

## **HEALTH SERVICES AND ART ACTIVITIES TO INVOLVE THE YOUTH IN THE FIGHT AGAINST IRREGULAR MIGRATION IN ETHIOPIA**

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### **Sommario**

Il progetto nasce dalla collaborazione tra le Ong italiane Ccm e Coopi, nell'ambito dell'Iniziativa di Emergenza dell'Aics per mitigare le cause della migrazione irregolare in Etiopia (AID10677). L'area di intervento è la zona Bale (Regione Oromia), particolarmente colpita dal fenomeno migratorio. Qui è stato avviato un ambulatorio *youth-friendly* presso l'ospedale di Robe, i cui servizi di salute sessuale e riproduttiva hanno visto un ottimo utilizzo grazie all'attivazione di un programma di educazione tra pari. Un gruppo di giovani è stato inoltre coinvolto in attività di sensibilizzazione ed educazione comunitaria sulla migrazione, che ha raggiunto oltre 21.500 persone tramite il teatro.

### **Abstract**

The project stems from the collaboration of the Italian Ngo Ccm and Coopi. It is part of the Emergency Initiative (AID10677), financed by the Aics and aimed at preventing and controlling the irregular migration in Ethiopia. Area of intervention is Bale zone (Oromia Region), particularly affected by migratory phenomena. Adolescent and Youth Friendly Health Services were established in Robe Hospital and the accessibility to sexual and reproductive healthcare improved thanks to the involvement of peer-educators. Similarly, a youth group was empowered to become key actor in community education around migration issues, with over 21,500 people reached by drama performances.

### **Key words**

Irregular migration, youth, reproductive health, art and peer education

### **Introduction**

The project stems from the collaboration between *Comitato Collaborazione Medica* (Ccm) and *Cooperazione Internazionale* (Coopi), two Italian Non-Governmental Organization (Ngo) operating in Bale Zone of Oromia Region, where both have gained several years of experience in the health and livelihood sector respectively, working in close collaboration with the zonal and *woreda* (district) authorities.

The project is part of the emergency initiative, supported and financed by Aics, to mitigate the causes of irregular migration in Ethiopia (AID10677). The initiative aimed at preventing and controlling the irregular migratory movements by increasing the access to income generating activities among potential migrants, refugees and local communities; improving the living conditions of potential migrants and migrants, through the provision of multi-sectorial essential

services (i.e., wash, health and education); developing educative and informative campaigns about the migratory movements; and supporting the protection of vulnerable groups, women, returnees, children and youth in particular<sup>1</sup>.

The project started in May 2016 and lasted 10 months. In the framework of the project, Coopi promoted local development and job creation actions, through income generating activities, whereas Ccm mainly focused on the health and education activities. A research on migration movements in Bale zone was also part of the project and managed by Coopi.

It is important mentioning that the present paper focuses only on the strategies employed, the results achieved and the challenges faced within the health and education activities managed by Ccm.

## **Background**

Several studies underline that more development does not stop migration flows (Aics 2017). Migration is part of transformative processes of the world. A perfect substitution between human mobility, capital flows and international trade does not exist. These flows are complimentary and interconnected. In a development perspective, approaching the root causes of migration makes sense, but certainly does not lead to immediate migration reduction and control.

In this framework, the Italian government has decided to address migration and development as a priority action. At European level, the Italian government is supporting the improvement of policies aimed at contributing to the African development and, thus, to the governance of migration flows. In particular, the Italian non-paper Migration Compact (Italian Government 2016) contributed to the development of the new Partnership Framework (Ec 2016) and the establishment of the External Investment Plan (Ec 2016). All these events and processes lead to the need for research on the ground to better identify the role of the development cooperation on migration issues.

The emergency initiative, promoted by Aics to mitigate irregular migration in Ethiopia (AID10677), gave particular emphasis on the research on migration and its roots causes. Five different universities (i.e., Adigrat University, Makalle University, Wollo University, Oda Bultum University and Meda Walabu University) were involved on the issue and collected relevant data in their respective area. The researchers used a combination of quantitative and qualitative methods. A multidisciplinary approach allowed analysing information from diverse and complimentary perspectives. About 2,200 semi-structured and structured interviews were conducted to returnees,

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<sup>1</sup> MAECI – DGCS (2015). Call for Proposals: Etiopia. Iniziativa di Emergenza in favore delle popolazioni vulnerabili, dei rifugiati, degli sfollati e dei migranti per contrastare le cause della migrazione irregolare. AID10677. Roma (Italy)

migrant families, potential migrants, non-migrants and community leaders, and 40 focus group discussions organised with mixed groups of stakeholders. The sample was considered statistically representative of local populations.

The results of the five studies confirm that the Ethiopian case is of particular importance because of the strong economic growth and the migration trends observed over the past decade in the country. Ethiopia occupies the 174<sup>th</sup> place out of 188 countries in the Human Development Index (Hdi) (Undp 2016) and it is one of the world's poorest countries. The country is classified as having low human development, but disaggregated Hdi values indicate that 2 out of the 11 regions have medium human development. Despite showing significant differences across the country, the data indicate that the country is slowly improving in the Hdi rank. The Country counts more than 92 million of inhabitants, mainly living in rural area (84%) (Csa 2013). The population is young (44% under 15 years old); 24% of people are women in childbearing age (Csa 2012).

The data shared by the Ministry of Labour and Social Affairs (Molsa) report about 460,000 legal migrants between September 2008 and August 2013. Among these, 94% were women domestic workers: 79% travelling to Saudi Arabia, 20% to Kuwait and the rest to Dubai and other countries. About 60-70% of Ethiopian migrants were estimated as irregular, either trafficked or smuggled (Aics 2017). It's extremely difficult to estimate the number of irregular migrants at local level, mainly due to serious limitations of the data collection system within the official services. However, all researches reported a general perception of an increasing number of irregular migrants towards Arab countries.

The studies confirm that irregular migrants are mainly young and primarily males, despite important percentages of female; both married and singles, and usually with skills and a low-medium education background. They belong to middle size families and are proportionally linked to religions and ethnical groups existing in the specific *woreda* (district). About one third of irregular migrants are female, working as housemaids in families of the countries of destination; whereas male migrants usually work as herdsman and workers in the construction and petty trade sectors, but also in illegal activities. A significant difference exists between male and female migrants: the first travel mostly through irregular channels, while the latter use relatively more regular ways.

Routes of migrants may be regular, irregular or interwoven. An interwoven route is practiced via regular way at the beginning, with the concession of tourist visas that, upon expiration, transform migrants in irregular stayers in the country of destination. The majority of Ethiopian migrants travel via irregular ways through illegal brokers, across the sea and usually towards Arab countries.

The five researches investigated the factors affecting the migration flow. Push factors appear to be the main drivers of migration: they include unemployment and underemployment, low salaries, scarce land accessibility and poverty in general. Economic factors are among those mainly reported by respondents, while local governance and political factors are mentioned only by few. A special role is played by the reinforce factors, which comprise not only brokers and traffickers along the journeys but also the same migrants and families, parents and peers.

The five Ethiopian researches agree on the analysis that migration improves the family's standard of life, but they all underline the scarce sustainability of the effect. As far as migrants send remittances, the families increase their livelihoods, creating a dependence linkage. When the migration experience ends, families return to suffer human insecurity. And the returnees consider the possibility to re-emigrate.

Based on the data of the Ministry of Work and Social Affairs, Bale Zone (area of intervention of the project under study) is one of the areas of Oromia Region with the highest rate of irregular migrants and returnee population from Saudi Arabia. In the first 8 months of 2015, a total of 1,144 people migrated from Bale in an irregular way: the majority were young male and 82% of them wanted to reach Europe. Their education level was rather high: 14% has a bachelor degree, 21% started University and 34% completed high school. The majority of migrants (79%) came from 7 *woredas*. According to the study conducted by the Meda Walabu University, the main causes of irregular migration from these *woredas* include poverty, low level of economic opportunity and lack of basic services, including the health ones.

The health system of Bale Zone (about 1.8 million [Csa 2013]) comprises of 4 hospitals (1 per 448,800 people), 84 Health Centres (1 per 21,400 people) and 321 Health Post (1 per 5,600 people). Despite all these hospitals and health centres offer a variety of services none of them is currently able to provide specific service for the youth. Only few health professionals are trained to offer a quality service to youth and no facility is equipped with a fully dedicated space for this group. Adolescents and youth (classified into the group age 10-29 years) represent about 42% of the total population in Ethiopia (Fmoh 2016). They live a very critical phase of rapid physical, psychological and social development. They are exposed to new risk for their health (such as tobacco use and alcohol use, inadequate physical activity and diet). The sexual activity may start in this period, with the risk of exposure to new infections. According to the latest data, sexual and reproductive health problems remain the major causes of morbidity and mortality among adolescents and youth, despite intentional and unintentional injuries and mental health problems are increasingly becoming important (Fmoh 2016).

The lack of Youth Friendly services in Bale Zone hinders the easy access of this population group to the health system. The lack of dedicated spaces, as well as the limited privacy and confidentiality cause the youth not to access the health service at all. At the same time, for the lack of adequate services, it is not possible to have reliable information about the access of young people to health services. However, regional estimates indicate that young people access the health system much less than the average on the general population, especially in reference to sexual and reproductive health and family planning services (Fmoh 2016).

## **Objectives**

The general objective of the project is to contribute to the improvement of the living conditions of communities populating areas with high migration movements in the South-East of Oromia Region. The specific objective is to mitigate the main causes of the irregular migration in Bale Zone, by promoting actions of local development and job creation, improving the access to health services and organising awareness campaigns, mainly addressing the youth in the community.

In the framework of the project, Ccm mainly focused on the goals pertaining the health and education of the youth. In particular, the project structure foresaw two main expected results that can be considered the main objectives of the present paper:

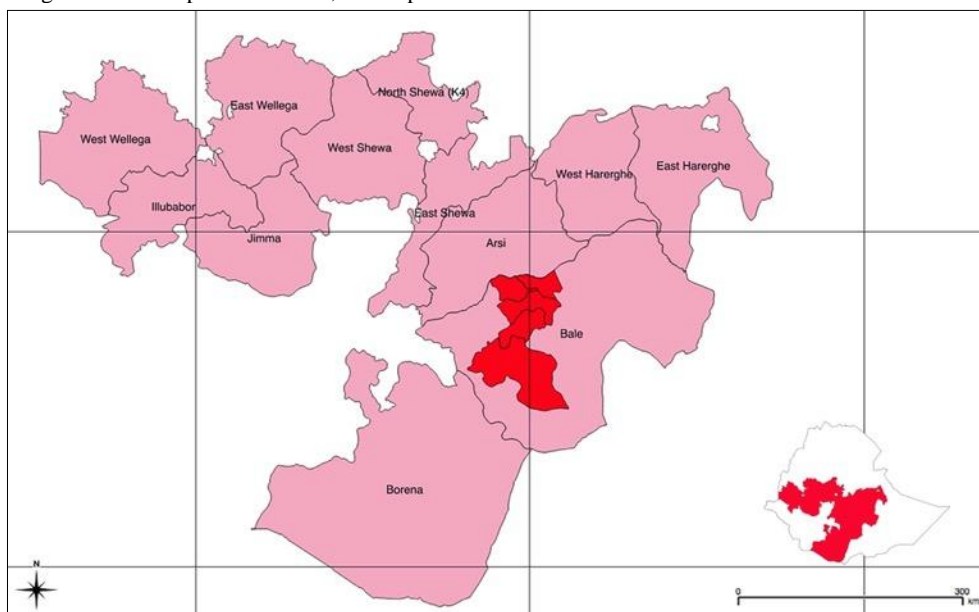
- 1) Improving the availability and accessibility of health services to young people, by establishing an Adolescent and Youth Friendly Health Service (Ayfhs) in Robe Hospital and increasing by 10% the accessibility to the Family Planning (Fp) and Safe Abortion Care (Sac) services;
- 2) Developing actions of community sensitisation and mobilisation about migration, by involving a group of youths into empowerment processes and making them direct actor of the education of their peers and communities.

## **Methods**

The project was implemented in Bale Zone (Figure 1) from May 2016 to February 2017. Ccm employed a team of three technical staff (i.e., Project Manager, Health Officer and Community Officer) to follow the planning, implementation and monitoring of project activities. The team worked closely with Coopi staff to ensure a common planning and monitoring of activities and the maximum synergy across the different project interventions. A constant and close relationship with

local authorities, and in particular the zonal departments of health and of the social affairs, allowed the alignment of project activities with the local development plans and their integration with similar actions in the area.

Figure 1: The map of Bale Zone, with a particular focus on the area of intervention



The strategies employed to achieve the objectives are reported below. The main added value of the strategy is the participatory approach employed across all project activities. Despite their peculiarities and differences, the activities implemented to achieve the two expected results, in fact, have in common a high degree of participation of the final beneficiaries of the action, namely the youth.

*Improving the availability and accessibility of health services to young people*

- Creation of a fully dedicated space to provide youth-friendly health services. A needs assessment was conducted in Robe Hospital at the beginning of the action to identify the gaps in the delivery of youth-friendly health services. A questionnaire was purposely developed on the basis of the *National Youth-Friendly Health Standards*, to ensure a comprehensive evaluation of services as per the national guidelines. The assessment addressed the key issues related to service delivery, including infrastructure, human resources, equipment and supplies and information system. The needs assessment results allowed a proper planning of project activities, supporting the decision-making process that was led by hospital management and local authorities. The assessment was an opportunity to retrieve baseline data on the youth access to Srh services in the hospital.

- Training of health workers. Health workers were trained to enhance the provision of Ayfhs within Robe Hospital. Trainings focused on both clinical and methodological issues. The first trainings concerned the national guidelines, to ensure the consistent application of standards of services; whereas the latter mainly focused on the client-provider relationship, particularly important in the case of adolescent and young clients. These, in fact, are usually reluctant to access the health system for the limited trust and confidence they have in the healthcare providers and in the local cultural environment, that limits an open discussion about sexual and reproductive health issues.
- Supportive supervision. Supportive supervision is a process to guide, mentor and encourage the health staff in improving services provision. Mixed teams composed of Ccm and health authorities were involved in the supervision, jointly revising the registers and documentation of care, directly observing the provision of services, discussing the challenges with the health staff and agreeing on an action plan for service improvement. A check-list was purposely developed to guide the supervision and ensure a standard collection of data at each visit to allow a regular assessment of the application of the recommended guidelines.
- Involvement of youth in peer education activities. Main hindrances of youth access to the healthcare system usually include poor confidence in the health workers, lack of privacy and confidentiality and limited knowledge of services provided. The direct involvement of youth in the promotion of Ayrhs was considered an effective strategy to increase the trust of young people in the health system. Young individuals, belonging to the target communities, already part of youth groups and showing good communication skills, were involved in training activities to become educators of their peers and promote the access to the AYFHS among their groups of origins.

*Developing actions of community sensitisation and mobilisation about migration*

- Capacity building of a youth group. The Club 20/25, a well-organised and active youth group in the town of Goba, composed of thirty youth aged 15-25, meets on regular basis around artistic activities, mainly focused on poetry, drama and dancing performances. The Club joined Ccm in designing the project proposal and was a key stakeholder in the community sensitisation and education activities. It was involved in the action as a beneficiary of a structured capacity building process, aiming at increasing its members' skills in preparing and implementing awareness and informative campaigns for their own communities.

- Involvement of a professional Company of Actors. The capacity building process of the Club 20/25 was carried out by a professional Company of Actors that joined Ccm in Ethiopia from Italy. The troupe involved the Club members in artistic and drama workshops aimed at developing a drama performance on migration, to stimulate the dialogue among adults and youth at village level.
- Community gathering to discuss risks and challenges related to irregular migration. Community gatherings were considered the most efficient and effective way to stimulate the dialogue about irregular migration. The project team moved across the 7 *woredas* targeted by the action (Agarfa, Berbere, Gassera, Goba, Gololcha, Robe and Sinana) and organised three specific meetings with local authorities, school pupils and the community at large, respectively. The Club 20/25 drama performance was used to open the floor and stimulate a successful discussion among the audience. Ccm Community Officer and representatives of the Labour and Social Affairs department at zonal level jointly facilitated and moderated the discussion.
- Documentation of migration stories. During each awareness gathering, individual testimonies of returnees were employed to discuss the risks and challenges of the irregular migration pathways with potential migrants. A sample of seven stories of returnees was merged into a booklet to be shared with the large public. Each story has been both written and illustrated, for illiterate people. The selection of experiences was jointly done by Ccm/Coopi team and the local authorities, to ensure these could be exemplary of problems and risks faced by migrants through their irregular routes.

## Results

Overall, the project well achieved the expected results, in some cases even exceeding the set targets. Two staff, fully dedicated to the Ayfhs, ensured the provision of services for 5 days a week. The access to the youth-friendly Srh services established in Robe Hospital, exceeded the expectations: a total of 1,808 accesses were recorded over the first quarter of services operation (December 2016 – February 2017), well above the set target of 350; and the access to Family Planning (Fp) and Safe Abortion Care (Sac) services increased by almost 16% (target originally set at 10%).

The Club 20/25 was capacitated and supported in the preparation of a drama performance, which was showed in 14 community gatherings and 7 meetings with local authorities as originally planned. The participation to the events significantly exceeded the expectation, reaching 21,500 people (target originally set at 4,200). The detailed results of the project are reported below.



### *Improving the availability and accessibility of health services to young people*

The Needs Assessment of Robe Hospital was conducted in July 2016. The results of the exercise revealed that the hospital lacks a space specifically dedicated to the youth, and adolescents and youths are forced to access the services with the general population. The main issues of concern refer to the lack or poor provision of education and counselling about sexual and reproductive health. Among the 71 nurses, midwives and health officers, employed by the hospital, only 2 (3%) are trained on the provision of Sexual and Reproductive Health (Srh) service to youth.

Ccm project team and the Hospital Management jointly decided to construct a room to be fully dedicated to the provision of Ayfhs, in agreement with the Zonal Health Office and in line with the basic standards recommended by the Ministry of Health. Not to delay the delivery of youth services, started in November 2016, an idle room available in the hospital was utilized for this purpose.

The new construction (Picture 1), was officially inaugurated on April 4<sup>th</sup>, 2017. The Ayfhs is composed of 3 rooms dedicated to the provision of: 1) Hiv Counselling and Testing services, provided as both Voluntary Counselling Testing (Vct) and Provider-Initiated Counselling Testing (Pict); 2) Antenatal care (Anc) and Family Planning (Fp) services; and 3) Safe Abortion Care (Sac). The space has been equipped with basic items and supplies to ensure the delivery of quality care. Since the launch of the service, Ayfhs are provided continuously for 5 days a week by two qualified and trained staff fully dedicated to it.

Ccm organised three training workshops involving a total of 26 health workers. The first training focused on the standards of the Ayfhs and involved 15 participants from Robe Hospital, two staff from each of the 5 Health Centres surrounding the hospital and a representative of the Zonal Health Office (to ensure a proper supervision of service in the long run). Trainees were selected mainly among nurses (50%), midwives (25%) and health officers (19%).

The majority of trainees (69%) were women, to allow a better confidence in the management of sensible SRH services among young female clients (i.e., ANC, FP and SAC). The two trainers came from the Zonal Health Office of Bale and West Arsi. The training package, based on the Ayfhs National Guidelines, was designed to be interactive, to allow participants familiarizing and getting confidence with the tools and processes of the Ethiopian

Picture 1: The Ayfhs within Robe Hospital



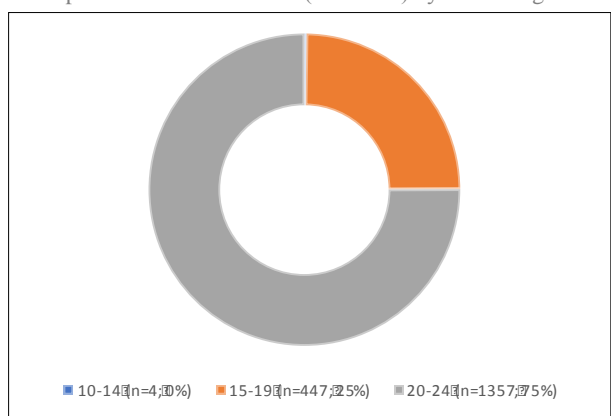
Ayhfs system. Training methods included a half-day field visit in Dinsho Health Centre, where Ayhfs has been working for several years. Pre- and post-test showed a significant improvement in trainees' knowledge (average class score moved from 52% to 84%).

The second training was organised for the same group of trainees and focused on Psychosocial support. The workshop trainer was a psychologist from Ciai, an Italian NGO partner of Ccm in a similar youth project in Tigray region. The training focused on the importance of the client-provider relationship. Trainees were highly motivated and interested to attend the training and demonstrated a good level of participation and understanding. They were directly involved in building a correct counselling approach, starting from their daily practices. The continuity of the two trainings (Ayhfs and Psychosocial Support) ensured the provision of a full package of knowledge and skills.

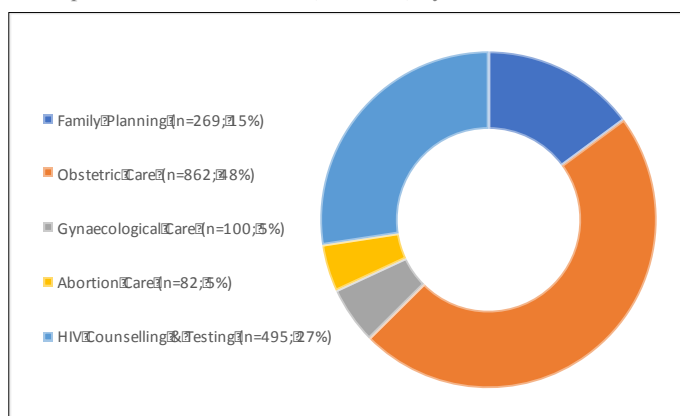
The last training focused on the management of the Sexually Transmitted Infections (Sti), with a special attention to young clients. Trainees were selected on the basis of the Needs Assessment results. A total of 16 participants attended the training, including five staff from Robe Hospital, two staff from each of the 5 Health Centres surrounding the hospital and one Ccm staff. The trainees were selected mainly among nurses (38%), midwives (31%) and health officers (31%). Trainers came from the Zonal Health Office. The training package, based on the *Sti National Guidelines*, allowed trainees to familiarise with the new protocols of the Syndromic Management of STI. At the end of the training the participants visited the newly Ayhfs established in Robe. Upon the completion of the health workers' trainings, 8 supportive supervision visits were conducted by Ccm team in the Ayhfs.

The analysis of data of the first quarter reveals that a total of 1,808 young clients accessed the service. Among these, only 73 (4%) were male and attended the Hiv service (either Vct or Pict). The remaining (96%) were female and received obstetric (Anc and safe delivery), gynaecological and abortion care, and attended Fp and Hiv services. Disaggregation by clients' age and service attended are reported in graph 1 and 2.

Graph 1: Access to AYFHS (3 months) by client's age



Graph 2: Access to AYFHS (3 months) by service



The Peer-Educator training (Picture 2) was organised with the main scope of empowering the youth from the community to take part in the sensitisation and the promotion of the Ayfhs among their peers. The training lasted 5 days and involved a total of 29 young participants and 11 adults (2 nurses and 9 teachers), with the main scope of establishing a linkage among peer educators and the Ayfhs service (nurses) and ensure the sustainability of the peer-education activities in the long run (teachers). The young participants were selected from the School Clubs, Youth Football Clubs and the Club 20/25. IFHP – international NGO based in Bale and with long experience in youth groups management – facilitated the training jointly with a trainer from the Zonal Health Office.

The training package, based on the *Peer-Educator National Guidelines*, was designed to be

Picture 2: The Peer-Educator Training



participatory and interactive. The main objectives of the training were to define the concept, the role and the practice of peer education and support the youth groups to develop knowledge, attitudes, believes and skills needed to engage their peers in healthy behaviours.

Each group was provided with training materials useful for their peer activities on a daily basis. These were used to organise several education activities with their peers. Overall, the trained

youth groups organised a total of 16 meetings with adolescent and young people living in the Robe and Goba surroundings.

#### *Developing actions of community sensitisation and mobilisation about migration*

Between June 2016 and March 2017, 20 members of the Club 20/25 took part in an empowerment and capacity building process led by the Italian Company of Actors ‘*Stradevarie*’ and the Fekat Circus of Addis Ababa. The goal of the whole process was to equip the young members of the Club in the use of figurative art, music and education skills to better express their feelings and perceptions on a specific issue, and eventually facilitate the development of community education campaigns.

The process mainly focused on the provision of basic drama techniques in relation to the topic of migration and the youth were involved in the preparation of the scenography. Music and dance were integrated into the performance to allow the definition of a complete piece of drama ready to be

shown to the large public. Moreover, six members of the Club 20/25, joined the Fekat Circus<sup>2</sup> for two weeks in Addis Ababa, learning new artistic skills through the basic knowledge of circus arts, magic art and theatre-forum techniques.

Picture 3: A drama performance in robe town



The drama performance of the Club 20/25 (Picture 3), focuses on the risks linked to irregular migration, passing key messages through the narration of traditional animal tales. It was shown to the local authorities, prior being exhibited to the large public. The performance was shown in the 7 locations targeted by the project, where two events were purposely organized: one within the community at large and one at school level. A participatory discussion

followed each performance, to allow members of the public sharing their personal and family experiences. The 14 performances allowed to reach a total of about 21,500 people (60% were women and 65% students of school-age).

In the same locations, 7 workshops were organised with local authorities, for a total of 179 participants who were asked to fill-in a short questionnaire regarding the factors inducing or preventing youth (and adults) to leave Bale Zone and migrate in other countries. The analysis of collected information indicate a combination of push factors, including the inadequate and inaccurate information about migration and lack of job opportunities in the area. The environmental and natural resources and the good living-conditions were recognised by the local authorities as the main factors to prevent people to leave the zone. The results were shared with the Labour and Social Affair Office, to support the organization of future community events on irregular migration.

## Discussion and Conclusion

The project certainly achieved the expected results, establishing the Ayfhs in Robe Hospital and mobilising the community on the migration phenomenon and the risks linked to it. However, it is difficult concluding that the action actually mitigated the main causes of irregular migration in Bale Zone, mainly because of the limited time of its implementation and the extreme complexity of the

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<sup>2</sup> Fekat Circus is an Ethiopian youth organisation that uses the circus arts as mean for community education and participation activities.

issue (spontaneous or forced movements of population have multiple causes). Indeed, the intervention stimulated an open-ended community discussion around the problems and risks associated with any irregular migration route, especially engaging the young segments of the community in dialogues and interchanges. Nevertheless, irregular migration is so long-dated and rooted in the target area, that multiple and longer actions are needed to effectively have a sustainable impact on the phenomenon. The theatre demonstrated to be a powerful tool to create a common discussion floor and stimulate the sharing of personal experiences.

The establishment of the Ayfhs in Robe Hospital is certainly a major success, as frequently reported by local authorities and the youth themselves. The service is a major added value for the health system of the whole Bale Zone: it is coherent with the national health development plans and in line with the national standards and guidelines.

The great attention provided to the youth group, particularly vulnerable in terms of health needs and particularly sensible to the irregular migration phenomenon, is among the main strengths of the action. The strategy employed allowed a high level of participation of youth, in both the promotion of Ayfhs services and the community education campaigns on issues related to migration. Despite not addressed in the present paper the combination of health services and community education activities, with actions of local development and job creation allowed addressing the issue of migration from different angles, promoting a stronger impact on the community and the youth in particular.

The main limitations of the action are certainly linked to the few months of implementation (10 months as per the project contract), that limited the effective and adequate supervision of project activities giving short time to health workers and authorities to fully and confidently own the newly established Ayfhs in Robe Hospital. Similarly, the time dedicated to the education and informative campaigns, already originally brief, was further shorten by Ethiopia critical political situation. The state of emergency hampered the smooth running of community activities, preventing community gatherings and thus the organisation of education campaigns on a large scale, as originally planned. Despite the problems faced, over 21,500 people were reached with key messages on the risks attached to the irregular migration phenomenon and over 1,800 adolescent and young clients accessed the youth-friendly health services, in particular for family planning, obstetric care (Anc and safe delivery) and Hiv services. However, a close monitoring of the access to these services should be maintained over time, to assess whether the trend continues in the long-term and validate the excellent results achieved in the first months. Close monitoring and supervision of the newly

established services should be carefully carried on by the local health authorities, which have been purposely involved throughout the different project activities.

### Acronyms

Aics	<i>Agenzia italiana per la Cooperazione allo Sviluppo</i>
Anc	Antenatal care
Ayfhs	Adolescent and Youth Friendly Health Service
Ccm	<i>Comitato Collaborazione Medica</i>
Ciai	<i>Centro Italiano Aiuti all'Infanzia</i>
Coopi	<i>Cooperazione Internazionale</i>
Fp	Family Planning
Hdi	Human Development Index
IFHP	Integrated Family Health Program
Molsa	Ministry of Labour and Social Affairs
Ngo	Non-Governmental Organization
Pict	Provider-Initiated Counselling Testing
Sac	Safe Abortion Care
Srh	Sexual and Reproductive Health
Sti	Sexually Transmitted Infections
Vct	Voluntary Counselling Testing

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