Health and Education authorities at the central level and from six local governments in Russia.

Table 4.2 Number of participants to the study visit to Sweden, carried out during the preparatory phase of the project. January 1998

Region	Authority represented	Specialist		Total by region
		Health sector	Education sector	
RFPA HQ	3			3
Arhangelsk		2		2
Petrozavodsk		3		3
Pskov		2		2
Moscow	6 from Ministry of Health Moscow administration Administration NW Moscow Education NW Health Dept WE Moscow Journalist	1	1	8
Murmansk	1 from Education committee	1	1	3
St Petersburg	1 from Health Committee	1		2

Novgorod was included in the project later on instead of St Petersburg

Some comments can be made from the tables. The first one is that the delegation had a clear Moscow predominance. Secondly, amongst representatives from the government from Moscow, only one was from the central level of government, i.e. from the Ministry of Health, whilst four were from local government (Moscow administration, and from North-West and West East Region of Moscow) and one was a journalist. Thirdly, out of the fourteen specialists who participated in the visit, only two were from the education sector.

During the first phase of the project, two visits were organised in February and April 1999 respectively. Three RFPA representatives and 12 decision makers at national and regional level took part in the first one. The representatives from RFPA HQ had already participated in a previous visit, (with similar objectives and programme). The other participants were 6 persons from Moscow out of which 3 had also participated in the previous visit, 1 from Petrozavodsk (Department of Education), one from Arhangelsk (health specialist), and one from St Petersburg (Committee for Family, Childhood and Youth). The second visit was for health and education specialist from the involved regions (list of participants not available).

Table 4.3 Participants Study visits to Sweden during first and second phase of the project, presented by sector

Activity	No of participants by sector				Total
First Phase					
	Decision makers	RFPA HQ	Health Specialist	Education Specialist	Total
Study visit to Sweden for RFPA and decision makers, February 1999	6	3	1	2	12
Study visit for health and education specialist March/April 1999			?	?	22 *
Second Phase					
Study visit to Sweden for health and education specialist, February 2001 and August 2001		4	17	17	38

List of participants no available

During the second phase of the project, 2 visits were organised for health and for education specialists respectively. The delegations comprised 3 representatives from each region.

4.2.3 Quality of training

All the people interviewed during the mission stressed the high competence of Swedish consultants who facilitated the workshops as well as the enormous impact that participation in the workshops have had in their conception of education and communication with youth. The methodology that was introduced during the RFPA/RFSU workshops was easy to recognise during the observation of lessons. However, it was more difficult to identify other aspects included in the programme of workshops, i.e. discussion on sexuality, gender issues, teens' relations with adults and between gender, etc.

During the evaluation mission, lessons were observed in different schools. The lessons were given by biology teachers or by health care staff for children between 12 and 15 years old. In few of the lessons observed, games were used as a 'red thread' throughout the lesson, with good participation of students and a confident atmosphere. However, other lessons were conducted in a traditional way but with an interactive game 'added' at the beginning or at the end of the sessions. In some of the lessons, the statements presented during 'hot chairs'⁴ had a progression from neutral to more challenging, whilst in other places almost all the statements presented were neutral. Examples that youth could easily recognise from real life were presented during the 'four-corner'⁵. However, the alternative solutions presented were sometimes stereotyped, and therefore they did not enhance discussions.

In one of the classes observed, the teacher presented a very comprehensive presentation on the life cycle was done (anatomical characteristics of female and male reproductive organs, fecundation, etc) complemented with posters and observation of animal cell in a microscope of animal cells. However, the role of sexual intercourse was not mentioned closer than saying that it was not possible to conceive a child without the union of the spermatozoid and the ovule but without explanation on how that union could be achieved.

⁴ Hot chair: students sit in a circle with some empty chairs. Teacher reads different statements. Students change chairs if they do not agree with the statement

⁵ A problem is presented together with four possible solutions (including 'own' solution). Students have to choose a corner depending upon which solution they choose

During lessons of HIV, teachers explained that those at risk of getting HIV were drug users, men having sex with men and those with promiscuous sexual behaviours. No mention was made to safe sex or to the risk of getting HIV although youth may not belong (or do not consider themselves to belong) to any of the mentioned 'risk groups'.

Some reflexions made after the observations are: To what extent the addition of an interactive exercise in an otherwise traditional biology lesson may assist teenagers to make their own risk assessment? How can youth after such lessons feel that sexuality is not a forbidden and negative thing? How can teenagers relate the issues presented during lessons with their own sexuality? How can they understand that they may be at risk of getting an STI or becoming pregnant? Does the use of interactive method imply a change in the attitude of teachers towards sexuality education or merely a change in their attitude towards a more open atmosphere in the classroom?

Noteworthy is the fact that there were few lessons in which gender issues and interrelation problems were taken up. A teacher who did not work at the school held one of them. A teacher trained within the framework of other project (TACIS, see 6.3) facilitated one of the other lessons.

4.2.4 Information, education and communication material:

The expected output, in accordance with the project document, was to develop and supply information and training material primarily for the participants in proposed seminars and the review conference during the first phase of the project and for distribution after lessons and consultation in the second phase of the project.

At the first review conference in Novgorod, a manual on how to teach reproductive health was distributed. However, the manual was designed by RPFA and UNFPA (see 6.3) and, according to the information received from the staff at the headquarters, financed by UNFPA. The manual (a set of three books) is very highly appreciated by both health and education specialists and, as interviewees pointed out, the methodology learnt at the workshops and the manual complemented each other. The main problem with the manual is the shortage of available copies. The RPFA HQ is now in the process of reviewing the manual for its 3rd edition, but funds for production are not available yet.

Seven different booklets on reproductive health issues has been produced by RPFA HQ in the framework of another project and now reprinted with financial support from RPFA/RFSU project. Ten thousand copies of each were reprinted and distributed at the Conference in Novgorod, and 90 000 copies of each reprinted and distributed at the end of the second phase of the project (June 2002). Whilst branches received some material during the first phase of the project, the main part of booklets was received first after the Final Conference (summer 2002). Therefore, booklets could not be extensively distributed among youth during the second phase of the project, which of course minimise the potential impact the material could have had during the life of the project.

Decision on what booklets would be included in the project, and hence reprinted, was taken at central level and the reprinted done in Moscow. According to RPFA HQ, there are two mainly reason for centralized production of the information material. Firstly, the staff at HQ has participated in training on how to design, produce and assess quality of information material. Secondly, the bigger quantities requested, the lower printing costs are. However, the benefits of local design and production of information material need to be considered. The main advantage is that it would contribute to the development and strengthening of local capacity in production material that fit the needs of youth in each region. Experience in designing material already exists in some of the regions and therefore, a desirable impact of the project should have been to strengthen that capacity.

4.2.5 Support to establish new youth centres:

To establish new youth centres was one of the objectives of the project in its first phase. However, this objective was eventually substituted by 2 other objectives for the second phase of the project. Although no explanation behind this decision is to be found in the available project documents, the reason stated during interviews was the insecurity of how new centres, opened outside the existing health care structure, would be economically sustainable in the long term. It is not clear why concerns on sustainability were not discussed, and consequently taken into account, in the design of the initial phase of the project.

The experience of the Youth Centre in Moscow needs to be taken into consideration. The Centre, opened by RFPA, is located in a suburban area of the capital. The centre fills an important gap in the youth services by providing medical services and educational activities for youth. High quality professionals work at the Centre, and their competence is not only appreciated within RFPA, but also by international agencies, which have in several occasions invited the staff to participate as facilitators in workshops (latest in Azerbaijan). However, the Centre faces serious problems in getting the needed financial support from the government, which may in the long-term compromise the continuity of the services they offer.

Based on that experience, it seems that the decision of not supporting the establishment of new centres was judicious. Instead, the project has contributed to strengthening existing structures by providing equipments (video, TV, overheads, etc), and certainly indirectly by training health professionals working with youth. In spite that all the material received has been welcome and useful, those who received the equipments were not always involved in the need assessment leading to the selection on what to be provided and therefore cannot be concluded that the material received was the one the branches wanted (or needed) to prioritise.

In Novgorod, RFPA has contributed to the opening of a Youth Centre within the premises of the Family Planning Centre. The centre is to be considered, at least in its current structure, more as an extension of the Family Planning Centre for youth rather than a Youth Centre per se (no non-medical staff works in the Centre, exclusively female coming for consultation, etc). Nevertheless, it would be important to follow up the experience to assess whether a similar approach is worth to be introduced in other places or whether other tactics have to be considered.

The majority of family Planning Centres visited organise lessons on reproductive health issues for school students at the Centres. During lessons, interactive methods are used, but the same limitations observed in schools was noticed during those activities at some of the Centres visited, i.e. participatory methods were used but no evident change was observed in what it can be called a 'traditional' contents of a lesson in reproductive health.

Youth interviewed at the Centre in Pskov expressed their satisfaction with the respectful way they are received and treated at the Centre. Even more important, they felt they could consult the doctors at the Centre not only for health-related problems but also for many other problems they may have. However, whether this positive attitude among staff is the result of the participation in the project is hard to assess.

5 Impact of the project

5.1 What has been the impact of the project?

The implementation of the project has contributed to:

- 1) Improvement of inter-sectorial cooperation in the field of reproductive health. Some cooperation between health and education sectors has existed since many years. However, it was not very well structured and mainly triggered by acute situations in a school that required the intervention of people from the Family Planning Centre. Therefore, it can be said that the main achievement of the project has been to improve and systematise the cooperation between health and education, and the development of a 'common language' amongst specialists working with youth.
- 2) Other important achievement is the change of attitude amongst specialist. Several interviewees stressed how much their own attitude towards youth and reproductive health education has changed after their participation in the workshops. As one participant in the final conference said: 'We have learnt to listen to the needs of youth'. Spill over effect that such a change may have amongst colleagues and friends of those who participated in workshops and/or study visits to Sweden, although difficult to measure, should not be neglected.
- 3) Reproductive health has been brought up to the agenda in many of the schools visited during the missions. The implementation of the project has contributed to set off a changing process that may result in a relevant impact. It can be expected that breaking the silence in schools will bear fruits in the future in the society as a whole.

However, in spite of the progress made, there were few evidences, if any, that sexuality education is encompassed in lessons on reproductive health and that the education has shifted from a biological approach to a more problem oriented. Internationally, it has been shown that education emphasising biological information have had limited impact on enhancing attitudes and skills and reducing risk behaviours, and hence limited impacted in improving the reproductive health of youth.

5.1.1 Example of things learned

- Why and how inter sectorial cooperation is needed in the field of reproductive health education
- Why and how specialist from health and education sector should cooperate
- What is the role the midwives can (and should) play in Family Planning Centre, and how they can change from the traditionally function of doctors' assistants to a more active role
- Why and how to get parents involved in issues related to reproductive health of youth

5.1.2. Example of action taken

Set up of a mobile team: After the participation in the RFPA/RFSU workshops, and using the methodology learnt during the training, RFPA branch in Novgorod organized 8-hours seminars for teachers, social workers and medical staff. The objective of the seminars was to initiate a joint discussion on youth reproductive health. Prior to the seminars, RFPA gathered and analysed data on reproductive health status in Novgorod, and they presented the result of the analysis at the seminars. During the seminars, RFPA conducted a survey amongst participants to identify needs and problems related to reproductive health education for youth. One of the main problems participants identified was the fact that youth may feel uneasy to discuss sensitive issues with their teachers. Based on the results of the survey, RFPA conceived the creation of a mobile team, i.e. 'Healthy Life School'

The local authorities finance the mobile team, which shows the degree of political commitment to support reproductive health education.

Reorientation of educational activities: An embryonic cooperation between health and education specialists existed in some of the regions already before the onset of the project. However, joint activities were sporadic and mainly in response to acute problems in schools. As a result of the participation in activities organised by the project, specialists from health and education have found a new way to cooperate, which has been translated in jointly activities at schools and Family Planning Centre.

Seminars for teacher: social workers and medical staff: RFPA branches, using the knowledge acquired during RFPA/RFSU workshops, organise seminars with the objective to train health and education specialists in teaching methods that can be used for reproductive health education. It was a consensual opinion that the methodology learnt during the Swedish workshops was a very innovative one for Russia tradition.

Involvement of parents: Parents may feel unconfident to discuss sexuality with their children. The information on sexuality many parents have received during their teenage has been inexistent or very limited. Therefore, they feel uncomfortable to discuss such issues with their children, and they may feel reluctant and afraid of the consequences when sexuality is included in school programme. Therefore, many of the teachers participating in the project has organised advocacy meeting for parents, with positive results.

Education for teachers and doctor to-be: RFPA in Petrozavodsk has developed a scheme for seminars for students at the colleges of teacher and medical doctors. The expected output of the activity is to train from the beginning the new generation of teachers and doctors on how to deal with youth reproductive health. If achieved, the activity will have a long-term and sustainable effect. Staff from the Pedagogical College has prepared a short manual with a compilation of the methodology for interactive education.

Training of peer educators: In Petrozavodsk, after initiative of one teacher who participated in the project, a group of teenagers has been trained as peer educator. A group of about 40 peer educators had been trained in the framework of a WHO/UNFPA project with very good results, according to the opinion of those involved in that project.

Set up of an information corner for youth: In Arhangelsk, after the initiative of the only paediatrician who participated in the training, a corner with information on reproductive health issues and condoms has been set up in a paediatric outpatients department. Youth attending the policlinic may go to the corner and collect booklet with information on reproductive health issues and condom. The policlinic is attended by youth up to 18 years old that may seek for any health related problem

Opening of a youth centre in Novgorod: The staff of the Family Planning Centre has allocated a wing of the building for attention of youth. There are 3 doctors working with youth. With the current structure, the centre cannot, however, be although the place cannot be considered as a youth centre but rather a gynaecological consultation place for

5.2 Has the project been relevant for stakeholders?

Relevance for Sida's goal?

The objectives of the cooperation between Sweden and Russian are to contribute to a democratisation process and to support a social sustainable development focused on equality.

Democratisation process: Although the project has been implemented only in some schools in few regions of the country, the introduction of participatory methods has an irrefutable potential as enhancing

factor for a democratic development. On the other hand, the project aimed to improve youth reproductive health. Healthy youth generation is one of the foundation stone of a sustainable development.

Gender: discussion on gender balance (or the lack of it) among participants selected for the workshops was discussed during the life of the project. However, the imbalance observed can be considered as a mirror of the existing imbalance in the involved sectors, i.e. health and education, traditionally dominated by women. Out of 1.5 million teachers, 85% are women. A similar percentage is observed in the health sector.

The inclusion of gender issues during lessons at schools could be an important contribution to increase awareness. However, and based on the limited sample of lessons observed during the mission, it can be said that this is not the case. In one of the lessons, during which gender roles were discussed, the final conclusion drawn by the teacher was a reaffirmation of traditional values (women are fragile and tender, men are strong and leaders)

Female and male youth are beneficiaries of the activities implemented, and they are equally reached with educational activities at schools. However, the same cannot be said on service provision. Currently, there are not suitable alternatives for male youth who need individual consultation from a health specialist. Whilst this concern was highlighted during interviews (What can we do with boys?), no relevant actions have been taken within the framework of the project to solve this problem.

Relevance for participants

Reproductive health education was included in school programmes of some of the schools in the involved regions before the start of the project. With support from other projects, RFPA HQ has produced information material targeting teachers, parents and students as well as teaching manual for those working with youth. However, the main contribution made by the project was the introduction of an interactive approach that can be used for reproductive health education. As one of the interviewees expressed: We knew what to teach, but we did not know how to do it.

Relevance for youth

Decades of silence on sexuality during the Soviet Union have resulted in parents not well prepared to handle what they may consider sensitive questions from their children. Youth are exposed to information from TV and written media, however, that information is not necessarily accurate. Therefore, they have an acute need of reliable and confident information sources.

The majority of those youth interviewed who were 15 year old or less, were satisfied with lessons on reproductive health at schools. They think the information they receive from teachers is accurate and therefore they can trust it. However, they are aware that it could be difficult to discuss more personal and sensitive issues with their teachers. They rather would like to have a close friend for such questions, and specially an older one with more experience.

On the other hand, those aged 15 years old or above would like to have somebody to discuss more personal question. They expressed that in general the information they received from teacher was information they have already acquired from other sources ('Nothing was new for us today' as one teen said after one lesson). Therefore, for then a suitable alternative would be to have some adults (teachers, doctors) coming from other places than their own schools or other adolescents with enough knowledge. The approach used by Novgorod with a mobile team seems to be very much appreciated by students: 'teachers coming here to have lessons know everything and the best is that they are not our teachers...'

One concern mentioned by almost all groups interviewed was the insecurity youth feel for their future (how to get a good job, how to get a good university education, etc). The other one was the barrier in the communication with their parents and other adults ('we have different background, they grow up in the Soviet, we in Russia, as one group said) Alcohol consumption, both among youth and adults, was another problem mentioned, and for the majority more relevant than drugs.

5.3 What are the external factors that may have influence in the results of the project?

International agreements

The International Conference on Population and Development held in Cairo contributed to draw international attention on reproductive health issues. After the conference many countries adopted new policies with a broader approach to reproductive health. One important initiative taken by countries has been the strengthening of national laws and mechanism to promote the rights to reproductive and sexual health. Although there is not a legal basis for reproductive rights in Russian, a draft of a federal law 'About reproductive rights of citizens and guarantees of their implementation' has been considered in the State Duma.

Another international agreement that may have contributed to the creation of a conducive environment and hence facilitated the implementation of activities related to reproductive health is 'Health 21', the European adaptation of the policy adopted by the World Health Assembly in 1998, 'Health for all in the 21 century'. Health 21 set up 21 targets to improve the health status of the population in Europe. Target 7, dealing with communicable diseases, stated that by 2010 the incidence of congenital syphilis should be below 0.01 per 1000 live births and by 2015 every country should show a reduction in the incidence and mortality of HIV infections and other STI. By 2020, the incidence of teenage pregnancies should be reduced by at least one third.

Other programmes related to reproductive health

There are some programmes that may have influenced the level of achievement of the RPFA/RFSU project. The first one was funded by an American business company (Procter and Gamble). The main objective of the programme was to introduce hygiene and reproductive health issues in schools nationwide. It was in the framework of that programme that information material for parents, teachers and youth was produced. The material is appreciated by teachers and still used in many schools.

The other programme was funded by UNFPA, and one of the outputs of it was the production of a manual on how to teach reproductive health issues. The manual is still used in schools, and was distributed to specialist at the Review Conference in Novgorod, as mentioned earlier in this report.

In Karelia, Finland has financed projects within the frame of TACIS programme (EU programme for assistance to countries of Eastern Europe and Central Asia). One project deals with the introduction of reform within the health and social services and the other one with training on teaching methodology. Whilst both projects included reproductive health issues, the main difference with the Russian-Swedish project was the inclusion of specialist from both sector ñhealth and education- in common activities.

6 Cost effectiveness and management

6.1 Cost effectiveness of the project

The budget requested by RFPA/RFSU was 8.161.00 Swedish crowns, of which 6.158.598 was spent. The major cost items of the project for the first and second phase are showed in tables 6.1 and 6.2 respectively.

Table 6.1 Cost during the first phase of the project *

Cost item	Budget	Actual outcome	% of budget	Cost/person
Planning mission in Russia	484.000	440.202	15%	
Workshops in Russia (80 x 7 days)	715.000	549.487	19%	6.870
Study visit to Sweden (12 x 7 days)	388.000	320.828	12%	26.750
Study visit to Sweden (20 x 7 days)	506.000	351.796	12%	17.600
Review conference (70 x 2 days)	329.500	200.775	8%	2.870
Information material	400.000	580.476	20%	
Equipment for youth centres	260.000	152.104	8%	
Participation in Scientific Conference (2)	30.000	28.115	1%	
Other costs	292.000	160.548	6%	
Total	3.404.500	2.784.331		

**The figures for both tables were calculated from the invoices presented to Sida by RFSU since the figures found in the financial statements of the final reports did not coincide with the payments done by Sida*

As the tables show, during the first phase of the project 43 % of the total budget was spent in training and 20% in production of information material. The differences in cost per persons between the two visits carried out during the first phase of the project may be partially explained by the fact that interpreter costs are not included in the second one. The cost per person for participation in study visits is probably not special high if compared with similar activities within other projects. However, the cost is high if compared with the cost per person participating in workshops. Visits were probably an important component of the project, but would not necessarily be crucial if Sida decides to support a new phase.

Table 6.2 Costs for the second phase of the project

Cost item	Budget	Actual outcome	% of budget	Cost/person/week
Planning mission in Russia	405.000	227.304	8%	
Workshop (40 x 14 days)	810.140	676.080	25%	8.500
Study visit to Sweden (40)	1.158.500	742.231	27%	18.550
Information material	774.740	717.000	26%	
Project management meetings	267.300	74.228	3%	
RFSU overall cost	218.000	28.000	1%	
Final conference	278.500	298.743	11%	
Total	3.912.180	2.763.586		

The other difference in cost is to be seen in relation with the production of information material. During the first phase of the project, the cost of reprinting booklets was 3.50 SEK/ booklet (240.000 SEK for 7 x 10 0000 copies), whilst the cost for the second phase was 0,70 SEK per booklet (454.140 SEK for 90 000 x 7) and 23 000 SEK for transport and distribution. Whilst fluctuation in exchange rates may partially explain some of the differences in expenses, it seems difficult to understand why booklets were 5 times more expensive during the first phase at the same time that the cost for other printing material, for instance copies of the Association's journal, remained almost unchanged.

Remarkably, as much as 25% of the requested budget was not utilised during the implementation of the project. The equipments for the Centre mentioned in the project document was bought but the remaining 40% of funds requested for that activity were not utilised. RFPA branches could have been able to easily identify complementary needs within the allocated budget, and if anything else was needed, the funds could have been used to purchase condoms. It was planned to have 3 management meetings, but only one was held and therefore 30% of the requested budget was not used. The meetings could have facilitated the communication between the RFPA and RFSU and even more important, it would have been a good opportunity for follow up and support in the implementation of activities.

6.2 Sustainability

The main strategy of the project is capacity building of those working with youth in order to improve the quality of education and services provided to youth. The specialists trained by the project are working within existing structures, and therefore they are not economically dependent upon external funds. They can use the knowledge acquired during workshops in their daily work with youth. They can also share the experience and knowledge in an informal way with their colleagues. Even in the worst scenario, i.e. if no funds for further activities are provided by Sida or any other donors, it can be said that the results achieved by the training will remain and the knowledge acquired can eventually be transferred to other specialists working in the region with limited economical inputs.

However, the main concern for future activities is what could happen if RFPA headquarters does not manage to get funds to cover administrative expenses at headquarters (salaries and utilities) and therefore they are not able to survive as organization. Therefore, it seems necessary to consider whether such a situation would have an impact on the activities carried out by the branches in general, and in a future Russian Swedish cooperation in particular. Should the RFPA HQ in future be the only responsible of the administration of a potential project or should the responsibility be shared equally amongst HQ and branches? The increased administration that the latter alternative may imply for the Swedish agency should be outweighed against the potential risk of a serious economical crisis of the HQ that may threaten its survival and hence put the implementation of a future project at risk.

6.3 Project management

The coordination and management of the project in Russia has been the sole responsibility of the RFPA headquarters. The structure of the RFPA consists of staff at the headquarters in Moscow working full time for the association, and members of the branches working within governmental institutions. Some of the tasks at the headquarters are to spread information to the branches, to raise funds for projects and to facilitate the communication between branches. The main weakness with the current structure is the total reliance of the headquarters on external funds for their survival. The office of RFPA in Moscow is located in a government building where they do not pay rent. However, and in spite of being registered as an NGO, they have to pay utilities (electricity, phone, etc) at commercial

rates. In addition, the salaries of the staff are also covered with external funds (grants from IPPF). The main advantage of the current structure of RFPA in the regions, with members working at the Family Planning Centres or other government institutions is that branches are relatively independent of external funds to survive, although not for implementation of activities.

Whilst branches may have participated more directly or indirectly in the preparatory phase of the project, the final project document was not sent to all the branches and therefore not all the implementers were confident with the objectives of the project as stated in the document. The activity reports of each of the region were presented at the Review Conference in Novgorod, and at the Final Conference in Moscow. The reports of 3 of the regions were published after the conference in Novgorod at the Journal of the Association and in that way, shared with all those directly involved in the project. However, the reports presented in the Final Conference has not been distributed or published yet.

6.4 Reporting

RFSU has been responsible for the reports presented to Sida. They have reported each of the activities implemented and a final report for each of the phases of the project. In general the reports (activities and final ones) present a narrative account of the activities including a financial report. However, the reports do not analyse the progress and setback of the project or summarise the lesson learned. A more analytical approach could have been needed in the report at the end of the first phase of the project to ensure that lessons learned were taken in account in the design of the second phase.

As mentioned somewhere else in this report, one of the objectives of the first phase was not fulfilled, i.e. opening of new Youth Centres in each of the regions involved. There is a very short mention of that fact in the report without an analysis on why the objective was not achieved and the impact this might have had in the other objectives of the project. Other example is the planning of three management meetings of which only one was held. There is no mention in the second final report why was the reason for cancelling the other two meetings.

Noteworthy, the costs for activities presented in the final report for both phases did not always correspond with the figures of the invoices presented by RFSU to Sida.

7.1 Conclusions

The general conclusion of this evaluation is that the project has contributed to enhance the cooperation existing between professionals working within health and educational sectors with youth, and consequently contributed to increase the attention given to reproductive health in many schools.

The introduction of reproductive health in the schools' agenda is an important milestone. A youth who participated in a talk show together with other youth from the Soviet Union and from USA during the Gorbachov government said 'There is no sex in the Soviet Union'. This anecdote, told by one of the interviewees and if only just an anecdote, illustrates the place sexual issues have had during the Soviet era and it contributes to explain, at least partially, many of the difficulties faced by those who intend to have a more open discussion on sexuality and youth in Russia.

The strategy used by the project, combination of theoretical training in Russia with more practical oriented activities during study visit to Sweden, have been highly appreciated by participants. The participation of educational and health specialists in the training activities has provided them the opportunity to see reproductive health issues and sexuality from a different perspective. It has also contributed to increase their understanding on how interactive methods can be used in health education in schools and family planning centres.

However, in spite of its accomplishments, the project has not managed to achieve a shift from lessons with biological orientation towards a more interactive and problem-oriented approach. Biological lessons may be considered as a first step to improve the knowledge youth have on reproductive health issues. Nevertheless, knowledge alone is not enough to assist youth in making their own risk assessment in order to avoid risk behaviour that may have a negative impact in their health.

The participatory methods used during the workshops differ substantially from the approaches used by teachers and health staff during the Soviet era. Participants in the workshops were selected amongst highly qualified and well-motivated professionals who easily could grasp the essence of the new approach. However, the five-days workshops held during the first phase of the project were short and therefore it would have been of utmost importance to ensure the participation in the advance workshops of those who attended the first round of workshops. Out of 80 professionals who participated in the first workshop, only 21 participated in the advanced course.

Many of the professional trained during the workshops has organised local workshops for other specialists in accordance to the expected output of the training. Unfortunately, the project did not make provisions to follow up these activities, and therefore, the Swedish facilitators have not been able to assess, and even more important, to support the skills of the trainers.

The study visits to Sweden were a good complement and offered the possibility to see practical examples of sexual education in schools. One of the objectives of the participation of decision makers in visits to Sweden carried out during the preparatory phase of the project was to increase awareness amongst them on reproductive health and sexuality education and to experience the cooperation in Sweden between different sectors. By doing so, it was expected the development of a conducive environment and an increased political commitment. However, the regional and local authorities were not very well represented in the delegation. The political commitment varies between regions and it has not always been a long-term engagement as shown in Pskov where local authorities increased the

financial support to the Family Planning Centre as the start of the project, but after a short time funds were withdrawn.

The opening of Youth Centres in the involved regions was an objective of the first phase of the project. The objective was not fulfilled since the long-term sustainability for centres that would be operating outside the existing health structure could not be guaranteed. This risk should have been identified already during the design of the project and consequently it should not have been included in the project proposal. Its inclusion may reflect that a comprehensive risk analysis with evaluation of the needed conditions to ensure a successful fulfilment of the objectives was not carried out during the preparatory phase. The use of Logical framework Approach or similar approach may have facilitated the design of project with workable objectives.

The gender imbalance observed amongst participants to the workshops was recognised at the onset of the activities, but it was difficult to address it since the majority of professionals working in health and educational sector are women.

The direct beneficiaries of the project, i.e. youth of both gender have been reached equally at school. However, in spite of the contribution made by the project in the improvement of services provided to female youth, it has not managed to create a suitable alternative for male adolescent. Whilst the Family Planning Centres are a suitable alternative for female teenagers, male teens are not using their services. Male youth may be referred to a Sexually Transmitted Infections Clinic if they have STI related symptoms, but rarely they will be referred there for counselling or any other service.

It is an urgent need to identify suitable alternative for male youth. Some of the professionals interviewed pointed out that an increased number of andrologist (specialist in men's health) working at the Centres would contribute to solve the problem. Whilst the results of the evaluation cannot provide any argument for or against such a solution, it is worthy to point out the risk implicit in that solution, i.e. a 'medicalization' of reproductive health issues

Information material on reproductive health issues targeting youth designed and produced by other projects was reprinted and distributed to the involved regions. The material has been well received both by professionals and youth. However, the impact of this activity could have been increased if the RFPA branches would have been more involved in the process of selecting the material to be used. For instance, they could have included local information on the respective Centre, the services offered, the address and opening hours.

The role youth have had in the project has been as passive receivers of the benefits, i.e. reproductive health education at school. Decision on what youth need and the best approach to meet these needs was taken without their explicit participation. It can be said, therefore, that youth have been passive receivers of the benefits of the project, i.e. introduction of reproductive health in schools. Experiences from interviews with youth conducted during the evaluation show that they are fully capable to assess their needs and to identify potential solutions. In addition, it was showed that needs and solutions identified by youth did not necessarily coincide with the ones identified by specialists. Many of the pressures and stress youth are exposed may be relatively unknown to their parents and other adults, since the socio-economic, political and cultural environment other generations grown up was totally different. Youth participation is essential for creating and implementing effective activities to ensure their needs do not remain unattended.

The current project has been designed and managed mainly by the headquarters of the organization and implemented by the branches. Certainly, the objectives of the branches are the same everywhere in the country, and for this specific project, they have had a common framework. The role of

headquarters in coordinating the project has been important. However, it was evident during the evaluation that both, the strategies used and the results achieved were different between regions. One explanation is the different starting points in each region at the onset of the project, partially due to cultural features, but also conditioned by how much had already been done in each region prior to the onset of the project, either by local actors alone or in collaboration with international agencies. The RFPA branches have had a very limited participation in the management of the project (design of the project proposal, design of information material, participation in the preparation of final reports, decision on number and profile of participants to the activities, etc) and therefore the possibility to strength their managerial skills were reduced.

A decentralization of future projects, with management responsibility given to each of the branches will not only contribute to the capacity building of the branches but even more important, it will ensure the continuity of the implementation of activities independently of the potential financial constraints that the headquarter might face in the future.

International studies comparing the use of contraceptive in developed countries have shown that some of the factors that may explain inter-country differences in the use of contraceptives are: negative societal attitudes toward teenage sexual relationships, restricted access to and high cost of reproductive health services; ambivalence toward contraceptive methods and lack of motivation to delay motherhood or to avoid unintended pregnancy

Many youths become sexually active at the age of 15–16 years old, when they neither are prepared nor willing to become parents. A sexually active teenager who does not use contraceptives has a 90% chance of becoming pregnant within one year. (Alan Guttmacher Institute, 2001). Due to the limited availability of contraceptive in the regions visited, it can be assumed that many first sexual experiences result in unwanted pregnancies and eventually abortion.

7.2 Recommendations

Recommendations

To introduce sexuality education and to change attitude towards youth and sexuality after decades of denial and silence is certainly neither an easy task nor a sudden event but something that can only be achieved after a long process. Whilst the foundation for such a process has already been set up by both the current project as well as by other projects and external factors, there is a clear and evident need for further development and consolidation of that process, if the efforts already done are not to be missed.

Therefore, it is recommend that Sida provides financial support for a project on reproductive health to further develop the progress achieved during the current project in the regions that are already involved in the current project, i.e. new project(s) but without inclusion of new regions

If a new project is implemented, it will be important to take into account the activities already implemented by each of the RFPA branches and to assess how a new project could be build upon the experience gained so far. Consequently a common project may not be the most suitable approach to meet the needs identified by each of the branches.

Therefore, it is recommended that if Sida supports a new project, each branch develop its own project proposal within a common and well-defined overall objective. At the same time, it will be important to have activities to facilitate the exchange of experiences among the branches, for example regional conferences

Each branch should carry out local need assessments. They should analyse what is already done, what is needed to be done from the perspective of youth and other actors, what does the branch want and what they are capable to do, and from that analysis, they could infer what is feasible and sustainable to be done within existing human and financial resources. Monitoring and Evaluation activities should be included in the formulation of new projects and budgeted for. Future evaluations could be carried out using a participatory approach with involvement of all stakeholders, including youth.

Therefore, It is recommended that if a new project is supported, Sida considers the possibility to providing support to the branches to organize training on design, management, monitoring and evaluation of projects and in the use of the Logical Framework Approach ⁶. The output of such training could be project proposals from each of the branches and identification of further training needs.

Many relevant decisions on reproductive health at schools and health care institutions are taking at local or regional level, and therefore it would be important for the branches to increase advocacy activities at these levels as a complement to the advocacy activities that RFPA HQ may undertake at central level.

Therefore, it is recommended, if Sida supports a new project, to include capacity building of branches in advocacy issues as a component in the new phase of cooperation. One of the outputs of the training should be to achieve agreements with concerned authorities on how the implementation of future activities could be facilitated (and financed?) by local authorities.

Training of trainers is a cost effective method by which a high number of persons may be successively reached at relatively low-cost. However, it cannot be taken for given that after the relatively short trained offered by the project, the participants are fully prepared to further develop and adapt the contents of the training to different situations and to train other specialist. .

Therefore, it is recommended, if Sida support a new project including training of trainers, that an ongoing communication channel between Russian and Swedish specialists is established, with inclusion of follow up of training activities conducted by Russian specialist and monitored by Swedish specialist

One important constrain faced by specialists working in health care services in the regions visited is the limited availability of contraceptive in general, and condoms in particular. Reproductive health programmes can reduce levels of unwanted pregnancies and sexually transmitted infections including HIV, under condition that promotion and distribution of condoms exists.

Therefore, it is recommended that Sida should not support any project in which the provision of condoms could not be guaranteed at least throughout the life of the project either with direct financial support from Sida or from local authorities

The results of interviews with youth conducted during the evaluation show that they are fully capable to assess their needs and to identify potential solutions. In addition, it was showed that needs and solutions identified by youth did not necessarily coincided with the ones identified by specialists.

⁶ Logical Framework Approach (LFA) is an analytical tool for objectives-oriented project planning and management

Therefore, it is recommended, if Sida supports a new project, that youth and youth organizations are involved in the design and implementation of future activities

One important problem identified during the evaluation was the lack of an appropriate alternative where male youth can seek assistance if they have any question or concern related with their reproductive health and sexuality

Therefore, it is recommended, if Sida supports a new project, that a great attention should be paid to the establishment of a feasible alternative for provision of services to male youth

In a survey carried out by the Research Centre of Obstetrics, Gynaecology and Perinatology it was shown that the main source of information on sexual life and contraception for adolescents is their acquaintances and friends (56%) and books, magazines and films (23%). The role of parents (10%) health worker (4%) and teachers (1%) is less significant. (Quoted in Family Planning and Reproductive Health). The results of the interviews during the evaluation do not differ with these results. Whilst youth expressed their trust to the information they may receive from teachers or health staff, they agreed that discussion on sensitive issues are better discussed with peers or with adults outside the school.

The experiences with peer educator programmes internationally have showed the efficiency of such programmes. Likewise, the experience with peer educators, if limited, in some of the region visited shows promising results.

Therefore, it is recommended, if Sida supports a new project, that the implementation of peer education activities be considered to be included amongst future activities.

7.3 Lessons learned

Some of the lessons learned from the evaluation of this project that could be of interest for other projects are:

Cost effectiveness of visit to Sweden

As it is shown in chapter 6, the cost per person for visits to Sweden is much higher than the cost per person for other training activities. Whilst the visit to Sweden for a selected group of person may be a suitable approach in the very initial phase of a project, the value of repeated visit for the same group of person may be carefully assessed.

Coordination with other project

The need of a comprehensive mapping of ongoing activities in the preparatory phase of any project, although time consuming, is the best and probably the only way to avoid duplication of efforts. Even more important, it makes possible the use of experiences gained within other projects.

Monitoring and mid term evaluation

It is important that a strategy for monitoring of activities and the indicators to be used for it throughout the life of a project are determined from the onset of the project.

Participatory evaluation

Evaluation of a project is to be considered not merely as an exercise needed by donors, but mainly as an essential part of any project and a tool by which the managerial capacity of implementing agencies

can be strengthened. Therefore, the design and implementation of the evaluation should be done jointly with all those directly or indirectly involved in the project, i.e. donors, implementing agencies, target groups.

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Annexe 1

Terms of Reference

2002-05-13

Terms of reference for evaluation of the project "Sexual and reproductive health of adolescents in NW Russia"

1. Background

In 1997, RFSU began a cooperation project with the Russian non- governmental organization Russian Family Planning Association, RFPA, as the Russian counterpart. The overall aim is to improve the sexual and reproductive health situation of young people in seven locations in northwestern Russia. The regions included were originally: Murmansk, Arkhangelsk, Karelian Republic, Pskov, Novgorod and the cities of Moscow and St Petersburg. At a later stage, St Petersburg fell out of the project.

The project has a number of objectives but focuses on education and training for health care practitioners on one hand, and teachers and staff from the educational sector on the other hand. The main objective is to improve the sexual and reproductive health of adolescents in the six regions. The training programmes have been complemented with assistance to the Russian Family Planning Association in the development and publication of educational and information brochures and other material on various sexual and reproductive health issues, including HIV/AIDS and sexually transmitted infections. The material has been disseminated to the six regions. Main activities include training sessions and study tours to Sweden.

The project has consisted of four separate Sida decisions and disbursements. A total of SEK 5,1 million has been disbursed up until May 2002. The Swedish implementing partner is RFSU and the Russian cooperation partner is the Russian Family Planning Association, RFPA, with its headquarters located in Moscow. On the Russian side, different local health authorities and education agents have been trained and involved in project implementation.

The project is expected to be finalized in June 2002 with a project conclusion conference to be held in Moscow on May 27-28, 2002.

2. Purpose and scope of the evaluation

The purpose of the evaluation is to examine the results of the cooperation project and find out how activities have been formulated, conducted, reported and received by the project beneficiaries. It will be necessary to assess the impact of the project in the various regions that have participated in the project.

The findings from the evaluation should also give recommendations for possible future cooperation through transfer of knowledge within the field of sexual and reproductive health of adolescents.

3. The assignment

The following issues and questions are to be covered in the evaluation:

An overview of the cooperation; What are the measurable results achieved? Is there reason to believe that results are sustainable?

Relevance; Has the project taken Sida's goals and the needs from the Russian side into consideration?

Objectives; Are the objectives well formulated and reasonable? Have the objectives of the project been fulfilled? What are the reasons for

high or low achievement of the objectives?

The effect of the educational courses and training on the participants:

To what degree have the participants been able to use their knowledge in their practical work?

The effects on a larger scale; Has the project had any bearing on the reproductive health situation for teenagers in the regions?

The organizational structure of the project; Has RFPA as an organization been functional/optimal for the cooperation? Could there have been more appropriate cooperation partners involved in project administration and implementation?

Competence of RFSU; Have the consultants carried out their assignments in a satisfactory manner? Has the competence and skills used been suitable?

Cost-effectiveness of the project; Could the same results have been achieved at lesser cost? Have the administrative costs been kept at a low level?

External factors; To what degree have external factors, such as the adoption or lack of adoption of relevant legislation affected project implementation and results? Has the risk analysis been realistic?

Reporting; What has been the quality of reports and evaluations submitted to Sida. Have the reports adequately reflected project successes and setbacks?

Gender; How has the cooperation reflected gender equality and gender-related issues? Has gender been taken into consideration in training programmes?

Sida; What is the quality of Sida's handling of the project and relations with both counterparts?

Based on the above, the consultant should also give recommendations on how similar future projects could be designed and implemented.

4. Methodology, Evaluation Team and Time Schedule

The consultant is required to gather information from RFSU and its Swedish implementing partners, the project counterpart RFPA and the various project participating agencies on the Russian side through written documentation, interviews, Sida decisions, reports, contracts, internal evaluations, questionnaires etc. It is necessary to gather the views of the participants in seminars, training programmes, study tours and, most likely, from the main target group of the project - young people who are supposed to benefit from the skills of the project participants.

The consultant is expected to make a minimum of three missions to Russia to carry out the assignment. The trips should include RFPA in Moscow as well as selected project participating regions. A minimum of two regions should be visited for each mission (i.e Murmansk/Arkhangelsk/Karelian Republic and Pskov/Novgorod).

The consultant is expected to accompany the Sida desk officer to a project review conference in Moscow between May 26 and May 28, 2002. The conference is arranged by RFPA and RFSU and will convene all regional parties involved in the project from 1997 to 2002.

The duration of the assignment isworking weeks.

5. *Reporting*

The evaluation report shall be written in English and not exceed 50 pages, excluding annexes. Format and outline of the report shall follow the guidelines in **Sida Evaluation Report – a Standardized Format** (see Annex 1). Two copies of the draft report shall be submitted to Sida no later than June 30, 2002. Within four weeks after receiving Sida's comments on the draft report, a final version in two copies and on diskette shall be submitted to Sida no later than August 15, 2002. Subject to decision by Sida, the report will be published and distributed as a publication within the

Sida Evaluations series. The evaluation report shall be written in Word 6.0 for Windows (or in a compatible format) and should be presented in a way that enables publication without further editing.

The evaluation assignment includes the production of a Newsletter summary following the guidelines in **Sida Evaluations Newsletter – Guidelines for Evaluation Managers and Consultants** (Annex 2) and also the completion of **Sida Evaluations Data Work Sheet** (Annex 3). The separate summary and a completed Data Work Sheet shall be submitted to Sida along with the draft report.

Annexe 2

List of places visited

Novgorod

Health Care Department of the City Administration

Psychological medical and pedagogical consulting Centre

School N0 8

School No 34

Juvenal Medical Centre

Pskov

Family Planning Centre

Medical and Social Help Centre

Sport Medical Care and Physical training centre

School No 26

Sexually Transmitted Infections Clinic

Petrozavodsk

The Republican Center of Family Planning and Reproduction

Pedagogical College No 1

Karelian Pedagogical University

School No 45

Pedagogical college No 2

Arhangelsk

Family Planning Centre

School No 45

Child Clinic

Social Care Centre for youth

Moscow:

Russian Family Planning Association, headquarters

Youth Centre

Annexe 3

List of persons met

Novgorod

Anna Goroshko, Head of the Health Department

Natalia Smirnova, Manager of the Psychological, Medical and Pedagogical Consulting Clinic

Marina Tchirskaya, Director of RFPA branch Centre of Prophylactic Medicine,

Vera Ivanova: Social teacher. Head of association for specialised teachers

Anna Asoyan, Venerologist at school 'Healthy way of Life'

Galina Khabuliani, Head of Women Clinic at Central Hospital in Borovichi

Natalia Melnichouk, Headmistress Scholl No 8

Tatiana Lazareva, Headmistress School No 34

Ludmila Alyokhina, Head of the Juvenal Medical Centre

Raisa Kryukova, obstetrician Juvenal Medical Centre

Marina Miloserdova, Gynaecologist Juvenal Medical Centre

Pskov:

Tatiana Ivanova, director of the Family Planning Centre and director of RFPA in Pskov

Marina Maksimova, Obstetrician Family Planning Centre

Olga Lukina, Obstetrician gynaecologist at Family Planning Centre

Valentina Malikhina, Obstetrician gynecologist, hospital in Palkino

Kuvshinova Natalia, social worker, Family Planning Centre

Elena Golubeva: Education department, School No 26

Petrozavodsk

Vladimir Petrov, Obstetric/gynaecological service at the Ministry of health in Karelia

Ludmila Kurockho, Department of Education, Administration of Petrozavodsk

Elena Aksentjeva, physician Family Planning Centre

Lilia Smolina, obstetrician, Family Planning Centre

Elena Popova, Psychotherapist, the Pension Fund

Zhanna Hohlova, Obstetrician.gynecologist Family Planning Centre

Svetlana Krylusova, social work, Family Planning Centre

Tatiana Kalabina, Instructor 'Basic medicine', Karelia Pedagogical University

Zinaida Eflova, Vice director, Pedagogical College No 1
Elena Savkina, Instructor, Pedagogical College No 1
Svetlana Artemjeva, Principal, School 45
Zoja Homutova, Principal, College No 2
Svetlana Solovjova, Instructor, College No 2
Nikolai Kuzin, Instructor, College Rail road transportation

Arhangelsk

Olga Belaborodova, Obstetrician , Director RFPA
Svetlana Belova, Teacher biology, school 45
Oksana Zolotaya, Teacher biology Severodvinsk School 9
Olga Pozleeva, Department of Education
Nadezhda Pazdeeva, Midwife, Family Planning Centre
Galina Zhemakova, Paediatrician, director Child Clinic
Mira Trapeznikova, Dep of Education, Culture and Sport

Moscow:

Inga Grebensheva, director RPFA
Lioudmila Kamsiouk, Deputy director RFPA
Inna Alesina, Director of International Project Department

Sweden

Goran Swedin, Gyneacologist, RFSU consultant, facilitator at the Workshops
Goran Uddenholt, teacher, RFSU consultant, facilitator at the Workshops
Susanne Hogberg, midwife, RFSU consultant, facilitator at the Workshops
Maria Ögren Hellvig , project coordinator, RFSU
Staffan Uddenholt , Manager for International Projects, RFSU

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