YOUTH FRIENDLY PHARMACIES AND PARTNERSHIPS: THE CMS-CELSAM EXPERIENCE

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ACRONYMS

ADS	Asociación Demográfica Salvadoreña
CELSAM	Centro Latinoamericano para Salud y Mujer
CMS	Commercial Market Strategies project
COESPO	Consejo Estatal de Población
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IEC	Information, education, and communications
KAP	Knowledge, attitudes, and practices
MEXFAM	The Mexican Family Planning Association
MOH	Ministry of Health
NGOs	Non-governmental Organizations
PSP-*One*	Private Sector Partnerships-*One* Project (USAID-funded; 2005- 2009)
PATH	Program for Appropriate Technology in Health
RH/FP	Reproductive health/Family planning
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

The Commercial Market Strategies project (CMS) developed a network of youth-friendly pharmacies to provide reproductive health information and contraceptives to youth in Guanajuato, Mexico. The network involved the commercial sector in providing reproductive health and family planning services, as well as respecting youths' privacy and reducing their potential embarrassment when obtaining those services. The project was launched as a pilot in November 2002 in collaboration with the Centro Latinoamericano para Salud y Mujer (CELSAM).

Two principal strategies guided the network's design and implementation: training of pharmacy staff and clerks to better serve youths' needs and the launching of a communications campaign to promote the network and provide reproductive health information. This report documents the staged process in which the network was developed, discusses its impact and replication, and highlights lessons learned from the experience.

An assessment of the network indicated that it improved the quality of reproductive health services available to youth in participating retail pharmacies. The trained pharmacy staff demonstrated more knowledge about contraceptives and sexually transmitted infections and treated youth in a friendly and non-judgmental manner, as compared to a group of pharmacies not in the network. These results on the supply side, including successful institutional partnerships with the public and private sectors, supported its replication in other cities in Mexico.

CMS learned valuable lessons designing, developing, and implementing the youth-friendly pharmacy model. The most critical lessons that contributed to the project's success were:

- Selecting a private-sector partner that was committed to the long-term sustainability of the project
- Establishing an advisory board of private- and public-sector institutions to support and lend credibility to the project
- Including a behavior-change communications strategy over a longer timeframe
- Assessing the effectiveness of the project and documenting results to inform scale-up and replication

Based on the success and lessons learned from the model in Mexico, the follow-on project to CMS, PSP-*One*, will conduct a feasibility study to determine whether the model can be replicated in sub-Saharan Africa.

1. BACKGROUND

The Commercial Market Strategies (CMS) project was a five-year, United States Agency for International Development (USAID)-funded project designed to expand the role of the private and commercial sectors in reproductive health in developing countries. CMS received funding in 2002 to initiate a pilot project to stimulate use of the commercial sector to meet youths' reproductive health/family planning (RH/FP) needs. The youth-friendly model initially was tested in El Salvador in 2002, where CMS partnered with the Asociacion Demografica Salvadorena (ADS) to train pharmacy staff and conduct outreach in schools. The project also drew from training resources developed by the Program for Appropriate Technology in Health (PATH) that had trained pharmacy staff to deliver emergency contraceptives to youths (Beitz 2003).

The Centro Latinoamericano para Salud y Mujer (CELSAM) was selected as CMS's lead partner, as it was optimally positioned to launch the project in Mexico. The pharmaceutical company Schering sponsors CELSAM; it focuses on raising awareness of and advocating about women's health issues. It is a local organization based in Mexico City and has prominent regional presence through 13 associations registered in Latin America.[1] CELSAM serves as a communications platform for women's health through partnerships with other non-governmental organizations (NGOs) and doctors throughout Latin America. It informs, educates, and orients women about various contraceptive methods and provides education on sexually transmitted diseases, family planning, and HIV/AIDS.

In Latin America, where pharmacists dispense medications without prescriptions and the public is not well informed about its health care needs, trained pharmacy staff is critical to the health of the community. This correlation is especially true for vulnerable and underserved populations, such as adolescents. Adolescents in developing countries usually are not informed about how to maintain their sexual and reproductive health, nor do they typically have access to FP or sexually transmitted infection (STI) services that are confidential and reasonably priced (LaVake 2003, Beitz 2003). Similarly, adolescents often do not have an adult in whom they can confide and seek advice regarding products that promote sexual and reproductive health.

Mexico was identified as a suitable country to pilot this project because of the growing need among sexually active youth for family planning and STI services. Poor health indicators in the state of Guanajuato underscored the rationale to offer youth-focused activities in this area. Based on a survey conducted in 2001 by the State Population Council, el Consejo Estatal de Población (COESPO), approximately 16 percent of births in Guanajuato were to adolescent mothers, of whom 25 percent did not finish primary school and over half were single. The survey also showed that over 80 percent of the youth in Guanajuato did not use contraception the first time they had sex.

This report will guide the development of future youth-friendly partnership-based networks by documenting and assessing results of the Guanajuato experience. It details the implementation of the pharmacy network, from secondary and formative market research to partnership building with stakeholders. Findings from an assessment conducted one year after its initial implementation are presented with a discussion of the factors contributing to the program's success. Finally, this report synthesizes lessons learned and makes recommendations for replicating the model in different countries.

[1] The associations are located in Argentina, Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Guatemala, Mexico, Peru, the United States, Uruguay, and Venezuela.

2. PROJECT DEVELOPMENT APPROACH

CMS and CELSAM adopted a staged approach to develop the pharmacy network. This method entailed understanding youths' RH/FP needs, as well as the market for RH/FP products and services, identifying stakeholders and institutional partnerships, and finally pilot testing the pharmacy model.

2.1 IDENTIFYING YOUTH'S NEEDS AND MARKET OPPORTUNITIES

Secondary-market research indicated that the unmet need for contraception was high among youths in Mexico. Teenage pregnancy rates were escalating throughout the country, but this trend was especially severe in Guanajuato. As a university town, Guanajuato has a high density of college-age students and offered fertile ground to implement a project of this nature. In terms of the provider market, privately owned pharmacies were the main source for youths to obtain contraceptives and were identified as a key entry point for the intervention. It was evident through formative research that the embarrassment factor was a primary barrier preventing youth from accessing RH/FP services.

2.2 FORMALIZING TERMS OF PARTNERSHIP

The two primary partners, CELSAM and CMS, signed a memorandum of understanding to formalize their roles and responsibilities. CMS provided funding to support the research, training, and evaluation of the project, while CELSAM supplied the promotional materials, including pamphlets and brochures. As a commercial-sector provider with a stake in accessing a larger market share among youth, Schering and CELSAM were committed to the sustainability of the project and agreed to continue project activities at the end of CMS's support.

Involvement of the public sector was integral to the project's launch and implementation. There was an initial reluctance on the part of CMS to include the public sector out of concern that it may cause delays in implementation. It became evident, however, that backing from the Ministry of Health (MOH) was necessary. As the regulating body for pharmacies, its participation encouraged individual pharmacies to join the network. COESPO also participated in the project, assisting with the baseline survey and the design of the promotional materials.

2.3 CREATING AN ADVISORY BOARD

CMS and CELSAM created an advisory board of the public-sector partners that included officials from the MOH and the COESPO. The advisory board approved all major decisions and placed logos from the MOH and COESPO on all of the promotional materials. Although this approval process delayed the implementation of some activities, it gave credibility and visibility to the project.

2.4 PILOT TESTING THE YOUTH-FRIENDLY MODEL

CMS and CELSAM implemented the youth-friendly pharmacy project to improve the quality of RH/FP services available to youths. This model initially was tested in El Salvador in 2002, where CMS partnered with a local NGO,

the Asociación Demográfica Salvadoreña (ADS), to train pharmacy staff and conduct outreach in schools. Based on extensive market research, an appraisal of the institutional partners, and strong interest from private and public stakeholders, the youth-friendly pharmacy network was adapted to Mexico and implemented in Guanajuato.

CMS and CELSAM drew their training resources and curriculum for pharmacy staff from material developed by PATH. These tools included modules on contraceptive methods, STIs, HIV/AIDS, counseling, and customer-service skills, all of which were adapted by the MOH for Guanajuato. Communication channels were identified to reach youths in Guanajuato, including activities at schools, a toll-free hotline, and a website. Because of the limited implementation time of one year, behavior-change communications efforts were limited to an information, education, and communications (IEC) campaign in the schools and the dissemination of print materials in places where youth gather in Guanajuato.

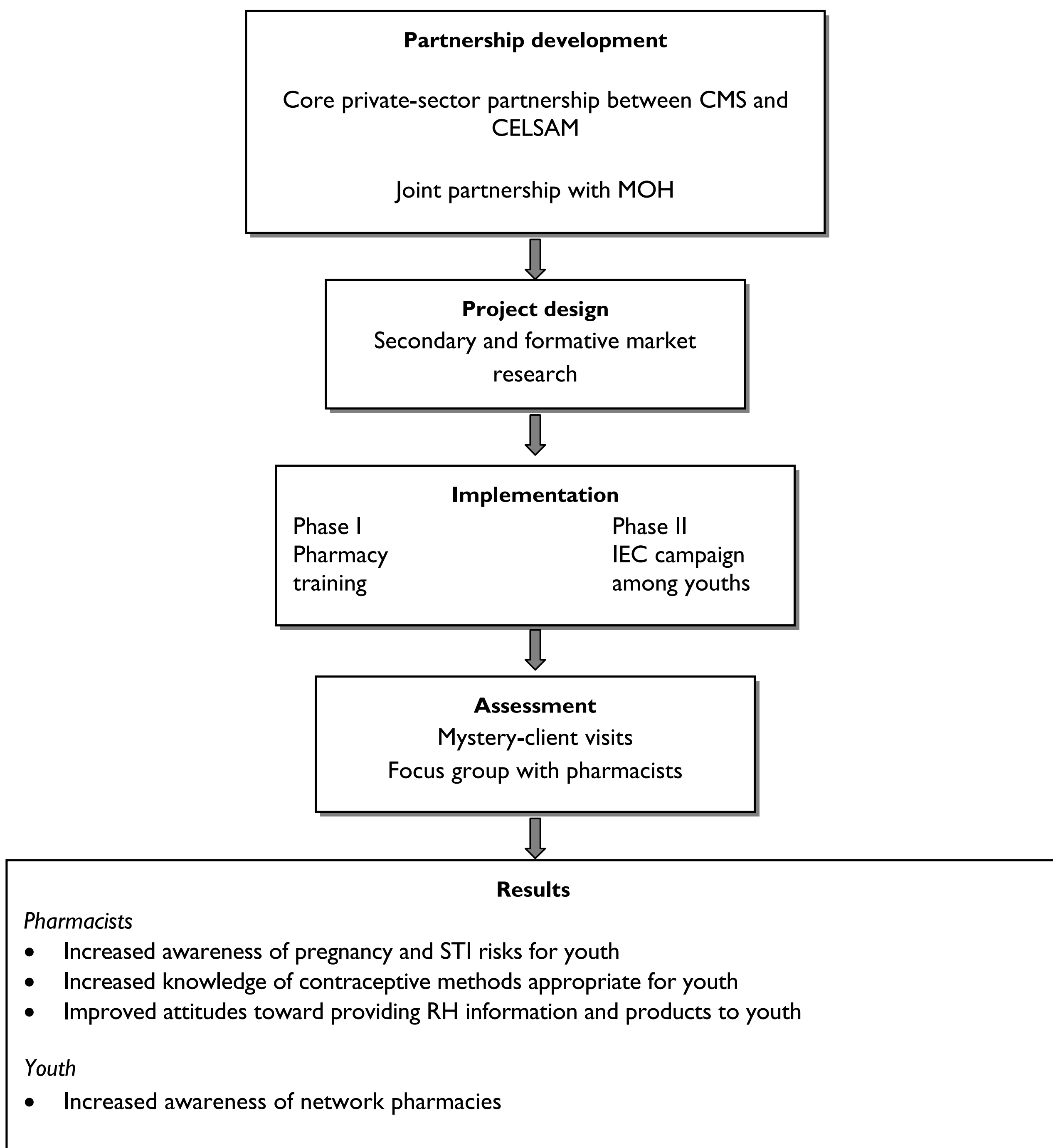
FIGURE 1: FRAMEWORK OF THE YOUTH-FRIENDLY PHARMACY NETWORK

The following table highlights key components of the youth-friendly pharmacy network, outlining the market conditions that informed the project design and the key partners. Based on the strength of the private sector and the project's sustainability goals, the private sector led the effort, drawing on assistance from the MOH.

Market	Project Design	Partners
• Need among youth (according to health indicators) • Dense youth population in a peri-urban university town • Viable private sector • Pharmacies as preferred source for contraceptives among youths • Interest among private and public stakeholders	Private-sector project Targeting youth Public-sector support and participation Potential for sustainability	CMS Schering CELSAM MOH School districts

FIGURE 2: THE IMPLEMENTATION PROCESS AND RESULTS

The following figure is a schematic of the project's implementation and results framework: identifying partnerships, conducting research to inform the project design, implementing the activities in sequential phases, and assessing and documenting the results.



3. DEVELOPING THE MODEL: THE ROLE OF FORMATIVE RESEARCH

CMS and CELSAM conducted formative market research to inform the design of the project in Guanajuato. This fact-finding included an assessment of youths' specific health needs and developing an understanding of their barriers to accessing RH/FP services. The research was accomplished in several phases: a secondary-literature review of topical studies and health surveys was first conducted to understand adolescent reproductive health trends and behaviors; focus group discussions were then held with youths, pharmacy staff, teachers, and parents to gauge their interest and receptivity for the project; and, finally, a school-based, quantitative survey was administered to gain deeper insight into the barriers faced by youths in accessing RH/FP services.

3.1 SURVEYS CONDUCTED BEFORE PROJECT INCEPTION

Before launching the project, CMS analyzed the health data in Mexico. In 1999, Pathfinder, a non-profit family planning and reproductive health organization working with developing countries, conducted a study that focused on the health needs of adolescents. It found that people between 10 and 19 years old represented 23.2 percent of the total population, approximately 21 million people (Rivera 1999). The average age at which people began sexual activity was approximately 15 years. Boys began being sexually active usually one or two years before girls (Welti 1989). Of those under the age of 20, 76 percent of males and 35 percent of females reported being sexually active (Hernandez 1996). The Mexican Family Planning Association (MEXFAM) conducted a nationally representative survey in 2000 and found that 86 percent of adolescents in Mexico used a pharmacy as their source for contraceptives (Perez 2000).

Guanajuato was selected as the site for this project because it ranked the lowest in health indicators among Mexican states. In 2001, Carlos Welti, from Consejo Estatal de Población (COESPO), conducted a survey to assess the reproductive health of adolescents in Guanajuato. The results showed that adolescents initiated sex around 15 years of age and approximately 16 percent of the births in Guanajuato were to adolescent mothers. Of these adolescent mothers, 25 percent did not finish primary school and over half of them were single. The survey also showed that over 80 percent of the youths in Guanajuato did not use any form of contraception the first time they had sex. Only 17 percent of adolescents had used any form of contraception during intercourse. The most significant reason for not using contraception among females was because they "wanted to get pregnant" (Welti 2001). Welti's survey further showed that out of 100 births to adolescent mothers, 5.3 infants died during their first year of life, compared to 2.3 deaths of infants born to mothers over 20 years old.

3.2 FOCUS GROUPS

CMS used focus-group discussions to elicit feedback from stakeholders (including youths, pharmacy staff, teachers, and parents) and inform the network design and objectives. Ten focus groups were conducted in Guanajuato: two with adolescent boys in school, two with adolescent girls in school, one with adolescent girls out of school, one with adolescent boys out of school, one with pharmacy clerks, one with high school teachers, and two with parents.

In general, youths were interested that this initiative was being launched in Guanajuato. The highlights from the focus groups follow:

- Youths lacked easy psychological access to contraceptives. They were embarrassed to purchase them in a pharmacy and felt that pharmacy staff was not sensitive to their needs. There was a need for more convenient service, through 24-hour access in pharmacies or other retail outlets, such as liquor stores. Youth also felt the quality of services would be strengthened if pharmacy personnel were young, friendly, trained in contraceptive methods, and able to respond to the particular needs of youths.

- Youths liked the idea of a telephone hotline and other anonymous channels to obtain reproductive health information. They did not want a mass-media campaign for fear that their parents and others would reject the project.

- Youths did not feel that price was a barrier and thought contraceptives were affordable.

The pharmacy staff and teachers recognized the need to deliver confidential RH/FP services to youths and supported the need for the project. The only opposition in the focus groups was from parents; while they acknowledged that teenage pregnancy was a growing concern in Guanajuato, some parents feared that this project might promote, rather than discourage, promiscuity among youths.

3.3 CMS SCHOOL-BASED SURVEY

CMS conducted a quantitative, school-based survey of adolescents in Guanajuato. This activity was possible through collaborations with COESPO and the Universidad Nacional de México, which had developed the survey instrument. CMS adapted their pre-tested survey and administered it to a cross-section of students in the city of Guanajuato. The findings of the survey revealed the knowledge, attitudes, and practices (KAP) of youths regarding reproductive health.

The school-based survey was administered to 992 students between the ages of 13 and 19. Approximately 52 percent of those surveyed were boys and 48 percent were girls. The findings from the survey showed that approximately 18 percent of youths were sexually active. Among these sexually active youth, 72 percent had used contraceptives at least once, but only 50 percent did the last time they had intercourse. Approximately 70 percent of youths had purchased contraceptives at a pharmacy. The preferred method was the condom (80 percent), followed by pills (17 percent) and injectables (2 percent). Few adolescents, however, had ever sought reproductive health advice at a pharmacy (12 percent).

These results from the survey underscored the need to target private pharmacies, as they were the most common contraceptive retail source for youths. Despite frequenting pharmacies to purchase contraceptives, however, youths rarely sought advice from pharmacy staff because of the lack of confidentiality and trust. Taken together, the findings from the surveys and focus groups demonstrated that the quality of RH/FP services—in terms of their appropriateness for youths—rather than financial or physical access was the main barrier to use that needed to be addressed. The youth-friendly training to pharmacy staff and the information campaign targeted to youths were complementary approaches designed to address this need.

4. PROJECT IMPLEMENTATION

CMS and CELSAM implemented this project using a two-pronged strategy: training pharmacy personnel and providing supporting health and product materials, and launching an IEC campaign that targeted youths.

4.1 TRAINING PHARMACY STAFF

Selecting pharmacies. The MOH provided a list of the pharmacies in Guanajuato that was used to invite pharmacy personnel to the initial project presentation. The MOH identified more than 30 pharmacies, 22 of which agreed to participate in the network. The criteria for inclusion in the network were motivation to improve service quality and agreeing to participate in the series of trainings offered by CMS and CELSAM.

Training materials. CMS adapted the curriculum and training manual developed by PATH and created standardized protocols for pharmacy staff to deal with youths. The training sensitized pharmacy staff to the reproductive health issues of adolescents, as well as reviewed contraceptive methods and sexually transmitted diseases. Specifically, the trainings covered four modules: the adolescent client in Guanajuato, the role of pharmacies in providing reproductive health care to adolescents, prevention of pregnancies and STIs (by using contraceptive methods), and how to create a youth-friendly pharmacy.

Training of pharmacy staff. Representatives from individual pharmacies were required to attend three training sessions before becoming certified as "youth friendly." As much as possible, the same delegate—either the manager or the clerk—attended all three sessions; however, if he or she was not able to attend each session, refresher trainings were provided on site at each pharmacy. Once the pharmacy staff demonstrated that it treated youth with respect, confidentiality, and privacy, CMS provided each outlet with a certification designating them as "youth friendly." At least one trained representative had to be on site at all times for the pharmacy to qualify as "youth friendly."

Promotional items for pharmacies. The pharmacies were given promotional items upon completing the first session of training. They received a comprehensive reference manual as well as laminated contraceptive fact sheets, posters promoting the youth-friendly concept, and informational pamphlets and rulers.

4.2 IEC CAMPAIGN

CMS designed an interpersonal-communications campaign that was implemented in the schools in Guanajuato to increase demand and utilization for RH/FP services among youths. During the focus groups conducted at the beginning of this project, youths indicated that they preferred a low-key interpersonal-communications campaign rather than a mass-media campaign geared to the entire public. The campaign was designed in response to that formative research and stakeholder feedback, and it was based on the Health Belief Model (Glanz 2002, Green 1999). The campaign primarily was concerned with informing youths about ways to access reproductive health information and products, and it promoted the network of certified pharmacies, the toll-free hotline, and the website. The IEC campaign consisted of the following activities:

Competition among youths to develop a logo for the network. The CMS coordinator in Guanajuato held a contest among university students to develop a logo for the network. CMS, CELSAM, and the MOH chose the logo from a group of finalists. The logo was used to identify the youth-friendly pharmacies as client-centered and amicable. They were familiarized with the logo through the website and promotional items provided at school.

Charlas in schools. The CMS coordinator gave short presentations (charlas or chats) in the schools regarding reproductive health, contraceptives, STIs, and HIV/AIDS. The coordinator also distributed informational pamphlets and promotional materials to encourage the students to use the pharmacies for their contraceptive needs.

Informational and promotional materials in cafes, bars, and discotheques. Materials were distributed to youths in places where they gathered to create demand for the youth-friendly pharmacies.

Toll-free hotline. CELSAM purchased a 1-800 anonymous phone line that was available free of charge from any telephone. Psychologists and counselors were trained to man the phone line and respond to questions in a youth-friendly manner. The hotline functioned five days a week, and it referred to the youth-friendly pharmacies. The hotline was promoted through flyers, the website, and other distribution channels targeted to youths.

Website. CELSAM created a page on its website for youths. The CMS coordinator convinced Internet cafes in town to use this website as their computers' screensavers.

Referrals to youth-friendly doctors. The MOH invited physicians in the public sector who were youth friendly and willing to participate in the project. As pharmacy staff cannot legally prescribe medications, this link to physicians was vital for the project. CMS and CELSAM referred youths to these physicians through the hotline, website, and during the charlas at schools.

5. ASSESSING THE INTERVENTION

CMS assessed whether the intervention improved the quality and youth-appropriateness of services participating pharmacies provided. Conducted at the end of the first year, this assessment was informed by three research activities: pre- and post-tests with pharmacy staff and clerks to evaluate provider knowledge, mystery-client visits to determine provider attitudes and provision of information to youths, and focus-group discussions with pharmacy staff.

5.1 PRE- AND POST-TESTS WITH PHARMACISTS/CLERKS

Pharmacy providers were expected to attend three training sessions and pass the post-tests to be certified as "youth friendly." The sessions were held quarterly, and pre- and post-tests were conducted before and after each session. The tests consisted of multiple-choice questions, provided immediately before and after the training. In addition, between formal training sessions, the CMS coordinator visited all of the pharmacies monthly and provided personalized refresher training to increase staff's knowledge about contraceptives and reproductive health. For a pharmacy to be certified as "youth friendly," it had to have at least one trained clerk on staff during every shift. One hundred percent of the participants (58) who attended the final training passed the final exam and were certified as "youth friendly."

5.2 MYSTERY-CLIENT VISITS

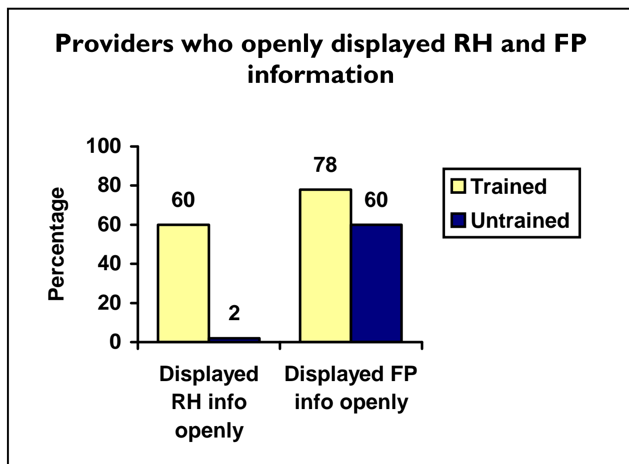
The second and predominant research component was a mystery-client assessment that compared services offered by the trained pharmacy staff to those offered by a control group of pharmacy staff. Mystery, or simulated, youth clients assessed pharmacy staff's attitudes toward them when they inquired about contraceptives or other reproductive health concerns. The mystery clients were unaware if the pharmacy was certified youth friendly, so as not to bias the results. In terms of their profile, the mystery clients were males and females between the ages of 15 and 19 who received training to administer the pharmacy visit and survey. They visited selected pharmacies and followed one of four predetermined scripts. Immediately after their encounter, the clients completed a survey about their interaction with the pharmacy staff.

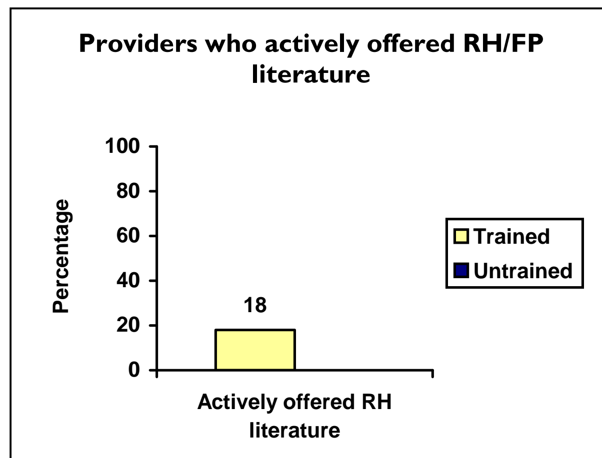
The mystery-client assessments centered on three questions: the availability of RH/FP information, the attitudes of pharmacists and clerks towards the youth, and the usefulness of the advice that was provided. Mystery clients made 50 visits to trained and 50 visits to untrained pharmacy staff. The findings follow:[2]

[2] All results are statistically significant at the 0.05 significance level, unless otherwise noted.

5.2.1 AVAILABILITY OF RH INFORMATION

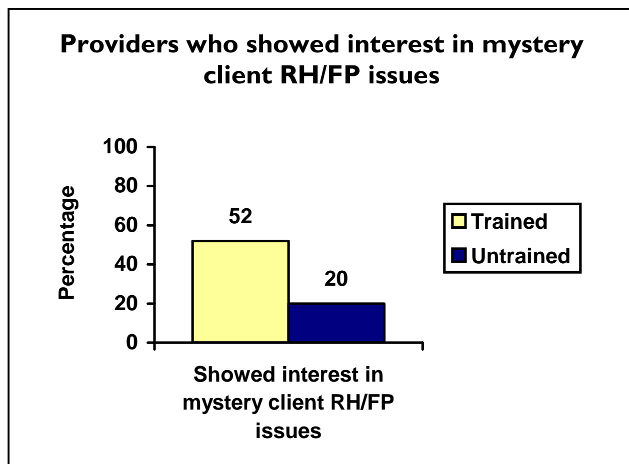
Trained pharmacies were more likely to openly display both RH and FP information and to actively offer RH literature. None of the untrained pharmacy staff, however, offered RH/FP literature to the clients.

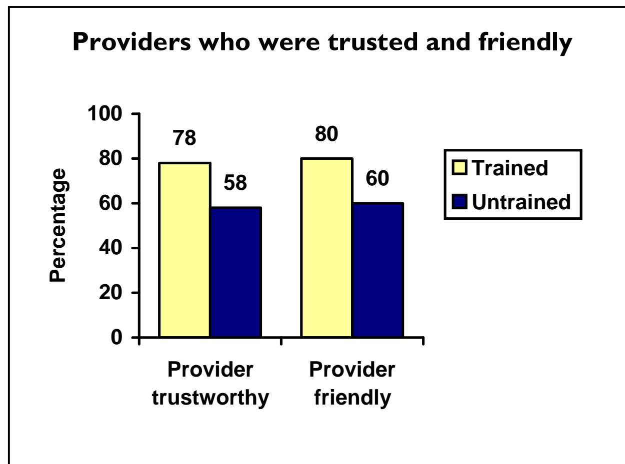


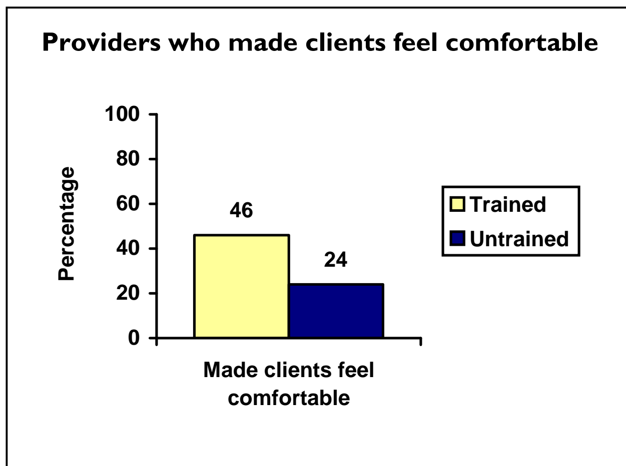


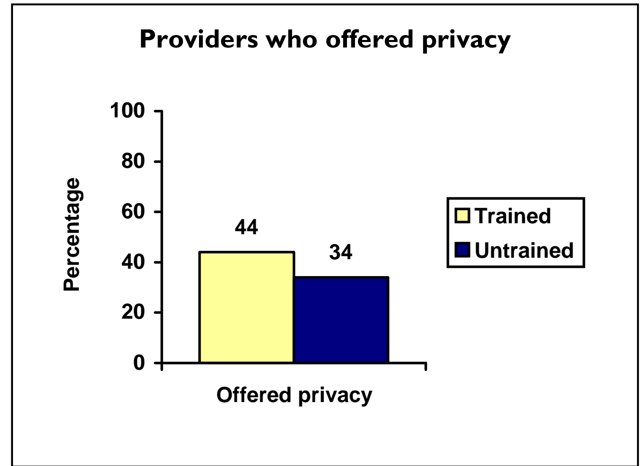
5.2.2 YOUTH-FRIENDLY ATTITUDES

As the following charts show, trained providers were more likely to show interest in their clients and make them feel comfortable enough to ask questions. They were also more trusted and considered friendlier by the mystery clients. The result showing that trained providers offer greater privacy is not statistically significant, possibly reflecting the difficulties that many providers said they faced providing private space in the confines of their pharmacy.



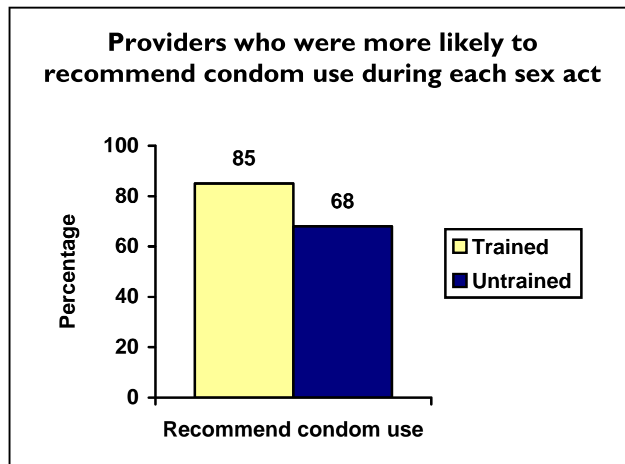


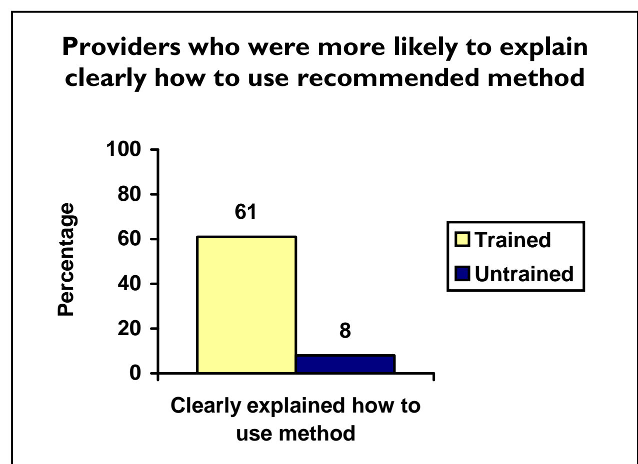




5.2.3 USEFULNESS OF RH ADVICE

Trained providers were more likely to recommend condoms use to their clients and to clearly explain how to use a condom.





The findings indicated that the project changed provider attitudes towards youths, thereby reducing a significant barrier to accessing contraceptives. The trained pharmacy staff treated clients in a friendly and appropriate manner, providing them with adequate information to resolve their problems and discussing their cases in confidentiality. Trained pharmacy staff also demonstrated more knowledge about contraceptives and STIs compared with those who were not trained.

One weakness noted by the mystery clients, however, was the lack of promotion in the schools and other places where youth gather. This deficiency was due to the limited time dedicated to the IEC activities, because of the focus on training pharmacy personnel. Moreover, there was resistance from the MOH to support the recruitment of peer leaders to conduct school-based IEC activities, as it was believed that the results from such an intervention would not be easily measured in the projects' short time frame.

5.3 FOCUS GROUP DISCUSSIONS WITH PHARMACY STAFF

A third research component complemented the client surveys and knowledge tests by drawing on feedback from pharmacy staff about its opinion of the training and the project. All 59 participants in the last training session were invited to partake in the focus group, yet only seven pharmacy staff members attended.

The focus-group discussions with the pharmacy staff members supported the findings from the mystery-client surveys. The pharmacy staff members valued the concept of youth-friendly services and appreciated the importance of their role in the network. They found the training effective and expressed interest in continuing to participate. It was suggested that training focus on practical exercises and simulations with clients, rather than on theoretical material. The pharmacy staff members found the promotional materials attractive and informative for youths. All of the pharmacy staff members agreed that a strategy needed to be developed to reach parents and increase the community's acceptance of the project. Most of all, there was consensus about the need to focus on promoting the project to youth and increasing the demand and utilization for RH/FP services. While the pharmacy staff members did not offer specific recommendations to improve the training, many volunteered to be champions to promote the network and to continue working with parents and the community to change the perception about the RH/FP needs of youths.

6. CELSAM'S EFFORTS TO SUSTAIN AND REPLICATE THE PROJECT

From the project's inception, CELSAM made a commitment to sustain the project in Mexico and replicate it in other Latin American countries. This commitment was expressed in its written agreement with CMS. CELSAM believed in the social mission of the project, to help youth in Mexico; it was committed to work with the MOH to improve the technical capacity of pharmacy staff to distribute contraceptives, as well as to improve the dissemination of information to pharmacy staff and youths. CELSAM scaled-up the project in Mexico; however, because of limited funding CELSAM was unable to replicate it in other countries. In Mexico, it created a video to market the project to the public sector and multilateral donors, held press conferences, and performed advocacy work to increase public awareness of adolescent reproductive health issues. This publicity convinced the public sector to provide funding and support for the project, thereby allowing CELSAM to replicate the network in three other cities—Leon, San Luis de Potosi, and Xalapa.

6.1 EFFORTS TO SUSTAIN THE PROJECT

Promotional video. CMS discussed expanding the project with CELSAM during the project's last quarter. The idea of producing a video to document this experience and convey the reaction of youths and pharmacy staff to the network arose in these discussions. CELSAM invited an advertising and public-relations agency to the final training of the pharmacy staff to film it. The agency representative witnessed the pharmacy staff members' training and observed their reactions. Based on this exposure and interviews with youths in Guanajuato, the agency agreed to create a video describing the project.

Press conference. The video was launched at a press conference in Guanajuato in April 2004. Government officials (including the MOH and the Ministry of Education), the United Nations Population Fund (UNFPA), the Red Cross, pharmacies, and other businesses from the private sector attended the conference. It served as a forum to present the project's results and introduce the idea of expanding the project to other cities in Mexico.

Advocacy in local newspapers. In addition to the press conference, CELSAM increased awareness of adolescent reproductive health issues through several articles that appeared in local and national newspapers. More than 50 articles were written about the project and teenage sexuality in Mexico. CELSAM continues to promote the RH/FP needs of youths through its advocacy work.

6.2 LEVERAGING PUBLIC-SECTOR SUPPORT FOR THE PROJECT

From the beginning, the youth-friendly project considered eliciting support from the MOH. CMS planned to seek formal approval from the MOH; however, a true partnership evolved as a result of CELSAM's recommendation that the public sector be an integral part of the project. Through its contacts at the national and local levels of the MOH, CELSAM garnered public-sector support and sustained involvement in the project, demonstrating the importance of directly involving the public sector in private-sector youth initiatives.

With evidence that the project was successful in Guanajuato, CELSAM leveraged additional support from the national MOH staff and worked with local officials in other states of Mexico. CELSAM identified states where RH/FP indicators were low among youth, and presented the project in those municipalities. CELSAM did not have the funds to carry out the project, but it transferred important technical capacity, in terms of personnel skills and resources, to the public sector. In particular, CELSAM provided the public sector with the training resources and templates to develop the promotional materials, transferring responsibility to the MOH to reproduce materials

and implement the project in different sites. Therefore, in most of the cities where the project has been replicated, the MOH has absorbed a majority of the costs, as it understands that it can improve health indicators by working with the private sector. At the state level, MOH officials have been willing to provide funds and in-kind contributions to initiate projects and work with private providers.

6.3 SCALE-UP AND REPLICATION OF THE YOUTH-FRIENDLY PHARMACIES MODEL IN MEXICO

To replicate the project as closely as possible, CELSAM trained the MOH and other interested organizations. CELSAM offered the templates and promotional materials, allowing the MOH to reproduce and modify them to its specific needs. The model is being implemented in three cities besides Guanajuato: Leon, San Luis de Potosi, and Xalapa. In each of these cities the model has been adapted to local context and, therefore, implemented differently.

- *Leon.* In September 2004, CELSAM presented the youth-friendly pharmacies model to pharmacy owners, the MOH, UNFPA, and selected directors of secondary schools. The idea of the network was well received and the pharmacies agreed to participate in the program.

  CELSAM provided the initial training of trainers, conference site, and the hotline; the MOH provided subsequent training of pharmacy staff and promotional materials. The MOH also was responsible for the IEC campaign in the schools. CELSAM trained several of its social workers to disseminate materials in the schools. As of September 2005, 223 pharmacy personnel have been trained in 47 pharmacies.

- *San Luís de Potosí.* In October 2004, CELSAM presented the project to pharmacy owners, officials from the Ministry of Education, the Instituto de Juventud, the Instituto de Mujeres, and COESPO. In this city, the MOH and COESPO have taken the templates of the materials and modified them to the state's cultural context. They have developed their own guide for adolescents, "Guía Adolescente," and have modified the promotional materials disseminated to youths. CELSAM and COESPO worked together to obtain funding from the United Nations to pay for the materials. COESPO is the organization in San Luis de Potosi that is responsible for the IEC campaign in the schools. As of September 2005, 122 pharmacy personnel in 41 pharmacies have been trained as youth friendly.

- *Xalapa.* In October 2004, CELSAM presented the project to pharmacy owners and school leadership in the city of Xalapa in the state of Veracruz. With no resources available in the public sector to back this effort, CELSAM garnered the support of the Association of Pharmacists. As of September 2005, 109 pharmacy personnel in 13 pharmacies have been trained to be youth friendly. In the schools, 114 school personnel have been trained about adolescent reproductive health issues and project materials have been disseminated.

7. LESSONS LEARNED FOR REPLICATION IN OTHER COUNTRIES

CMS and CELSAM learned valuable lessons designing, developing, and implementing the youth-friendly pharmacies model. The most critical lessons for replication in other countries follow:

7.1 SELECT A PRIVATE-SECTOR PARTNER THAT IS COMMITTED TO THE LONG-TERM SUSTAINABILITY OF THE PROJECT

CMS partnered with an NGO that was created by a pharmaceutical company and committed to contributing campaign materials and resources. These inputs ensured the initiative was not entirely reliant on USAID support. CMS also requested that CELSAM commit to replicating the project in Mexico and other countries before commencing the project. Another critical factor in the partnership was CELSAM's vested interest to work with pharmacies. The idea of launching a youth-friendly pharmacy network fit perfectly with its social mission as well as with Schering's commercial objectives.

7.2 CREATE AN ADVISORY BOARD OF PRIVATE- AND PUBLIC-SECTOR INSTITUTIONS TO SUPPORT AND LEND CREDIBILITY TO THE PROJECT

The stakeholder and country assessment must be conducted carefully at the beginning of the project so that the model is tailored to each country context. An advisory committee of public- and private-sector partners is an effective way to ensure that all stakeholders have a formal voice and are invested in planning and decision-making. Stakeholders should participate in the project and approve important decisions concerning logos, promotional materials, and the implementation plan. CMS drew on the participation of public-sector ministries, for example, by placing their logos on the informational and promotional materials. This act served a two-fold purpose—it gave the stakeholders credit for their participation and support, and it ensured public credibility of the project. This trustworthiness was especially important in Mexico where the MOH regulates pharmacy activity.

7.3 ENSURE THAT THERE IS SUBSTANTIAL IMPLEMENTATION TIME TO IMPACT BEHAVIOR CHANGE

Due to a lack of implementation time, CMS was not able to conduct a behavior-change communications campaign. Ideally, a parallel supply-and-demand-side approach is necessary to demonstrate and measure impact. This approach would entail simultaneously strengthening supply channels, such as training pharmacy personnel, and implementing demand-creation activities through full-scale and targeted IEC and behavior-change communications campaigns. Typically, demand-creation activities show results incrementally and require an adequate and realistic time frame to measure change.

7.4 ASSESS AND DOCUMENT FINDINGS FROM THE PROJECT SO THE RESULTS CONVINCE THE STAKEHOLDERS THAT SCALE-UP AND REPLICATION ARE NEEDED

Before commencing this project, the program managers must work with researchers to develop a clear research, monitoring, evaluation, and dissemination plan. It is necessary to agree on the indicators to measure project results and allocate time to conduct representative KAP surveys. Ideally, if the size and scope of the project are substantial enough to warrant significant research costs, an evaluation plan should include population-based surveys that will show measurable impact over time. Because such results should directly inform any scale-up activity, it is important to document and synthesize results and best practices in a way that they effectively lead to scale-up or replication of the youth-friendly model.

8. CONCLUSION AND NEXT STEPS

The youth-friendly project in Mexico offers important lessons for implementing localized and relevant youth-focused activities. The design of the pharmacy network was based on formative market research and addressed a need among youths in Guanajauto. The institutional partnerships with public- and private-sector stakeholders were negotiated with sustainability objectives in mind, ensuring that it was successfully replicated in three other Mexican cities.

CELSAM did not have the funding to replicate the project outside of Mexico, even though the original intention was to replicate it in the broader Latin American region. However, the follow-on project to CMS, Private Sector Partnerships-*One* (PSP-*One*), conducted a feasibility study in early 2005 to determine if the youth-friendly pharmacy model can be replicated in sub-Saharan Africa. A report of this feasibility study will be available in early 2006.

REFERENCES

Beitz, J, H Srimuangboon, A Lion-Coleman, R Transgrud, J Hutchings, M Weldin. 2003. *Youth-Friendly Pharmacy Program Implementation Kit: Guidelines and Tools for Implementing a Youth-Friendly Reproductive Health Pharmacy Program*. Seattle, WA: PATH.

Bernard, R. 2002. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Walnut Creek, CA: Altamira Press.

Comunitec y Asociados. 2004. *Evaluación del Proyecto de Farmacias Amigables a Jóvenes*. México City, México.

Glanz, K et al. 2002. *Health Behavior and Health Education*. San Francisco: John Wiley and Sons, Inc.

Green, L, M Kreuter. 1999. *Health Promotion and Planning: An Educational and Ecological Approach*. London: Mayfield Publishing Company.

Hernandez, D. 1996. Inicio de la actividad sexual premarital y uso de anticonceptivos en mujeres jóvenes de la ciudad de México, cited by López, A. in Hablemos de sexualidad: lecturas. Mexfam.

Infométrica. 2003. *Encuesta Sobre la Salud Reproductiva de Adolescentes—Guanajuato, México*. Guanajuato, México.

Kirby, D. 2001. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Summary.

Kirby, D et al. 1997. An Impact Evaluation of Project SNAPP: An AIDS and Pregnancy Prevention Middle School Program. *AIDS Education and Prevention*, 9, Supplement A, 44–61.

Perez, I, J Antonio. 2000. "Encuesta Nacional de Juventud 2000." Secretaria de Educación Publica, Instituto Mexicano de la Juventud, México, D.F.

Population Reference Bureau. 2000. The World's Youth 2000. Washington: Population Reference Bureau.

Rivera, G. and M Arango. 1999. Salud Sexual y reproductiva de los adolescentes. *Cuaderno de Trabajo*, 3. Pathfinder México.

Speizer, I, R Magnani, C Colvin. 2003. The Effectiveness of Adolescent Reproductive Health Interventions in Developing Countries: A Review of the Evidence. *Journal of Adolescent Health* 33: 324–348.

UNAIDS, "2004 Report on the Global AIDS Epidemic." www.unaids.org/bangkok2004/report.html.

Welt-Grajales. 1989. La mujer mexicana un balance estadístico. México.

Welti, Carlos. 2001. La fecundidad adolescente en Guanajuato. COESPO.