This report was written by staff at FHI 360, with feedback from UNICEF–Liberia and the Liberian HIV Prevention for Youth Stakeholder Working Group and support from both UNICEF and FHI 360.
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ACRONYMS

AIDS — Acquired immunodeficiency syndrome
BCC — Behavior change communication
GBV — Gender-based violence
HIV — Human immunodeficiency virus
IPV — Intimate partner violence
LISGIS — Liberia Institute of Statistics and Geo-Information Services
MSM — Men who have sex with men
NAC — National AIDS Commission
NACP — National AIDS Control Program
NGO — Nongovernmental organization
PLACE — Priorities for Local AIDS Control
PPAL — Planned Parenthood Association of Liberia
SRH — Sexual and reproductive health
STI — Sexually transmitted infection
UNAIDS — Joint United Nations Programme on HIV/AIDS
UNFPA — United Nations Population Fund
UNICEF — United Nations Children’s Fund
USAID — U.S. Agency for International Development
YFS — Youth-friendly services
EXECUTIVE SUMMARY

To better understand the behaviors and knowledge of Liberian young people ages 14 to 25 at high risk for HIV infection, the government of Liberia, in partnership with the United Nations Children’s Fund (UNICEF), FHI 360 and the Liberia Institute of Statistics and Geo-Information Services, conducted a desk review and Priorities for Local AIDS Control (PLACE) study. This research demonstrated that structural and behavioral factors place young people at risk for many poor sexual and reproductive health outcomes, including HIV infection and other sexually transmitted infections and unintended pregnancy. The most concerning behaviors include a high prevalence of transactional sex among young people — a behavior that puts someone “most at risk” for HIV infection — as well as low condom use, multiple and concurrent partnerships, and the perpetration of intimate partner violence.

On December 11, 2012, the information from this research was presented to a stakeholder working group composed of Liberian government officials, local and international nongovernmental organizations, funders and United Nations agencies. The stakeholder group was tasked with recommending programmatic responses to improve the sexual and reproductive health outcomes of Liberian youth.

Stakeholders recommended the following strategies:

- In-school sexuality education
- Out-of-school sexuality education
- Youth-friendly services
- Economic empowerment
- Cash transfers
- Peer education
- Community engagement

Stakeholders provided details to adapt each strategy to the Liberian context, including the strategy’s key components, the potential collaborating organizations should the strategy be operationalized, the strategy’s feasibility and linkages across strategies. Recommended program content as well as general guiding principles for program planning and implementation were also discussed.

We developed this document to provide voluntary guidance for decision makers and program funders, planners, implementers and those conducting monitoring and evaluation and research activities with young people in Liberia — especially young people engaged in behaviors that put them at high-risk for HIV.
BACKGROUND

Young people ages 15 to 24 in Liberia make up more than a third of the country’s population. This group, which will determine the nation’s future, faces many challenges — including poor sexual and reproductive health (SRH) outcomes such as HIV infection, unintended pregnancy and sexually transmitted infections (STIs).

Due to a host of factors, including structural issues that result from the recent decade of conflict, youth in Liberia are engaging in behaviors that result in these poor outcomes. Research demonstrates that some Liberian youth are considered most-at-risk of HIV: sex workers (including those engaging in transactional sex), men who have sex with men (MSM) and intravenous drug users. It also shows that many young people in Liberia who are not “most at risk” are at higher risk than the population at large. These young people engage in behaviors such as multiple sexual partnerships, concurrent sexual partnerships, paying for sex, sexual violence, low contraceptive use and low condom use.

Due to the youth population’s size and the perceived need to address risky behaviors among this group, the Liberian government has prioritized helping young Liberians stay HIV free. The devastation from the civil war makes addressing this issue complex, and both internal and external resources have been mobilized to achieve this goal. To invest those resources most effectively, understanding the behaviors that put young people at risk has become a priority. This knowledge would allow organizations operating in Liberia to plan and implement programs more effectively and allow international funders to prioritize investment areas.

To provide the needed information, the Government of Liberia, in partnership with the United Nations Children’s Fund (UNICEF), FHI 360 and the Liberia Institute of Statistics and Geo-Information Services (LISGIS) engaged in a desk review and study regarding the behavior and knowledge of young Liberians at risk for HIV. The information they collected was shared at a stakeholder meeting on December 11, 2012, in Monrovia, Liberia. The agenda for this meeting is available in Appendix A. Stakeholders included representatives from many Liberian governmental agencies, local and international nongovernmental organizations (NGOs), and United Nations agencies (a full list of attendees and the organizations they represent is in Appendix B). After this information was presented, meeting attendees discussed what should be done and formulated the strategies that are detailed in this document.

PURPOSE OF THE STRATEGY DOCUMENT

We developed this strategy document to offer guidance to decision makers; program funders, planners and implementers; and those conducting monitoring and evaluation and research activities with young people in Liberia — especially young people engaged in behaviors that put them at high risk for HIV. We describe programming strategies that address the behaviors putting young Liberians at risk for acquiring HIV as well as experiencing other poor SRH outcomes — such as unintended pregnancy and STIs. Organizations and individuals working to improve these outcomes can refer to this guidance to inform their efforts and to learn of other agencies that could be partners in their work.
OVERVIEW: HIV RISK BEHAVIORS OF YOUNG PEOPLE IN LIBERIA

To provide a foundation for the strategies discussed in this document, this overview summarizes the information shared at the stakeholder meeting.

The individual risk behaviors that young people in Liberia engage in occur within the backdrop of structural factors affecting the society at large — many of which result from a decade of conflict. The conceptual model below describes the impact of structural factors on individual behaviors that put young people in Liberia at risk for HIV and other poor SRH outcomes. A review of the literature on structural and individual factors affecting the SRH of young people in Liberia can be found in this report: The Current State of HIV among Youth in Liberia: A Desk Review Conducted by FHI 360 for UNICEF.

Conceptual Model: Structural and Individual Factors Affecting HIV Risk for Young People in Liberia

To better understand the issues facing young Liberians who are most at risk of poor SRH outcomes, the Government of Liberia, in partnership with UNICEF, FHI 360 and LISGIS planned and implemented a Priorities for Local AIDS Control (PLACE) study in three counties — Montserrado, Grand Gedeh and Grand Bassa. Young people at venues where high-risk behaviors occur were interviewed to learn more about their risk behaviors and HIV knowledge. The findings corroborated the individual risk factors described in the desk review and highlighted the following:

- Early sexual debut (mean age first sex: 15.7 for males and 15.1 for females)
- Low condom and contraceptive use (unmet need for contraception: 37%; 55% of males and females report using condom at last sex)
- High incidence of cross-generational sex (48% of young women and 20% of young men report first sex partner is 5 or more years older)
- High incidence of transactional sex (88.4% young women and 5.9% of young men report ever receiving money for sex; 4.6% of young women and 79.1% of young men report ever giving someone money for sex)
• High incidence of multiple sexual partners (mean number of sexual partners in last year: females report 19.3; males report 13.6)
• High acceptance of concurrency (27% of females and 34% of males report that it is acceptable for a man to have sex with another woman if his female partner refuses to have sex)
• High levels of alcohol use (28% of females and 24% of males used alcohol every day of last four weeks)
• High reporting of STI symptoms (57% of females and 41% of males report having an STI in the last 12 months)
• High acceptance of gender-based violence (GBV) and high incidence of intimate partner violence (IPV) (17% of females and 6% of males experienced forced sex in last year; 51% of females and 23% of males report being slapped by last or current partner)
• High levels of early and unintended pregnancy (83% of young women reported current or last pregnancy was unintended; 45% reported aborting last pregnancy)
• Low incidence of male youth reporting sex with other men (1.3%) and low incidence of injecting drug use reported among males or females (1.7% of males and 1.3% of females)

The findings of the PLACE study also shed light on the success with which organizations working to provide HIV-related information and services are reaching youth engaging in risky behaviors.

• Exposure to messages on HIV is high (93% of females and 95% of males have heard of HIV)
• Exposure to accurate prevention knowledge is low (roughly 75% of females and males know basic information such as “HIV risk is reduced when a condom is used every time”)
• A gap exists in knowledge on where to get tested (63% of females and males know where to get an HIV test)
• The prevalence of HIV testing is low, and some who are tested do not receive results (23% of females and 14% of males have had an HIV test)

Information on data collection procedures in the PLACE study and more detailed results from the study are available in the following papers:

• Transactional Sex Among Young Females in Post-conflict Liberia: A Sexual Risk Profile (FHI 360, 2012)
• Intimate Partner Violence and Unmet Need for Modern Contraceptive Use Among Young Women in Liberia (FHI 360, 2012)

Additional research involving specific most at-risk populations (young MSM and youth who use injecting drugs) is needed to learn more about the individuals engaging in these behaviors. The data suggest that the PLACE study did not engage many members of these groups.
PROGRAMMATIC RECOMMENDATIONS

To help stakeholders develop programmatic strategies, the following guiding principles and content areas for future programming directed to youth at risk for HIV in Liberia were presented. Stakeholders agreed that these guiding principles and content areas are important. The strategies outlined later in the document reflect the inclusion of these principles and content areas.

GUIDING PRINCIPLES FOR PROGRAMS SERVING AT-RISK YOUNG PEOPLE

These guiding principles are considered important in work with young people, especially those most at risk of HIV.

1. Young people from the populations targeted by a program must be involved in program planning, implementation and monitoring. This is especially true for those most at risk. If this involvement does not occur, there is little hope that the desired young people will attend as programs serving the general youth population most often attract those engaged in lower-risk behaviors.
2. Youth who engage in behaviors such as sex work, men having sex with men and injecting drug use seldom consider themselves as part of most-at-risk groups. Therefore, it is unlikely that youth will attend a program designed for “sex workers,” for example. Programs should reach out to youth without labeling young people by their risk behaviors but adhere to the first guiding principle (involvement) to attract the desired participants.
3. Avoid stigmatizing individuals — such as sex workers, MSM or injecting drug users. Stigma causes individuals engaging in a behavior to go underground, making prevention more difficult. For example, explaining the high risk of unprotected anal sex is important health information; however, describing homosexuality as a sin is not, and it will not encourage young people engaging in this behavior to come forward to learn how to protect themselves.
4. Consider the legal implications of work with sex workers, MSM and drug users — especially those below the age of majority. Program staff are likely to require guidance on how to meet these young people’s needs without violating local or national laws that may require mandatory reporting or that criminalize specific behaviors. As appropriate, organizations should advocate for changes in the law — for example, allowing those under 14 to be tested for HIV without parental consent — so that young people’s needs can be met.
5. Continue collecting information to monitor program success and understand populations served throughout the life of any program. There is a great need for qualitative data, especially so that young people’s reasons for engaging in risky behaviors can be better understood.
6. Build on existing systems and integrate across sectors (health, education, economic empowerment) to encourage program sustainability and address the many needs young people have.
7. Respect the rights of those living with HIV and ensure that programs designed to avoid additional infections do not stigmatize those already infected. Decreasing the stigma toward people living with HIV and toward HIV testing encourages healthy behaviors.

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Many of these guiding principles are important in HIV prevention programming generally. Strategies specific to young people most-at-risk are explained in more detail in the report Young People Most at Risk of HIV (FHI 360, 2010) .
8. Integrate HIV and family planning programs. The same sexual behaviors that spread HIV also cause unplanned pregnancy and STIs — issues that affect huge portions of the population studied. HIV programs can be improved by offering family planning and STI information, and family planning programs can be improved by providing HIV testing and counseling.

SUGGESTED PROGRAM CONTENT

Based on the desk review and the PLACE study, the following content topics were suggested to the stakeholder group for programs seeking to decrease the risk behaviors of young people in Liberia. Some program strategies will be better suited to addressing specific topics than others. For example, a trained counselor at a youth-friendly clinic may be better equipped to offer counseling to a young person who experienced sexual violence than a peer educator would be.

1. HIV testing and prevention (including all of the relevant topics in this list)
2. Transactional sex (both giving and receiving money for sex)
3. Multiple partnerships
4. Concurrent partnerships
5. Early sexual debut
6. Intergenerational sex
7. Condom use
8. Contraception use
9. GBV and specifically IPV
10. HIV stigma
11. MSM
12. Alcohol and substance abuse, including injecting drug use

STRATEGIES TO DECREASE HIV INFECTION AMONG YOUNG PEOPLE

After hearing the findings of the desk review and the PLACE study and discussing the guiding principles and program content, stakeholders unanimously agreed upon six program strategies as important next steps in improving SRH outcomes for Liberian youth engaging in risky behaviors: sexuality education in schools, youth-friendly services (YFS), economic empowerment, cash transfers, peer education and community engagement. Stakeholders subsequently added a strategy — sexuality education for out-of-school youth — to bring the total to seven strategies.

Stakeholders then worked to adapt each of the seven strategies to the Liberian context by providing details on the issues each strategy would seek to ameliorate, the program strategy’s key components, the potential collaborating organizations should the strategy be operationalized (in some cases the strategy is already being used on a small scale), the strategy’s feasibility and linkages across strategies.

Each programmatic strategy is presented below with adaptation information, as well as short descriptions of the evidence demonstrating the strategy’s impact and helpful resources for its implementation.
# STRATEGY 1 — SEXUALITY EDUCATION IN SCHOOL

| Evidence to Support Strategy | High-quality sexuality education has been shown to do the following:  

- Increase knowledge around HIV and reproductive health  
- Increase condom and contraception use  
- Delay sexual initiation  
- Decrease number of partners  
- Decrease sex with riskier partners  
- Increase contraceptive use |
|-------------------------------|---------------------------------------------------------------------------------|
| Key Issues to Address         | 1. Early sexual debut  
2. Transactional sex  
3. Multiple and concurrent partnerships  
4. Intergenerational sex  
5. Low condom and contraceptive use  
6. MSM  
7. Low knowledge on sexual reproductive health, HIV issues or both  
8. GBV, including IPV  
9. HIV stigma |
| Key Program Details           | In-school SRH education would include these components:  
- Advocacy for the adoption of sex education in schools  
- Development of curricula  
- Building capacity of all teachers to teach this subject  
- Development of behavior change communication (BCC) materials for use in schools  
- Integration of SRH including HIV and AIDS into school curriculum (“Sex Education” as an examinable subject)  
- Integration of SRH into teacher training college teaching curriculum  
- Peer education through in-school student clubs |
| Potential Collaborating Organizations | Potential collaborating agencies were selected because their core activities include youth SRH, formal education or both.  
1. Ministry of Health  
2. Education Ministry  
3. Planned Parenthood Association of Liberia (PPAL)  
4. UNICEF  
5. Joint United Nations Programme on HIV/AIDS (UNAIDS)  
7. National AIDS Control Program (NACP)  
9. U.S. Agency for International Development (USAID) |
| Feasibility                   |  
- Implementation is feasible, especially if sex education can be an examinable subject in Liberia.  
- Structures already exist within the formal schooling system that make it possible to easily incorporate a new subject area within each grade level, allowing age-appropriate instruction to be offered relatively easily. |
- The sensitivity of the subject may demand a national consensus on integrating sexuality education into educational curriculum. This sensitivity can also be addressed through the development of training materials tailored to suit each grade level.
- The challenge of teachers being facilitators of sex education should be discussed with principals and teachers so they can voice their concerns and have their questions answered before they begin teaching the new material.
- This program will require fewer resources the longer it is implemented — making it more sustainable. Initially, trainings should be organized for all teachers to help them handle the subject. Once the subject is fully integrated into the school curriculum and becomes examinable, sex education will be part of the curriculum at teacher training colleges and stand-alone trainings will be unnecessary. However, continuing education trainings, such as those offered for other subjects, will always be helpful.

### Linkages

- A sex education program should be linked to YFS so service providers can be knowledgeable and supportive of what is taught in schools and make contraception and condoms available to students.
- Peer education programs could complement a sexuality program through the formation of student SRH clubs in schools (such as those described in the Girl Guides resource listed below).

### Selected Available Tools

- **It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education**
  It's All One Curriculum is a resource kit for developing sexuality and HIV education curricula with an emphasis on gender equality and human rights. The first volume, *Guidelines*, includes content units, fact sheets, “points for reflection” and a module on advocacy. The second volume, *Activities*, includes sample activities, a chapter on effective teaching methods and an additional resources section. This publication is also available in Spanish. (International Sexuality and HIV Curriculum Working Group, 2009)

- **International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators**
  Based on a rigorous and current review of evidence on sexuality education programs, this guide is aimed at decision makers and professionals in the education and health sectors. It has been produced to help education, health and other relevant authorities develop and implement school-based sexuality education programs and materials. Volume I focuses on the rationale for sexuality education and provides sound technical advice on characteristics of effective programs. Volume II focuses on the topics and learning objectives to be covered in a "basic minimum package" on sexuality education for children and young people from 5 to 18-plus years of age and includes a bibliography of useful resources. The guide is relevant not only to those countries most affected by HIV and AIDS, but also to those facing low prevalence and concentrated epidemics. (UNESCO, 2009)
Discovering the Potential of Girl Guides in Schools: A Life Skills Curriculum for Guide Leaders
This tool for adult Girl Guide leaders details participatory life skills and health lessons to be completed over the school year. Nine Girl Guides ages 11 to 15 contributed to a curriculum development workshop that informed this publication. (FHI and Kenya Girl Guides Association, 2008)
### Evidence to Support Strategy

High quality sexuality education has been shown to do the following:\(^5\)

- increase knowledge about HIV and reproductive health
- increase condom and contraception use
- delay sexual initiation
- decrease number of partners
- decrease sex with riskier partners
- increase contraceptive use

### Key Issues to Address

1. Early sexual debut
2. Transactional sex
3. Multiple and concurrent partnerships
4. Intergenerational sex
5. Low condom and contraceptive use
6. MSM
7. Low knowledge on sexual reproductive health and HIV
8. GBV, including IPV
9. HIV stigma

### Key Program Details

Sexual and reproductive health education for out-of-school youth would include these steps:

- Develop a new curriculum for out-of-school youth programming or replicate curricula that have proven effective in other parts of Liberia.
- Develop and produce BCC materials — such as videos, flip charts, radio jingles, songs, posters and playing cards — suitable for out-of-school youth (focus on low literacy).
- Build capacities of civil society youth organizations — such as youth clubs, Association of Artisans, student unions and associations, Fund Clubs, youth associations within religious bodies (such as the Catholic Youth Association), the Youth Brigade, Scouts, the Voluntary Youth Association and football clubs. Capacity building could include leadership training, mentorship and the provision of evidence-based educational materials.
- Establish mobile SRH services that include SRH education — both clinical and HIV counseling and testing — to complement existing service delivery and expand its reach.

### Potential Collaborating Organizations

Potential collaborating agencies were selected based on their involvement in youth SRH as well as their ability to mobilize youth outside of the formal education sector.

1. Ministry of Health
2. PPAL
3. UNICEF
4. UNAIDS
5. NAC
6. NACP
7. Ministry of Youth and Sports
8. Ministry of Employment and Social Welfare
9. Other nongovernmental organizations (NGOs) and civil society organizations
10. Religious bodies
11. UNICEF
12. UNFPA

| Feasibility | Out-of-school programs that are not SRH focused are already being implemented, so integrating SRH components into these programs should not be difficult. |
|            | Focusing on out-of-school youth is a more appropriate way to reach nonskilled unemployed youth in Liberia — an especially important group for these efforts because these youth often engage in riskier behaviors. |

| Linkages | Link to peer education programs through the youth clubs. |
|          | Link with economic empowerment programs that can adopt SRH as part of their skills training curricula. |

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<tr>
<th>Selected Available Tools</th>
<th>See the tools listed under sexuality education in school (Strategy 1). Also see the following resources:</th>
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<td></td>
<td>**My Changing Body (second edition)**¹⁰</td>
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<td>This updated manual provides accurate information about puberty in objective and reassuring terms for girls and boys ages 10 to 14. The participatory activities included in the curriculum enable young people to recognize how their sexual and reproductive selves are influenced by gender and social norms. This second edition also includes “My Changing Body for Parents,” a companion curriculum that prepares parents and other trusted adults to initiate conversations and support young adolescents through the changes of puberty. (IRH, 2011)</td>
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<td></td>
<td><strong>Shuga Radio</strong>¹¹</td>
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<td>Shuga Radio is intended to help prevent HIV among young people in Cameroon, Democratic Republic of Congo, Kenya, Lesotho, South Africa and Tanzania. Shuga Radio is part of larger initiative, Shuga: Love, Sex, Money. The Shuga initiative reaches young people primarily in Africa, through multiple media, with online and on-the-ground components. built around a popular TV series, Shuga: Love, Sex, Money. (UNICEF, Harry Frank Guggenheim Foundation, MTV Staying Alive Foundation; 2011)</td>
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## STRATEGY 3 — YOUTH-FRIENDLY SERVICES

<table>
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<tr>
<th>Evidence to Support Strategy</th>
<th>Youth-friendly services have been successfully used in many settings to accomplish the following:(^{12, 13})</th>
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<tr>
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<td>- Increase the number of young clients receiving services and information</td>
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<td>- Improve young client satisfaction with services</td>
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<td>- Increase the accuracy of psychosocial and physical assessments given to adolescents</td>
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<td>- Increase the continuity of care for adolescents</td>
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<td>- Link young people to both HIV and family planning services</td>
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| Key Issues to Address       | 1. Low condom and contraceptive use                                                                   |
|                             | 2. High prevalence of HIV and other STIs                                                             |
|                             | 3. High level of HIV stigma                                                                         |
|                             | 4. Teenage pregnancy                                                                                  |
|                             | 5. High abortion rate                                                                                 |
|                             | 6. Alcohol and substance abuse                                                                        |
|                             | 7. Low uptake of HIV testing and counseling                                                           |
|                             | 8. Unfriendly attitude of health care providers toward youth                                           |

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<tr>
<th>Key Program Details</th>
<th>Creation and promotion of YFS would involve these steps.</th>
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<tr>
<td></td>
<td>- Create new youth-friendly health care centers.</td>
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<td>- Support existing public and private health institutions to establish and improve facilities offering YFS.</td>
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<td>- Build capacity of service providers in the delivery of YFS.</td>
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<td>- Develop training materials for the training of service providers.</td>
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<td>- Integrate YFS curriculum into the syllabus of health training institutions.</td>
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<td>- Encourage the deployment of youthful staff and peer educators to work or volunteer at youth-friendly clinics or centers.</td>
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<td>- Establish mobile SRH services to complement existing clinics and provide services to hard-to-reach areas.</td>
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<tr>
<th>Potential Collaborating Organizations</th>
<th>Potential collaborating agencies were selected due to their experience in health services provision, their capacity to train health care providers and their ability to advocate for and materially support the implementation of this strategy.</th>
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<tbody>
<tr>
<td></td>
<td>1. Ministry of Health</td>
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<td>2. Private health institutions</td>
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<td></td>
<td>3. Education Ministry</td>
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<td>4. PPAL</td>
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<td>5. UNICEF</td>
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<td>7. NAC</td>
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<td>8. NACP</td>
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<td>9. Religious bodies</td>
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<td></td>
<td>10. Civil society</td>
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<td>11. NGOs</td>
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| Feasibility | • The insensitivity of some health institutions toward youth has been acknowledged, and stakeholders are committed to addressing this issue.  
• Because the number of clinics in Liberia is insufficient, it is a priority to build new clinics and establish mobile services. As new clinics are opened and mobile services are established, YFS can be instituted from the start.  
• With appropriate training of providers, YFS can be added to existing clinics (which currently offer only adult and pediatric services), but it may be difficult to find space for youth-friendly areas. |
| --- | --- |
| Linkages | • Young people could be referred by peer educators or teachers providing instruction on sexuality education to receive services — such as HIV testing or family planning — at youth-friendly centers, especially those that are mobile.  
• Youth-friendly staff could encourage young people to attend local programs to receive additional information and skills on SRH topics. |
| Selected Available Tools | **HIV Counseling and Testing for Youth: A Manual for Providers**<sup>14</sup>  
This manual provides the following:  
• Step-by-step information for using a counseling and testing model for youth in general or specialized clinical settings  
• Information on how to counsel youth and use YFS approaches  
• Resources to help meet the broader sexual needs of youth, including information on contraceptive options and STIs  
• Tips and role-plays to use with young people on abstinence, being faithful and using condoms  
• A guide for creating a referral network and more  
(FHI, 2004, updated 2007)  
**Adolescent Job Aid**<sup>15</sup>  
The Adolescent Job Aid is a handy desk reference tool for health workers (trained and registered doctors, nurses and clinical officers) who provide services to children, adolescents and adults. It is designed to help health workers respond to their adolescent patients effectively and with sensitivity. It provides precise, step-by-step guidance on how to deal with adolescents when they present with a problem or a concern about their health or development. The Job Aid comprises three main parts:  
Part 1: The clinical interaction between the adolescent and the health worker  
Part 2: Algorithms, communication tips and frequently asked questions on 25 presentations related to developmental conditions, pregnancy-related conditions, genital conditions (including STIs), HIV and other common presentations  
Part 3: Information for adolescents and their parents or other accompanying adults on important health and development issues  
The Adolescent Job Aid is intended to be used along with the Orientation Programme on Adolescent Health,<sup>16</sup> a tool that is being used in many countries. (World Health Organization, 2010) |
### STRATEGY 4 — ECONOMIC EMPOWERMENT

| Evidence to Support this Strategy | Combined SRH and economic empower programs can do the following:¹⁷  
|----------------------------------|--------------------------------------------------------------  
|                                  | • Attract youth to clinics for SRH services                   
|                                  | • Increase SRH knowledge                                      
|                                  | • Increase ability of young women to negotiate sexual relation  
|                                  | • Improve attitudes about gender roles                       
| Key Issues to Address            | 1. Transactional sex, by both young women and young men    
|                                  | 2. Intergenerational sex                                      
|                                  | 3. Multiple and concurrent sexual partners                    
|                                  | 4. Early marriage                                            
|                                  | 5. GBV                                                      
|                                  | 6. Alcohol and substance abuse                              |  
| Key Program Details              | Support national institutions (Social Welfare and the Ministry of Education), civil society organizations and NGOs in the provision of skilled training programs for youth by undertaking the following:  
|                                  | • Encourage SRH-focused NGOs to partner with or establish income generation programs.       
|                                  | • Support and strengthen the existing skills training programs in community training centers.  
|                                  | • Encourage youth to complete their training programs through cash transfer programs. These cash transfer packages would take several different forms.  
|                                  |  1. Parents could receive money for having their wards enrolled in schools or training centers and then from having the youth complete courses (separate packages).    
|                                  |  2. Youth who enroll and stay in school or training centers could receive different packages, such as a monthly stipend, full scholarship or vacation employment.   
| Potential Collaborating Organizations | Potential collaborating organizations were selected based on their commitment to a sustainable future in Liberia as well as their ability to provide skills training or jobs to youth and to mobilize young people.  
|                                  | 1. Liberia Labor Commission                                  
|                                  | 2. Ministry of Youth and Sport                               
|                                  | 4. PPAL                                                      
|                                  | 5. NAC                                                      
|                                  | 6. Liberian Women Empowerment Network                       
|                                  | 7. Touching Humanity In Need Of Kindness (THINK) Inc.       
|                                  | 8. Save the Children International                          
|                                  | 9. USAID                                                    
|                                  | 10. UNFPA                                                   
<p>|                                  | 11. UNICEF                                                  |</p>
<table>
<thead>
<tr>
<th>Feasibility</th>
<th>This program is feasible and has high chances of success and receiving possible governmental support and encouragement because trained employable young people are an acknowledged asset for national development.</th>
</tr>
</thead>
</table>
| Linkages                                                                  | - Linkages with sexuality education to introduce sex education into the skills training curriculum  
- Linkages with peer education programs through the formation of youth clubs in the skills training institution  
- Linkages with a cash transfer program by encouraging parents to enroll their wards in the skill training program as well as supporting and encouraging youth to enroll in the skills training program and then stay and complete the program  
- Linkages with employment avenues to ensure that trained youth are not idle after completing their course  
- Linkages with YFS delivery points to serve as referral points and also provide counseling services |
| Selected Available Tools                                                   | **Measuring Success of Youth Livelihood Interventions** This guide provides an accessible introduction to the topic of monitoring and evaluation and to its practical application in the youth livelihood field. The guide is complemented by online resources, including examples of indicators, survey instruments, terms of reference and evaluation reports specific to the youth livelihoods field. (World Bank, 2012)  
**Youth Livelihoods Development Program Guide** Developed by the U.S. Agency for International Development, this document provides guidelines for and information about the design of effective youth livelihood programs. (USAID, 2008) |
## STRATEGY 5 — CASH TRANSFERS

| Evidence to Support this Strategy | Cash transfer programs have been shown to do the following: 20, 21, 22  
- Keep girls in school  
- Reduce the likelihood of female and child-headed households resorting to risky behavior such as transactional sex  
- Delay the onset of young people’s sexual activity and marriage  
- Significantly reduce the prevalence of STIs among young men and women |
| Key Issues to Address | 1. Inability or failure of parents to support their wards in completing formal education  
2. Low school enrollment  
3. High level of unskilled youth  
4. Lack of life skills among the adolescents and youth  
5. Transactional sex |
| Key Program Details | Establish support services schemes through a well-coordinated body using credible agreed-upon mechanisms and financial institutions, schools and skills training institutions:  
- Identify credible institutions.  
- Establish criteria for selection of beneficiaries.  
- Mobilize and identify beneficiaries through a process.  
- Establish a strong monitoring and evaluation system to support the scheme and understand its impact.  
- Have beneficiaries tell their success stories with the aim of convincing other youth to join the program.  
- Consider changing the program title from “cash transfer” to a culturally acceptable title, to ensure that payment does not become mandatory. |
| Potential Collaborating Organizations | Potential collaborating organizations were chosen based on the ability of cash transfers to achieve different types of outcomes. Organizations whose core activities involve formal education, peer education, economic empowerment, and advocacy for women’s empowerment and health were selected based on the ability of cash transfers to affect each organization’s outcomes of interest. Financial institutions were chosen to ensure a smooth transfer of funds to recipients.  
1. Ministry of Education  
2. Liberia Education Services System  
3. Ministry of Youth and Sports  
4. Ministry of Labor and Employment  
5. USAID  
6. Liberian Women Empowerment Network  
7. Financial institutions  
8. Ministry of Gender and Development |
| Feasibility          | • The program has high potential for success.  
|                     | • Some agencies are already implementing cash transfers on a small scale. |
| Linkages            | • Link with economic empowerment programs to boost enrollment into skills training programs.  
|                     | • Link with formal education to boost enrollment in school. |
| Selected Available Tools |  
| **Guidelines for cash transfer programming**²³  
Building on the broad range of cash experiences within the Red Crescent Movement and in the humanitarian sector, these guidelines help program managers identify situations where cash is appropriate and provide practical, step-by-step support for the design and implementation of cash programs. The guidelines are meant for field practitioners who are considering cash as a possible response for relief or recovery programs.  
The first section follows the program cycle with detailed information on whether, when and how to design and implement cash-transfer programs. The second section gives step-by-step guidance on particular forms of cash transfers. The last section provides some practical tools that can be used in any cash transfer program, such as market assessment, community-based targeting or how to assess financial institutions. (International Red Cross and Red Crescent Movement, 2007) |
Evidence to Support this Strategy

Peer education has been shown to do the following:\(^{24}\)
- Positively influence young people’s attitudes and knowledge
- Decrease young people’s number of sexual partners and increase their use of condoms and contraception
- Increase the use of SRH services by vulnerable young people
- Improve community norms about youth and sexual behavior

Key Issues to Address

1. Low condom and contraceptive use
2. MSM
3. Low knowledge on sexual reproductive health and HIV
4. High prevalence of HIV and other STIs
5. Low levels of HIV counseling and testing
6. Teenage pregnancy
7. High rate of abortion
8. Alcohol and substance abuse
9. GBV
10. Transactional sex

Key Program Details

These steps apply to both in-school and out-of-school peer education programs:
- Support the existing youth clubs and the formation of new clubs in schools and community groups, such as faith-based organizations and social clubs.
- Design and develop an appropriate curriculum for training peer educators.
- Produce culturally acceptable and age-appropriate HIV and STI prevention BCC materials, such as videos, posters, flip charts, radio jingles, playing cards and songs.
- Build the capacities of club leaders in leadership skills, program management, monitoring and evaluation, teaching, preparing BCC materials and program financial management.

Potential Collaborating Organizations

Potential collaborating agencies were selected based on their core functions in sexuality education, youth and community mobilization, the provision of BCC materials and curricula, and the provision of training in effective organizational management.

1. Ministry of Education
2. Liberia Education Services System
3. Ministry of Youth and Sports
4. Ministry of Labor and Employment
5. USAID
6. Liberian Women Empowerment Network
7. UNICEF
8. UNFPA
9. Religious bodies
10. NAC
| 11. Ministry of Health  
12. Ministry of Gender and Development |
|---|
| **Feasibility** | • Many agencies and NGOs have used these strategies in their intervention programs within and outside of Liberia.  
• Many unemployed youth are looking for opportunities to gain employment, job skills or both. |
| **Linkages** | • Have teachers refer students to peer education programs offered in and out of school.  
• Encourage youth to attend peer education programming using cash transfers.  
• Create peer education programs that work on livelihood skills and other economic empowerment issues as well as SRH topics.  
• Introduce youth-friendly mobile community SRH services as part of the peer education program, such as mobile testing centers at football matches and youth camp meetings. |
| **Selected Available Tools** | **Evidence-based Guidelines for Youth Peer Education**²⁵  
This new tool provides recommendations on evidence-based youth peer education practices and a framework for quality assurance. The document features cross-cutting issues relevant to all areas of a peer education program and gives specific tips for the different phases of implementing a program, including planning, recruitment and retention of peer educators, supervision and management, and monitoring and evaluation. It also includes explanations of the available evidence on what works in peer education and examples of how the guidelines are used in successful programs. The document is focused on peer education to improve SRH, but it can be applied to youth peer education programs generally. (FHI, 2010)  

**Discovering the Potential of Girl Guides: 12 Peer Education Sessions**²⁶  
This companion manual complements the life skills lessons (listed under Strategy 1 — Sexuality Education in Schools). Peer education activities are implemented by the Kenya Girl Guides Association. Thirty-two girl guides whose average age was 13 were among contributing authors who developed and field-tested ideas in their schools. (FHI and Kenya Girl Guides Association, 2009) |
| Evidence to Support this Approach | Community engagement in youth SRH programs has been shown to do the following: 
- Increase knowledge and use of RH services by young women 
- Have a positive impact on the perception of young people in the community 
- Increase acceptability and local ownership of messages and programs for youth 
- Have the greatest impact with issues related to traditional community beliefs (gender norms) |
| Key Issues to Address | 1. Early marriage 
2. Early sexual debut 
3. Low enrollment in schools 
4. Lack of adequate facilities for reproductive health services 
5. Intergenerational sex 
6. GBV and IPV 
7. Transactional sex |
| Key Program Details | The community engagement process would include these steps: 
- Identify community-specific issues and resources. 
- Develop community action plans. 
- Strengthen community institutional capacity. 
- Establish institutional linkages. 
- Generate lessons learned and share best practices. 
- Involve people living with HIV/AIDS, traditional leaders, traditional healers, and religious leaders in programming to change norms such as HIV stigma and harmful gender norms. |
| Potential Collaborating Organizations | Potential collaborating agencies were selected based on their work in community level advocacy; their presence, authority and experiences working at the local level; and their expertise in the area of youth SRH. 
1. Ministry of Youth and Sports 
2. Ministry of Labor and Employment 
3. USAID 
4. Liberian Women Empowerment Network 
5. UNICEF 
6. UNFPA 
7. Religious bodies 
8. NAC 
9. Ministry of Health 
10. Ministry of Gender and Development |
| Feasibility | Empowering community leaders to support a project that seeks to improve the quality of life in the community has a high potential for success. 
Some agencies operating in Liberia currently use this strategy. 
A technical team could work with local communities to help them determine |
which issues are most important to address. This could save costs and increase community investment, making the programs more likely to succeed.
- The community can also be engaged in monitoring program success, increasing buy-in and accountability.

<table>
<thead>
<tr>
<th>Linkages</th>
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<tbody>
<tr>
<td>• A community engagement program could complement government leadership programs already being implemented.</td>
</tr>
<tr>
<td>• Communities would have insight into peer educational programs and understand the concept of cash transfer and how to select beneficiaries in their community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selected Available Tools</th>
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</thead>
<tbody>
<tr>
<td><strong>An Annotated Guide to Technical Resources for Community Involvement in Youth Reproductive Health and HIV Prevention Programs</strong>&lt;sup&gt;28&lt;/sup&gt;</td>
</tr>
<tr>
<td>This online compilation of resources includes documents, manuals and toolkits that provide advice, approaches, and tools for involving community members, including youth. (FHI/YouthNet, 2006)</td>
</tr>
<tr>
<td><strong>Engaging Communities in Youth Reproductive Health and HIV Projects: A Guide to Participatory Assessments</strong>&lt;sup&gt;29&lt;/sup&gt;</td>
</tr>
<tr>
<td>This comprehensive guide outlines how to conduct participatory assessments with youth and community members for improved youth reproductive health and HIV prevention. Drawing on YouthNet’s experience in Namibia, Tanzania and Ethiopia, it reviews youth participation, guidelines for training community participants, and suggestions for adapting the methods and tools for use at other project stages. (FHI/YouthNet, 2006)</td>
</tr>
</tbody>
</table>

**CONCLUSION**

Stakeholders are committed to the young people of Liberia and believe that the strategies described above will help decrease HIV infection and improve SRH outcomes among this group. While they acknowledge that it will take hard work, dedication and continued conversations to design and implement each of the types of programs described above, they believe that offering high-quality SRH programming for youth is a necessary investment in young people and the future of Liberia.
REFERENCES

12. Tylee A, Haller DM, Graham T, Churchill R, Sanci LA. Youth-friendly primary care services: how are we doing and what more needs to be done? Lancet. 2007 May 5;369(9572):1565-73


## APPENDIX A

Agenda for Stakeholders Meeting in Monrovia, Liberia

Date: 11 December 2012

Venue: Corina Hotel

Moderator: Dr. Stephen Kennedy

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>8:45–9:00 am</td>
<td>Registration/Breakfast</td>
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<tr>
<td>9:00–9:30 am</td>
<td>Introduction and Welcome UNICEF/MOH-NAC official</td>
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<tr>
<td>9:30–10:00 am</td>
<td>Meeting objectives and Outputs Mr. Janjay Jones</td>
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<tr>
<td>10:00–10:45 am</td>
<td>Gaps and Opportunities Mr. David Login MOH/Global FUND</td>
<td></td>
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<tr>
<td>10:45–11:30 am</td>
<td>Desk Review Sam Wambugu, FHI 360</td>
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<tr>
<td>11:30–11:45 am</td>
<td>Tea Break</td>
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</tr>
<tr>
<td>11:45–12:30 pm</td>
<td>MARA Study Report Mr. Moses Badio, NACP</td>
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<tr>
<td>12:30–1:00 pm</td>
<td>Vote on Approaches/ Groupings Mr. Moses Badio, NACP</td>
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<tr>
<td>1:00–2:00 pm</td>
<td>Lunch</td>
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<tr>
<td>2:00–3:30 pm</td>
<td>Small Group Work Mr. Moses Badio, NACP</td>
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<tr>
<td>3:30–4:15 pm</td>
<td>Group Presentation Group Leaders</td>
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<tr>
<td>4:15–4:45 pm</td>
<td>Prioritization Mr. Moses Badio/Dr Agyarko-Poku</td>
<td></td>
</tr>
<tr>
<td>4:45 pm–5:00 pm</td>
<td>Closing  UNICEF/MOH</td>
<td></td>
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## APPENDIX B

List of attendees and the agencies they represent

<table>
<thead>
<tr>
<th>Agency</th>
<th>Name</th>
<th>Email</th>
<th>Mobile Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROSPER</td>
<td>Pete de Waard</td>
<td><a href="mailto:pinala@pamilton.co.uk">pinala@pamilton.co.uk</a></td>
<td>089696257</td>
</tr>
<tr>
<td>LISGIS</td>
<td>Robert S. Powell</td>
<td><a href="mailto:rpowell626@yahoowe.co.uk">rpowell626@yahoowe.co.uk</a></td>
<td>086584411</td>
</tr>
<tr>
<td>SEARCH</td>
<td>Joseph B. Wilson</td>
<td><a href="mailto:jwilson_yap@gmail.com">jwilson_yap@gmail.com</a></td>
<td>0896584411</td>
</tr>
<tr>
<td>MOHA</td>
<td>David J. Chen</td>
<td><a href="mailto:danvchen@gtya.com">danvchen@gtya.com</a></td>
<td>0896584411</td>
</tr>
<tr>
<td>NAC</td>
<td>Dr. Ivan Sanmarion</td>
<td><a href="mailto:ivsanmarion@yahoo.com">ivsanmarion@yahoo.com</a></td>
<td>0896625795</td>
</tr>
<tr>
<td></td>
<td>Juanita Ramirez</td>
<td><a href="mailto:juanitaramirez2005@gmail.com">juanitaramirez2005@gmail.com</a></td>
<td>089651640</td>
</tr>
<tr>
<td>Save The Childs</td>
<td>Emmanuel Guterriez</td>
<td><a href="mailto:emgutervez@yahoo.com">emgutervez@yahoo.com</a></td>
<td>0896512544</td>
</tr>
<tr>
<td>Light Inc.</td>
<td>Asuka H. I.</td>
<td><a href="mailto:asuhii123@yahoowe.co.uk">asuhii123@yahoowe.co.uk</a></td>
<td>099639858</td>
</tr>
<tr>
<td>NAC</td>
<td>Doris Geeddy</td>
<td><a href="mailto:youpleeeha@yahoo.com">youpleeeha@yahoo.com</a></td>
<td>0896513338</td>
</tr>
<tr>
<td>THINK Inc</td>
<td>Doris Geeddy</td>
<td><a href="mailto:ygleek@yahoowe.co.uk">ygleek@yahoowe.co.uk</a></td>
<td>0896524044</td>
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<tr>
<td></td>
<td>Julia M. Nyasounda</td>
<td><a href="mailto:juliasounda@yahoo.com">juliasounda@yahoo.com</a></td>
<td>0896524044</td>
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<tr>
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<tr>
<td>13</td>
<td>T. Hunter</td>
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<td>Samantha's Purse</td>
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<td>Jerry J. Hotelik</td>
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<tr>
<td>29</td>
<td>PPAI</td>
<td>Ruth L. Kautz</td>
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<td>Johnson &amp; Kee</td>
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<td>HOPE</td>
<td>Aisha O. Bruce</td>
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<td>DR. Agyeiko-Buy</td>
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