

Women Deliver

**RESPECTING, PROTECTING, AND
FULFILLING OUR SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS
A Toolkit for Young Leaders**

C Exchange Youth Initiative

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ABBREVIATIONS & ACRONYMS

AAAQ: availability, accessibility, acceptability, and quality

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

CRC: Convention on the Rights of the Child

CSE: comprehensive sexuality education

CSO: civil society organization

HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome

ICCPR: International Covenant on Civil and Political Rights

ICESCR: International Covenant on Economic, Social and Cultural Rights

ICPD: International Conference on Population and Development

IEC: information, education, and communication

INGO: international non-governmental organization

LGBTQIA: lesbian, gay, bisexual, transgender, queer, intersex, asexual, ally

MDG: Millennium Development Goal

MOH: Ministry of Health

MP: Member of Parliament

NGO: non-governmental organization

SRH: sexual and reproductive health

SRHR: sexual and reproductive health and rights

SRR: sexual and reproductive rights

STI: sexually transmitted infection

UDHR: Universal Declaration of Human Rights

UN: United Nations

UNAIDS: Joint United Nations Programme on HIV/AIDS

UNDP: United Nations Development Programme

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

WHO: World Health Organization

Introduction

People under 30 years old – like you – make up over half of the world’s population, which totals to an impressive 3.5 billion individuals.¹ Your access, choices, and opportunities regarding education, employment, and health care not only define your lives at present, but will influence everyone’s future. The impact of globalization coupled with the rising popularity of social media has also impacted your lives unlike any other generation before you; you are connected to one another in real time despite the oceans and continents that separate you, and you have a vast wealth of knowledge at your fingertips. For all of these reasons and more, young people are driving social progress and directly influencing the sustainability and resilience of your communities and nations.

Another distinguishing characteristic of your generation is that you are maturing earlier – physically and socially – than previous generations.² This factor underscores the importance of your right to lead healthy and fulfilled lives. This includes the ability to freely exercise control over one’s own body and sexuality, free from violence or coercion and regardless of one’s sexual identity, age, ability, or HIV status. It also means the respect, protection, and fulfillment of your sexual and reproductive health and rights (SRHR).

Yet young people – specifically young women – face significant barriers to accessing information about sexual and reproductive health (SRH) and realizing their rights. Gender inequality and harmful traditional practices and norms have a disproportionate impact on girls and women, and diminish their autonomy and compromise their access to resources, services, and education. Throughout their entire life, they suffer and survive violations to their sexual and reproductive rights (SRR). These rights violations cannot be tolerated any longer, and it’s up to you and your peers to make a difference.

Within the field of international development, there is increasing recognition that meaningfully involving young people in decision-making processes that affect their lives is key to addressing the health, rights, and well-being of adolescents and youth. This means asking young people about their needs, experiences, and perspectives at all levels, including policy-making, program-design, monitoring and evaluating, and budgeting. Further, it means *listening* to their answers in order to sustain progress.

THE BOTTOM LINE: You are the best spokesperson for your needs.

¹ EuroMonitor International. 2012. *Special Report: The World’s Youngest Populations*. (<http://blog.euromonitor.com/2012/02/special-report-the-worlds-youngest-populations-.html>).

² UNFPA. 2014. *The power of 1.8 billion: adolescents, youth and the transformation of the future*. (<http://www.unfpa.org/swop>).

Given opportunities to expand your capacities and skills, you and your peers can become agents of change. You can transform the discourse at the local, national, regional, and global level for the better – but you must take action and get involved.

Women Deliver seeks to harness the untapped potential and passion of young people like you. Our vision for the future is a world where:

- A critical mass of young people hold their governments accountable, and governments feel responsible to develop and implement the policies, resources, and programs necessary for young people’s health, rights, and well-being.
- Meaningful youth participation is the norm, based on the principle of “nothing about us without us.”
- The health, rights, and needs of young people are prioritized and sufficiently addressed in funding, programming, and policy.

The time is NOW – now more than ever before – for you to become a leader and demand the respect, protection, and fulfillment of your generation’s SRHR.

A Toolkit for Young Leaders

The purpose of this toolkit is to provide you with information and guidance in order to become a impactful, expert young leader for SRHR. Whether you have been involved in the field of SRHR for years or are brand new, this toolkit highlights important aspects of SRHR and provides numerous additional resources to build your knowledge and capacity to take action.

Divided into four major sections, each builds upon the previous:

SECTION 1: Appreciating Sexual and Reproductive Health and Rights

First, you will learn some background information on what SRHR mean, and how your rights must be respected, protected, and fulfilled. You will have the opportunity to explore the links and resources provided to learn more about some of the different treaties and instruments that serve to protect your rights. You will also read about why meaningful youth participation matters for young people's SRHR.

SECTION 2: Gathering Information and Evidence on Young People's Sexual and Reproductive Health and Rights

Next, you will be guided through an investigation of the status of SRHR in your community and country. You will use the resources and links provided to research country-specific statistics, governmental policies, health programs, and campaigns related to young people's SRHR. You will also focus your attention on whether or not SRHR education and services are accessible and youth-centered. Throughout this section, you are encouraged to keep note of the issues you find particularly interesting or distressing.

SECTION 3: Affecting Change for Young People's Sexual and Reproductive Health and Rights

In this section, you will learn about what it means to respect, protect, and fulfill young people's SRHR by exploring different approaches to action – from raising awareness, to community organization, to advocacy for policy change. There are examples of tactics and strategies, as well as resources, for you to learn more about specific approaches and get you thinking about how you may want to take action.

SECTION 4: Developing a Strategy for Change

At this point, how you choose to use the information and evidence you have gathered on SRHR is up to you. You will learn about the basic components of developing a strategy for change. You'll think more about which issue within youth SRHR you want to focus on and the change you want to affect. You'll develop a goal, objectives, and key messages based on your target audience, and you will be

introduced to tactics that will allow you to effectively share your message and call to action. And finally, you will go through a brief explanation of key principles for an effective strategy, such as monitoring and evaluation, fundraising, and developing proposals so you have the tools to move forward on your own.

This toolkit is meant to actively engage you and inspire you to analyze young people's SRHR issues thoughtfully and strategically. You will find [CRITICAL QUESTIONS](#) throughout each section; you are encouraged to spend time considering them and potentially discussing them with your peers.

Throughout each section, you will also find [CASE EXAMPLES](#). These aim to further illustrate some of the concepts covered in this toolkit and, in some cases, highlight the work and lessons learned by some of Women Deliver's Young Leaders working on SRHR issues in their communities.

Finally, there are links to [RESOURCES](#) for you to seek additional information and guidance that is beyond the scope of this toolkit as well as a glossary included at the end.

We hope this toolkit inspires you to develop your skills as a young leader, be a spokesperson for your own needs, and change the world for girls, women, and young people in your community and around the world.

SECTION 1: Appreciating Sexual and Reproductive Health and Rights

When young people realize their sexual and reproductive health and reproductive rights, they are on a path to realizing their full potential as individuals and as actively engaged members of their communities and nations.

- The State of the World's Population 2014, UNFPA

The SRHR you are entitled to have been hard fought and won by leaders and organizations over time and around the world. The levels of access to these rights, including the environments that enable young people to realize their rights, is constantly evolving and remains a priority on the global agenda as countless individuals still endure violations to their SRHR. An understanding of SRHR and an appreciation for the the range of rights included under the SRHR umbrella is a first step in becoming a leader for young people's SRHR.

What is reproductive and sexual health?

Let's define these key health components of SRHR.

Reproductive health is defined as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the freedom to decide if, when, and how often to reproduce. Implicit in this is the right of men and women to be informed about and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice. This also includes the rights to be informed and have access to health-care services that will enable women to go safely through pregnancy and childbirth. Reproductive health care also includes sexual health, the purpose of which is the enhancement of life and personal relations.³

Sexual health is defined as a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.⁴

What are my rights?

In 1948, [The Universal Declaration of Human Rights](#) (UDHR) was adopted by the United Nations (UN) General Assembly. This milestone document sets forth a common standard of achievement for all people and all nations. It set out, for the first time, fundamental human rights to be universally protected.⁵

According to UDHR, **human rights** are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status. By virtue of being human, we are all entitled to our human rights equally, and without discrimination. These rights are all interrelated, interdependent, and indivisible.

³ International Conference on Population and Development (ICPD). 1994. *Programme of Action*. Chapter 7, A. Reproductive rights and reproductive health, paragraph 7.2., (<http://www.un.org/popin/icpd/conference/offeng/poa.html>).

⁴ WHO. 2002. *Sexual and reproductive health: gender and human rights* (sexual health working definition, which **does not** represent an official WHO position or definition), (http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/).

⁵ United Nations Human Rights. *Universal Declaration of Human Rights*. Official UN Universal Declaration of Human Rights Home Page, (<http://www.ohchr.org/en/udhr/pages/introduction.aspx>).

With this in mind, the human rights of young people include, among others:

- The right to life, liberty and security of person.
- The right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
- The right to education.
- The right to freedom of opinion and expression.
- The right to freedom of peaceful assembly and association.
- All are equal before the law and are entitled without any discrimination to equal protection of the law.
- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.
- Marriage shall be entered into only with the free and full consent of the intending spouses.

RESOURCES

For more information on the UN human rights documentation in your country, the human rights system, and to find out ways to get involved, go to:

- * [Human Rights by Country](#) webpage and [Civil Society Space and the United Nations Human Rights System – A Practical Guide for Civil Society](#), developed by the United Nations Office of the High Commissioner for Human Rights.

Details and specifications surrounding **reproductive rights** emerged in 1994, at the [International Conference on Population and Development](#) (ICPD) in Cairo. ICPD was a milestone in the history of population and development, as well as women's rights. At the conference, the world agreed that population is not just about counting people, but about making sure that every person counts.⁶ A total of 179 governments adopted the 20-year ICPD [Programme of Action](#), which set out to:

- Provide universal access to family planning and SRH services and reproductive rights;
- Deliver gender equality, empowerment of women, and equal access to education for girls;
- Address the individual, social, and economic impact of urbanization and migration; and
- Support sustainable development and address environmental issues associated with population changes.

ICPD's Programme of Action was a landmark agreement in history because it adopted a **rights-based approach**, placing women front and center, and explicitly recognizing that reproductive rights also belong to young people. It states that reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other relevant UN consensus documents. It was a movement away from problematic "population control" policies and

⁶ UNFPA. *International Conference on Population and Development*. (<http://www.unfpa.org/icpd>).

rhetoric to one that acknowledged the primacy of human rights to achieving sustainable development. These rights rest on the recognition of the basic right of all couples and individuals to:

- Decide freely and responsibly the number, spacing, and timing of their children – and to have the information and means to do so;
- Attain the highest standard of SRH; and
- Make decisions concerning reproduction free of discrimination, coercion, and violence.

In addition, it highlights that full attention should be given to promoting mutually respectful and equitable gender relations as well as meeting adolescents' educational and service needs to enable them to make informed, positive, and responsible decisions about their sexuality. In 2012, an ICPD Global Youth Forum was held in Bali, Indonesia as a part of the 20 year review of the ICPD Programme of Action. The Forum was the first UN-mandated process led by global youth, and hosted over 3,000 onsite and virtual delegates. The purpose of the Forum was to bring young people together to contribute to the outcome document, known as the [Bali Global Youth Forum Declaration](#).

A [Framework of Actions](#) for the follow-up to the *Programme of Action of the ICPD* beyond 2014 was recently released, which focuses on **five thematic pillars:**

1. dignity and human rights
2. health
3. place and mobility
4. governance and accountability
5. sustainability

The framework provides compelling evidence that strongly reinforces the groundbreaking focus of the ICPD, which places human rights and individual dignity at the heart of development and recognizes that the realization of individual rights and capabilities is a driver for all areas of development.

Unlike human and reproductive rights, there is currently no official internationally agreed definition of **sexual rights**, but sexual rights are protected through other human rights. Global advocates are leading an effort to clarify this definition at the UN right now and have proposed the following working definition of sexual rights in the meantime:

Sexual rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents. They rest on the recognition that all individuals have the right, free of coercion, violence, and discrimination of any kind, to:

- Achieve the highest attainable standard of sexual health;

- Pursue a satisfying, safe, and pleasurable sexual life;
- Have control over and decide freely, and with due regard for the rights of others, on matters related to their sexuality, reproduction, sexual orientation, bodily integrity, choice of partner, and gender identity; and
- Access the services, education, and information, including comprehensive sexuality education, necessary to do so.

CRITICAL QUESTION

→ How are young people's SRHR affected if age of consent laws bar adolescents under the age of 18 from accessing SRH services and information?

CASE EXAMPLE

Despite efforts to respect, protect, and fulfill young people's SRHR, egregious violations of human rights continue to be the norm for many young people.⁷

Consider the following:

- According to the Population Reference Bureau, an estimated 100 million to 140 million girls and women worldwide have undergone **female genital mutilation** and more than 3 million girls are at risk for this harmful practice each year on the African continent alone.⁸
- **Sexual and gender-based violence** is one of the most prevalent human rights violations worldwide. A 2013 review by the World Health Organization estimates that 36 per cent of women have experienced intimate-partner violence or sexual violence by a non-partner, with lower rates for men.⁹ Young girls and boys are particularly vulnerable, with wide-ranging negative consequences for the health and welfare of victims. Gender-based violence takes many forms, ranging from domestic-partner violence, rape, workplace harassment, female genital mutilation, trafficking, and in the worst case, murder.¹⁰
- **Child marriage** is a human rights violation that remains commonplace in many countries and most regions worldwide—even where laws forbid it. If current trends continue, an additional 142 million girls will be married before their 18th birthday by 2020. Between 2000 and 2011, an estimated 34 per cent of women between the ages of 20 and 24 in developing regions had been married or in union before age 18; further, an estimated 12 per cent had been married or in union before age 15.^{11,12}
- **Human rights** violations related to HIV status disproportionately affect HIV-infected young men and women, and include forced abortion and sterilization, travel and migration restrictions, criminalization of HIV transmission and exposure, drug use, selling sex or sex work, expulsion from school or a job, and mandatory HIV testing, registration, and forced treatment.¹³ In sub-Saharan Africa, females 15 to 24 are twice as likely as young men to be living with HIV.¹⁴

⁷ UNFPA. 2013. *UNFPA Strategy on Adolescents and Youth: Towards realizing the full potential of adolescents and youth*. New York: UNFPA. (<http://www.unfpa.org/resources/unfpa-strategy-adolescents-and-youth>).

⁸ Feldman-Jacobs, C., and D. Clifton. 2014. *Female Genital Mutilation/Cutting: Data and Trends Update 2014*. Population Reference Bureau Data Sheet, (<http://www.prb.org/Publications/Datasheets/2014/fgm-wallchart-2014.aspx>).

⁹ WHO. 2013. *Global and Regional Estimates of Violence against Women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO. (<http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>).

How are my rights respected, protected, and fulfilled?

The most important source of protection for SRR are international human rights instruments – such as treaties – which are **legally binding** obligations for States under international human rights law. These instruments act as a framework to discuss the provision of basic rights and entitlements for all human beings, including young people. The rights captured in these agreements, once ratified or agreed upon, are legal obligations that governments are bound by and have responsibility for ensuring through the development of policies and programs. The work of States towards implementing and guaranteeing the rights listed in instruments such as treaties are monitored by treaty bodies comprised of committees of independent experts.

- **RESPECT:** This means simply not to interfere with the enjoyment of the right to health.
- **PROTECT:** This means ensuring that third parties (non-state actors) do not infringe upon the enjoyment of the right to health.
- **FULFILL:** This means taking positive steps to realize the right to health.¹⁵

¹⁰ UNFPA. 2014. *The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future*. State of World Population. (<http://www.unfpa.org/swop>).

¹¹ United Nations Commission on Population and Development. 2014. Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development: Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014. Report of the Secretary-General; Forty-seventh session 7-11 April 2014 Item 3 of the provisional agenda. New York: United Nations Department of Economic and Social Affairs, Population Division.

¹² UNFPA. 2012. *Population Matters for Sustainable Development*. New York: UNFPA. (<http://www.unfpa.org/publications/population-matters-sustainable-development>).

¹³ (Original source as cited in UNFPA. 2014. *The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future*. State of World Population.) Joint United Nations Programme on HIV/AIDS and Lancet Commission: 2013. *Task Group on the Intersection between HIV and Sexual and Reproductive Health and Rights. 'Think Piece' on Connecting HIV and SRHR in the post-2015 development agenda*. (Unpublished).

¹⁴ Joint United Nations Programme on HIV/AIDS. 2013. *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013*. Geneva: Joint United Nations Programme on HIV/AIDS. (<http://www.unaids.org/en/resources/campaigns/globalreport2013/globalreport>).

¹⁵ WHO. 2007. *The Right to Health*. Joint Fact Sheet WHO/OHCHR/323. (http://www.who.int/mediacentre/factsheets/fs323_en.pdf).

RESOURCES

For information on some of the major treaties that protect young people's rights, go to:

- * [International Covenant on Civil and Political Rights \(ICCPR\)](#)
Human Rights Committee (1966)
- * [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#)
Committee on Economic, Social and Cultural Rights (1966)
- * [Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\)](#)
Committee on the Elimination of Discrimination against Women (1979 – and its optional protocol of 1999)
- * [Convention on the Rights of the Child \(CRC\)](#)
Committee on the Rights of the Child (1989 – and its optional protocol of 2000)

Other sources of protection for SRR are agreements reached by consensus through inter-governmental negotiations. Although not obligated by law, these agreements are accepted as human rights standards which States have a responsibility to fulfill. These agreements become international customary law and act as a blueprint for action at the country level by:

- Galvanizing resources for SRHR and connecting human rights to resources;
- Guiding policy and program development; and
- Providing a powerful tool for activists to hold governments accountable to commitments made at the international level.

These instruments, both legally and non-legally binding, serve to empower all individuals and offer a means to challenge and hold accountable those responsible for protecting these rights. This means that governments **must not violate** or interfere with young people's SRHR, **must ensure** that no other individual or institution interferes, and **must take appropriate action** to ensure that people have access to their rights. Not only do States have to take positive and measurable steps towards meeting these obligations, but they are not permitted to claim a lack of resources as a reason for not advancing the human rights of a country's people.

CASE EXAMPLE

In addition to the ICPD *Programme of Action*, the following are examples of important non-binding international agreements that have bearing on young people's SRHR:

BEIJING DECLARATION AND PLATFORM FOR ACTION

The Beijing Declaration and Platform for Action was adopted in 1995 at the Fourth World Conference on Women by 189 countries. The Platform reflected a new international commitment to the goals of equality, development, and peace for all women everywhere. It builds on commitments made during the United Nations Decade for Women (1976-1985) and on related commitments made in the cycle of UN global conferences held in the 1990s.

WORLD PROGRAM OF ACTION FOR YOUTH

In 1995, the UN strengthened its commitment to young people by adopting an international strategy, the World Program of Action for Youth. The Programme provides a policy framework and practical guidelines for national action and international support to improve the lives of young people. Key themes are participation, development, and peace.

UNITED NATIONS MILLENNIUM DECLARATION

At the Millennium Summit in 2000, 189 Member States agreed to help the world's poorest countries significantly by the year 2015. A framework for progress consisting of eight Millennium Development Goals (MDGs) was derived from the Millennium Declaration adopted by these world leaders.



MILLENNIUM DEVELOPMENT GOALS

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

The MDGs have served as a time-bound blueprint for reducing poverty and improving lives agreed to by all countries and all leading development institutions. They have guided and focused development priorities for governments, donors, and practitioner agencies worldwide (an example of this is the 2010 Muskoka Initiative, where G8 countries committed to mobilizing additional funding towards maternal, newborn, and child health).

The MDGs have succeeded in galvanizing the international community to action on key development goals and coming to agreement on specific measurable goals. However, a critical omission under the MDGs was a failure to address gender-based violence, abortion rights, and sexual health and rights (including gender identity and sexual orientation, or the needs and rights of young people); instead defining reproductive health solely under the purview of maternal health.¹⁶

And while enormous progress has been made towards achieving the MDGs, this progress has been uneven and not all goals will be met by the deadline. As the 2015 target for achievement of the MDGs approaches, the UN system is working on an ambitious post-2015 development agenda.

EVERY WOMAN EVERY CHILD

Launched by UN Secretary-General Ban Ki-moon during the United Nations MDGs Summit in September 2010, Every Woman Every Child aims to:

- Save the lives of 16 million women and children by 2015;
- Prevent 33 million unwanted pregnancies;
- Protect 120 million children from pneumonia and 88 million children from stunting;
- Advance the control of deadly diseases such as malaria and HIV/AIDS; and
- Ensure access for women and children to quality facilities and health workers.

This global effort mobilizes and intensifies international and national action by governments, multilaterals, the private sector, and civil society to commit to addressing the major health challenges facing women and children around the world. The effort puts into action the Global Strategy for Women's and Children's Health, which presents a roadmap on how to enhance financing, strengthen policy, and improve service on the ground for the most vulnerable women and children.

¹⁶ Development Alternatives with Women for a New Era (DAWN). 2012. *Breaking Through the Development Silos: Sexual & Reproductive Health & Rights, Millennium Development Goals & Gender Equity*. (<http://www.dawnnet.org/uploads/documents/SRHR.pdf>).

CRITICAL QUESTION

→ There are numerous other important international agreements, such as the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993. What are others you can think of? How have any of these agreements impacted you, your community, and your country?

Why is meaningful youth participation important for my health and rights?

Meaningful youth participation encompasses the range of processes that empower young people to take an active role in all stages of decision-making that affects their lives and their SRHR. It also means that young people are provided the opportunity to act in leadership positions to address and promote issues that are important to them. It is not about “tokenism,” meaning that young people are involved in processes only at the surface level but are not actually able to exert any influence. Nor is it about exclusivity, where only a specific group of young people is invited to attend and participate in decision-making spaces.

Young people have the right to be involved in the decisions that affect them.

Rather, meaningful youth participation and sustainable youth leadership for SRHR involves recognizing the wide diversity of young people’s perspectives and experiences. Young people are not homogenous. There is no “representative” young person.

Countries must invite young people to have a seat at the table as a first step. Then, through expansion of participation to all levels of decision-making about programs and policies affecting their SRHR, young people can affect positive change.

Equally important is commitment by young leaders, like you, to share power and actively reach out to others who are otherwise not included (especially to marginalized and vulnerable populations of young people). Integrating diverse perspectives in SRHR issues is critical to achieving political and social change that is sustainable and pervasive.

CRITICAL QUESTION

→ What are some opportunities for young people to meaningfully participate in SRHR-related issues in your community and country?

RESOURCES

There are many rich reports and publications that highlight different aspects of global youth and SRHR issues. Some specifically call for meaningful youth participation; the following are a sample of such:

- * [The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future](#). The State of the World's Population (2014). UNFPA.
- * [The Post-2015 Development Agenda and Young People: Policy Briefs](#) (2014). Youth Coalition for Sexual and Reproductive Rights.
- * [Youth in Development Policy](#) (2012). USAID.

SECTION 2: Gathering Information and Evidence on Young People's Sexual and Reproductive Health and Rights

Education is the most powerful weapon which you can use to change the world.

- Nelson Mandela

The entitlement to SRHR granted to young people in the human rights documents outlined previously does not always equate their realization. There are lots of reasons for this, including – but not limited to – cultural and gender norms, economic and social class factors, and geographical barriers, which can vary both across countries and within countries’ urban and rural areas.

Research on key indicators and government policies related to young people’s SRHR is necessary in order to measure the extent of rights’ violations in your country. Gathering information on what organizations are doing to support young people’s SRHR, how accessible SRH information and education is, and the degree of effective coverage of youth-friendly SRH services is important in order to assess young people’s needs and gaps in services. And perhaps, most importantly, collecting evidence from young people themselves regarding their experiences, perspectives, and opinions on SRHR and their ability to meaningfully participate in the processes that affect their SRHR is a critical next step.

As you move through each component in this section, investigate how your own understanding and experience compares to your findings of what is happening in your community, in different parts of your country, and in your country as a whole. Then, think about how all of this compares and contrasts to other countries in your region of the world and the global collective.

Remember, even if you have been working in the SRHR field for some time, researching and reviewing new evidence and trends is critical. New reports and studies are released constantly; you need to be well-informed on the most current facts, best practices, and status of SRHR. Take the time to understand emerging issues, policies, programming, evidence/data, and the public discourse about SRHR and youth participation.

What do statistics indicate about young people’s SRHR?

There are various organizations and entities that collect, analyze, and publish data on country-specific SRHR related issues to inform policies and program purposes. Search for **key indicators** associated with young people’s SRHR in your country and compare them to your community experience and regional and global data. Start by looking at your country’s government’s websites, especially through the Ministry of Health or Population Welfare, Ministry of Women’s Affairs, Ministry of Youth and Sports, Ministry of Education, Office of Adolescent Health, and others. Then take a look at any of the following websites to find comparable and/or additional information:

- [Demographic and Health Surveys \(DHS\) Program](#)
- [Population Reference Bureau](#)
- [World Health Organization \(WHO\)](#)
- [United Nations Statistics Division](#)
- [UNICEF Country Statistics](#)
- [UNFPA Country Profiles, Statistics and Indicators for Population and Reproductive Health](#)

In your search, pay particular attention to finding information on the following aspects of young people's SRHR:

- Adolescent birth/fertility rate
- HIV prevalence rate for young women and men
- Number and rate of cases of major curable sexually transmitted infections (STIs)
- Maternal mortality ratio
- Contraceptive prevalence rate
- Unmet need for contraception or family planning

In addition, see if you can find information and statistics regarding:

- Female genital mutilation/cutting
- Early/forced (child) marriage
- Gender based violence, including acid violence or acid attacks/throwing
- Child labor and human trafficking
- Primary, secondary, and tertiary education enrollment and completion rates for girls/young women and boys/young men

What are other SRHR topics you want to learn more about?

Visit the **glossary** at the end of this toolkit for a list of terms and accompanying definitions.

Once you have reviewed the information you collected, consider the following questions:

- What does this data tell you about the status of young people's SRHR in your country?
- How does this data illustrate what it means to be a boy/young man in your country? A girl/young woman?
- How easy – or difficult – was it to find this data? And to understand the data as it pertains to age and gender (i.e., was the data disaggregated)?
- What are key similarities and differences between your country's key indicator statistics and global ones? What about different regions of your country?

CRITICAL QUESTIONS

→ Did you find any discrepancies between statistics listed on your country's governments' websites and other global websites (like DHS, UNICEF, or WHO)? If so, why do you think there are differences? Which statistics do you think are correct?

THE CRITICAL IMPORTANCE OF RESPECTING, PROTECTING, AND FULFILLING GIRLS' RIGHT TO EDUCATION

All girls and boys have the right to education. Yet, despite all the research showing the health, and other, benefits of attending and staying in school, the number of children out of primary school in 2011 was still 57 million.¹⁷

Research also indicates that school has particular benefits beyond just a girl's basic education. For example, the longer a girl stays in school, the greater the chance that she uses modern contraception if she does have sex, and the lower the chance that she gives birth as an adolescent.¹⁸ The risk of HIV infection and of risky sexual behavior is reduced when a girl stays on through secondary school.¹⁹

What factors weigh heavily on girls being able to stay in school and complete their education? What affect can menstruation, school fees, and child marriage have? And why are schools sometimes an unsafe place for girls in particular to be?

Which public policies affect young people's SRHR?

In any society, governmental entities enact laws, make policies, and allocate resources. This is true at all levels. **Public policy** can be generally defined as a system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic – including young people's SRHR – developed by a governmental entity or its representatives.²⁰

¹⁷ UNESCO. 2014. *Education for All Global Monitoring Report 2013/14: Teaching and Learning, Achieving Quality for All*. Paris: United Nations Educational, Scientific, and Cultural Organization. (<http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2013/>).

¹⁸ (Original sources as cited in UNFPA. 2014. *The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future*. State of World Population.)

Greene, M. E., O.J. Robles, A. Amin, and J. Svanemyr. 2014. *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health and Rights: What Do We Know about What Works?* (Unpublished).

United Nations Commission on Population and Development. 2014. *Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development: Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014*. Report of the Secretary-General; Forty-seventh session 7-11 April 2014 Item 3 of the provisional agenda. New York: United Nations Department of Economic and Social Affairs, Population Division.

¹⁹ (Original source as cited in UNFPA. 2014. *The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future*. State of World Population.) Greene, M. E., O.J. Robles, A. Amin, and J. Svanemyr. 2014. *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health and Rights: What Do We Know about What Works?* (Unpublished).

²⁰ National Violence Against Women Prevention Research Center. 2000. *Definitions of Public Policy and the Law*. (<https://mainweb-v.musc.edu/vawprevention/policy/definition.shtml>).

Your country's policies may have unique names and may be categorized as either policies, laws, or guidelines, but could also be classified as plans, schemes, curricula, frameworks, roadmaps, or strategies. Keep in mind that specific SRHR issues may also be contained within broader policies on health, education, gender equality, or employment, so make sure to check out these other policy areas in your search.

Explore your country's current national policies related to SRHR, including a review of international or regional SRHR commitments your country has made. Search for information on your government's websites to find information on the following:

- A national health plan, with information on how much your government is spending on health (e.g., the annual expenditure from the government's domestic budget) and whether your country has a decentralized health system (this means that your national policies can be further endorsed and adopted at the provincial, district, and other subnational levels).
- A national SRH plan, strategy, or roadmap.
- Policies on how to deliver SRH services, such as a minimum benefits package that provides individuals with access to health services free of charge.
- Guidelines and standards for adolescent and youth-friendly health services.
- Parental consent and/or age of consent laws as they relate to safe abortion, access to contraception, and marriage.
- HIV/AIDS reporting and partner notification laws.
- National comprehensive sexuality education curriculum and standards.
- Policies and a legal framework addressing gender-based violence.
- Child labor and human trafficking laws.

What are other SRHR policies you want to learn more about?

CRITICAL QUESTIONS

→ What can an individual do if their rights are violated?

→ What kinds of accountability mechanisms are in place in support of your country's public policies?

Once you have reviewed the information you collected, consider the following questions:

- What can you interpret about young people's SRHR based on findings of your country's policies and guidelines? How easy – or difficult – was it to find policies related to young people's SRHR?
- Can you derive if young people participated in the creation of any of the policies? How are they involved in the monitoring and implementation of them?
- Are the policies, plans, and strategies current and up-to-date? Do any of them have a timeframe with an end date that is quickly approaching? Or, worse, that has expired without much progress?
- Do the policies contain outdated information or information that contradicts best practice standards? Or do they have gaps or items missing that you feel need to be addressed and included?
- Are there any new or particular policies in place of which you were unaware? Are these sound and helpful policies that have not been implemented?
- Are there examples of policies successfully implemented in other countries that you know of that are applicable to your country's SRHR situation?

CRITICAL QUESTIONS

→ How well do your country's public policies meet your interpretation of the reality of young people's SRHR needs?

What programs are being implemented for young people's SRHR?

When public policy does not entirely respect, protect, and fulfill young people's SRHR, organizations and institutions will step in to fill those gaps with services and programs or efforts to improve public policy through education, advocacy and campaigns, or mobilization of key interest groups.

There is a wide array of actors at the global, national, and local levels involved in improving young people's SRHR, with varying levels of impact and influence. Find out which organizations are working in your country and what exactly it is they are doing. In your effort to learn more about their work, you might want to ask the following questions:

- When were they founded and why? What is their history and purpose? Mission and vision?
- Are they a non-profit or for-profit organization?
- Who provides funding for their work?
- Does your government endorse or support their work?
- What has been their impact? What lessons have they learned?
- What specific target groups do they serve? Is serving youth one component of their overall efforts or their main focus?
- What SRHR issues do they cover in particular?
- How are local people – especially youth – involved in the design, implementation, and monitoring of the work?

Look into the work of major **UN** programs, funds, and entities in your country:

- [United Nations Children’s Fund](#) (UNICEF)
- [United Nations Development Programme](#) (UNDP)
- [United Nations Population Fund](#) (UNFPA)
- [Joint United Nations Programme on HIV/AIDS](#) (UNAIDS)
- [UN Women](#)

Next, research the various international non-governmental organizations (**INGOs**) and non-governmental organizations (**NGOs**) that are working in your country on SRHR issues. A few INGOs to learn about include:

- [amfAR](#)
- [Amref Health Africa](#)
- [CARE](#)
- [EngenderHealth](#)
- [Family Care International](#)
- [FHI 360](#)
- [Guttmacher Institute](#)
- [Human Rights Watch](#)
- [International Center for Research on Women](#)
- [International Planned Parenthood Federation](#)
- [Jhpiego](#)
- [Management Sciences for Health](#)
- [Marie Stopes International](#)
- [Save the Children](#)
- [Pathfinder International](#)
- [Population Action International](#)
- [Population Council](#)
- [Population Services International](#)
- [Women Deliver](#)
- [World Vision](#)

What are there others you can think of? Do you know of other country-specific or local NGOs that focus on young people’s SRHR? How are they similar or different from the INGOs working in your community?

Finally, research **coalitions, networks, alliances, and partnerships** working on young people’s SRHR issues. These are organizations that bring together partners for a common cause. It is likely that some of the INGOs and NGOs you learned more about are members of coalitions and partnerships. Coalitions can have a significant impact across a range of global health and development issues. Because coalitions represent the voices of many, they are often more effective and efficient at

advocating for certain issues – like public policies – and taking on more controversial issues that might be difficult for any single organization to tackle alone.²¹ Coalitions to investigate include:

- [Advocates for Youth](#)
- [Association for Women’s Rights in Development](#)
- [CHOICE For Youth & Sexuality](#)
- [Curious Minds](#)
- [dance4life](#)
- [Global Youth Coalition on HIV/AIDS](#)
- [Girls Not Brides](#)
- [HIV Young Leaders Fund](#)
- [International Women’s Health Coalition](#)
- [Interagency Youth Working Group](#)
- [Restless Development](#)
- [YouAct](#)
- [Youth Coalition for Sexual and Reproductive Rights](#)
- [White Ribbon Alliance](#)
- [World YWCA](#)

Are there others you can think of? Do you know of other country-specific or local coalitions or networks? What about coalitions specific to men’s and boys’ SRHR issues?

- Explore organizations’ websites for information on young people’s SRHR issues that especially interest you. Many websites have a “Resources” or “Publications” section with links to the latest reports and factsheets.
- Utilize the **search engine** if the website has one to search keywords such as “youth,” “HIV,” “contraception,” “STI,” and other terms – including the name of your country.
- Some organizations’ websites have a periodic **newsletter** you can sign up to receive updates and breaking news to your personal email address.

Once you have reviewed the information you collected, consider the following questions:²²

- Can you identify any common priorities or issues emerging from both government and organizational efforts?

²¹ The NCD Alliance. 2013. *Non-Communicable Diseases: Join the Fight*. An Online Advocacy Toolkit. (<http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>).

²² The White Ribbon Alliance. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. (http://pdf.usaid.gov/pdf_docs/PNADH636.pdf).

- Do you see duplication of effort—or gaps—in the attempt to improve young people’s SRHR in your country?
- Are there gaps in coverage of priority issues, geographical areas, provision of services, or communities served?
- Do you see efforts between the government and organizations that are contradictory to each other?
- Is there a difference in SRHR priorities amongst organizations?
- Is there a lack of political will, community awareness, or availability of resources needed to address SRHR issues?

CRITICAL QUESTION

→ Are there organizations or efforts working in opposition of improving or expanding young people’s SRHR in your community or country? Does this complement or oppose policies or public attitude?

Do not let your research overwhelm you. Consider joining a reputable coalition where you can actively engage with others who are passionate about young people’s SRHR. This way, you can build your connections and relationships with the organizational and individual members while gaining a better understanding of the issues and network of actors within the field.

CASE EXAMPLE

Using Social Media to Connect and Exchange Information on Young People’s SRHR

Social media tools – such as blog posts or social networking websites – allow users to create, share, or exchange information, ideas, and pictures/videos in virtual communities and networks. They are great resources that connect individuals to one another in real time all around the world.

Organizations use social media as communications and mobilization tools within their programs and campaigns, sometimes exclusively to reach out to the youth population. On organizations’ websites, you will probably see icons for social networking websites – like Facebook and Twitter – right on their homepage. Clicking on those icons will direct you to their respective social media webpages.

From blogs to Flickr, each social networking outlet offers different options for how to exchange information and connect with other users. For example, Facebook offers various categories of their profile pages – such as personal pages, organizational pages, and Groups and Causes. On the other hand, Twitter allows you to share your thoughts, 140 characters at a time. These short posts – or “Tweets” – are usually one thought, question, or piece of news. Some of the more commonly used social media outlets include:



Others you may also have heard about include:



Are there others you can think of? Which ones do you personally belong to?

If you are unfamiliar with any of the social media outlets listed above, take some time to visit their websites. Check out the way different organizations are using social media for their programs and campaigns. Start by exploring Women Deliver's social networking websites – get connected and share your thoughts:

- [Youth Blog](#)
- [Twitter](#)
- [Facebook](#)
- [YouTube](#)
- [Flickr](#)

When viewing different organization's social networking webpages, consider the following questions:

- What are the advantages and disadvantages organizations face in using social media?
- How effective do you think social media is when used in conjunction with an organization's program or campaign?
- How can you tell if information presented on social networking outlets are grounded in evidence or if they are someone's personal opinion?
- What are some of the dangers of using social media to be aware of?

Also, you may want to take a look at who else each organization is connected with on their social networking websites. For example, if you are on Twitter, who is following the organization? Who is the organization following in turn? On Facebook, who "likes" the organization and who is sharing or commenting on any of the organization's posts? Reach out to or follow others who are already connected to organizations whose work you respect and support.

How accessible is SRH information and education to young people?

Young people must have the knowledge, skills, and tools needed to make safe and informed decisions about their sexual and reproductive lives. Yet, in many parts of the world, a combination of social taboos, unavailability of reliable information, and a lack of resources and infrastructure make access to sexuality education difficult. Young people face inaccurate and/or fear-based information about sex and relationships. Discussing sexuality-related issues is met with shame and embarrassment, and is often avoided. All of this leaves young people vulnerable to coercion, abuse, exploitation, unintended pregnancy, and STIs/HIV.²³

Young people have a right to **comprehensive sexuality education** (CSE) that will enable them to make unbiased and informed decisions about their sexuality. CSE should be made available to all young people regardless of marital status, ability, access to formal educational settings, or rural or urban settings.

²³ UNESCO. 2009. *International Technical Guidance on Sexuality Education*. (<http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/international-technical-guidance-on-sexuality-education/>).

Young people's right to CSE is protected under a number of legally and non-legally binding human rights instruments and international agreements, including CEDAW, CRC, ICESCR, ICCPR, the ICPD Programme of Action, and the UN General Assembly Special Session Declaration of Commitment on HIV/AIDS.

CSE should: ²⁴

- Be taught over several years, introducing age-appropriate and scientifically accurate information that is consistent with the evolving capacity of young people.
- Include information about human development, anatomy and pregnancy, and contraception and STIs, including HIV/AIDS.
- Go beyond information and encourage confidence and improved communication skills in young people, while addressing social issues surrounding sexuality and reproduction, including cultural norms, family life, and interpersonal relationships.
- Integrate human rights issues, gender equality, and gender roles into every aspect of CSE. This includes human rights protection, fulfilment, and empowerment; the impact of gender discrimination; the importance of equality and gender-sensitivity; and the ideas underlying gender roles.
- Include discussions regarding sexual abuse, gender-based violence, and harmful practices.

Young people need to be involved in the development, implementation, and monitoring of CSE programs. As recipients of CSE, it must be taught and discussed in a safe and nonjudgmental environment. Young people must also be mindful of their own biases and judgments, challenging themselves and others who may stigmatize or stereotype individuals for their choices. You and your peers must treat one another with respect and support.

CRITICAL QUESTION

→ What do you think about when you see or speak with teen parents? Young people who choose abstinence until marriage? Someone who is HIV+? Individuals who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or an ally (LGBTQIA)?

²⁴ UNFPA. 2014. *Comprehensive sexuality education*. (<http://www.unfpa.org/comprehensive-sexuality-education>).

School-based groups and academic institutions are a central place for young people to learn and discuss SRHR. Consider the following questions in your evaluation of young people's access to and involvement in CSE in your community and country:

- Is non-discriminatory, rights-based, gender-responsive CSE included and implemented in primary and secondary education curricula and implemented? Are young people participating in the process of developing the content of CSE to ensure it responds to their needs?
- What are the public policies pertaining to CSE? Is there political or public opposition to CSE for young people?
- Are there specific programs or campaigns being conducted by organizations to promote or provide CSE? If so, which organizations are involved? And who is funding these programs?
- Do teachers receive special training to provide CSE? Are schools inviting parents and guardians to discuss the importance of CSE for young people?
- What about young people who are not in school? Are there CSE programs for them? Are they effective?
- Do CSE programs establish clear linkages with your health system? Does it explain and link to youth-friendly health services?
- What changes or improvements are needed to guarantee young people's right and access to CSE?

RESOURCES

For more information on sexuality education, take a look at the following sample of curricula and resources:

- * [It's All One Curriculum, Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education](#), developed by the International Sexuality and HIV Curriculum Working Group. This two-book curriculum provides the essential elements for developing a rights-based, gender-sensitive, and participatory comprehensive sexuality education program.
- * [Sex Education Resource Center](#), developed by Advocates for Youth. There are policy and advocacy facts and tools for sex education advocates and lessons, curricula, and other resources for sex educators.
- * [I AM GREAT! Great Project Scalable Toolkit](#), developed by Pathfinder International. This collection of materials aims to help adolescents and adults learn and talk about their bodies, reproductive health, gender-based violence, gender roles, and equality. The materials also include information on how to act to support changes in the home and community for adolescents.
- * [International Technical Guidelines on Sexuality Education](#), developed by UNESCO in partnership with UNAIDS, UNFPA, UNICEF, and WHO. Based on a review of evidence on sexuality education programs, this two volume publication is aimed at education and health sector decision-makers and professionals to develop and implement school-based sexuality education materials and programs.
- * [IPPF Framework for Comprehensive Sexuality Education](#), developed by the International Planned Parenthood Federation. This document provides an in-depth overview of CSE and aims to inspire thought and spark discussion by providing a basic planning framework for CSE. It also includes in-depth resources and sample curricula.

CASE EXAMPLE

Two of Women Deliver's Young Leaders are working on improving young people's access to SRHR information and services in their respective communities in Uganda. The following are short passages from their blogs, highlighting their discoveries and approaches to actively involving young people in their efforts.

Highlights from the FRESH Campaign | Written by Nargis Shirazi

Running the FRESH Campaign has been an adventure [FRESH: Fully and Richly Empowered About Sexual Health Campaign, a project that uses social media to address the unmet need for youth friendly SRHR information services for urban and slum youth in Uganda]!

One of the highlights of my program was the launch. It was launched at a family planning conference put on by the Ministry of Health and Marie Stopes. UNFPA Uganda also played a great role in ensuring we had all we needed to make it a success. The second highlight is the unbelievable number of myths and misconceptions that we collected. I personally had no idea that they were so many...some of the myths we encountered were:

- Washing one's private parts with coke after sex prevents pregnancy and restores a girl's virginity.
- Having sex early or with at least four boys helps girls' breasts grow big.
- Having sex in a pool or lake helps prevent pregnancy.
- A boy can only be initiated to teen hood after having sex with an older woman.
- Jumping up and down after sex prevents pregnancy.
- Drinking detergent can help terminate a pregnancy.
- When older men have sex with teenagers, this helps them stay young and fit.
- The lubrication in condoms causes cancer.
- One cannot wear a condom while breaking a girl's virginity because it will tear.

We started the FRESH clubs and are hoping and working towards ensuring that these clubs spread in the slum communities of Kampala.

To read this blog in its entirety, [click here](#).

The Power of Peer Education | Written by Humphrey Nabimanya

From a survey that we at Reach a Hand Uganda (RAHU) conducted last year, nearly 85% of young people, ages 15-24, think that there is a need for them to freely access information on SRH. Young people face issues like unwanted pregnancies, STIs, and cross-generational sex and, therefore, require full access to SRH information and services to protect themselves.

In January 2014, we started the first ever Peer Education Academy in Uganda – a unique initiative to empower young people with life development skills, self-awareness skills, and SRHR information. Through this program, we trained 50 young people (23 female and 27 male) in peer education; counseling and guidance; SRHR; drug, alcohol, and substance use; and integration of social media and sexuality education.

The Peer Education Academy uses a multiplier effect that assumes a cascade model of behavior change. Under this approach, behavior change starts with the academy-trained peer educators. The peer educators are attached to different mentors who guide them during a seven-month program. The 50 trained peer educators have been able to directly reach 13,647 young people (8,903 female and 4,744 male) with SRHR information and skills through in-school focus group discussions, school activities, and youth health camp.

The peer educators have become agents of change. They have conducted peer learning sessions in schools and empowered young people to become SRHR champions by passing on the information to the rest of the school during assemblies, debates, and parents-teachers meetings.

To read this blog in its entirety, [click here](#).

What is the degree of effective coverage of youth-friendly SRH services?

Young people's right to health means that governments must create conditions in which everyone is enabled to be as healthy as possible. One of these conditions is the effective coverage of health services, which includes SRH services and implies that services are available, accessible, acceptable, and quality (AAAQ).²⁵

²⁵ WHO. 2007. *The Right to Health*. Joint Fact Sheet WHO/OHCHR/323. (http://www.who.int/mediacentre/factsheets/fs323_en.pdf).

AAAQ²⁶

AVAILABLE: health care facilities are functional and offer the necessary goods, services, and programs in sufficient quantity.

ACCESSIBLE: health facilities, goods, and services are accessible to everyone and are also non-discriminatory, physically accessible, and economically accessible (affordable).

ACCEPTABLE: health facilities, goods, and services must be respectful of medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements.

QUALITY: health facilities, goods, and services must be scientifically and medically appropriate and of good quality.

SRH services should offer young people choices and include:²⁷

- SRH counseling
- Contraceptive counseling and provision (including emergency contraception)
- Abortion services and post-abortion care
- STI (including HIV) prevention, testing, and counseling services
- Prenatal and post-partum services
- Sexual abuse counseling
- Relationship and sexuality counseling

And young people need these services provided in a youth-friendly manner and, ideally, utilizing a youth-centered approach in their design.²⁸ **Youth-friendly service delivery:**²⁹

- Is about providing health services based on a comprehensive understanding of what young people in any given society or community want and need.
- Is based on an understanding of, and respect for, the realities of young people's diversity and sexual rights.
- The information, counseling, and services offered should be accurate, comprehensive, and provided in a non-judgmental environment that guarantees young people's right to confidentiality and privacy regardless of age, sex, or marital status.

²⁶ WHO. 2007. *The Right to Health*. Joint Fact Sheet WHO/OHCHR/323. (http://www.who.int/mediacentre/factsheets/fs323_en.pdf).

²⁷ International Planned Parenthood Federation. 2014. *Young people and adolescents: Youth-friendly services*. (<http://www.ippf.org/our-work/what-we-do/adolescents/services>).

²⁸ International Planned Parenthood Federation. 2013. *Love, Sexual Rights and Young People: Learning from our peer educators how to be a youth-centred organisation*. (http://www.ippf.org/sites/default/files/ippf_lsr-yp_full_020813.pdf).

²⁹ Ibid.

Access to youth-friendly SRH services should also be integrated whenever possible. At the point of service delivery, this means that young people seeking health care and information will be able to have their other needs met in a manner that is accessible, acceptable, and convenient. Integration should include prevention of ill-health alongside other SRH health care services and information, including counseling, screening, diagnosis and curative care, and other health care needs.³⁰ If this is not possible, appropriate referral systems need to be in place. Integrated services increase the effectiveness and efficiency of health systems and also recognizes the barriers to accessing care.

Think of some of the barriers young people face in obtaining youth-friendly SRH services in your community and country. Consider the following questions:

- Are there geographic barriers because there are just not enough health facilities in rural areas of your country?
- Are there financial barriers because the cost of health services is too high?
- Do the health facilities have limited numbers of health workers or infrastructure? Are there long lines to wait in when visiting health facilities?
- Are there stock outs of contraceptives young people need? Or limitations pertaining to choice and/or preference of contraceptive?
- Are the health facilities' hours of operation inconvenient and clash with school hours?
- Are health workers rude, dismissive, or disrespectful to young people seeking health services?

Now, ask yourself:

- How are young people involved in determining the content, scope, and monitoring and evaluation of youth-friendly services in your community and country?
- What kind of governmental support is there for youth-friendly SRH services in your country? For example, does your government provide funding for it? Does it sponsor programs to train health workers on the principles of youth-friendly SRH services?
- Are there specific programs or campaigns being conducted by organizations in your community and country to promote or provide youth-friendly SRH services?

CRITICAL QUESTION

→ What changes or improvements are needed in your community and country to guarantee young people's right to effective coverage of youth-friendly SRH services?

³⁰ WHO. *Integrated Health Services - What And Why?* (http://www.who.int/healthsystems/technical_brief_final.pdf).

RESOURCES

For more information on youth-friendly health services and delivery, take a look at the following sample of guidelines and resources:

- * [Best Practices for Youth Friendly Clinical Services](#), developed by Advocates for Youth. This paper provides research-based information on youth friendly clinical services – specifically for family planning clinicians and other professionals who provide health care for youth – and offers an overview of the recent medical and public health literature regarding key components of youth friendly clinical services.
- * [Provide: Strengthening youth-friendly services](#), developed by IPPF. This tool is intended to support service providers in rethinking the services they provide for young people. It provides a route map which leads to high quality service delivery and is part of the *Inspire* resource pack on young people's SRH services and programs.
- * [Making Your Health Services Youth-Friendly: A Guide for Program Planners and Implementers](#), developed by Population Services International. The guide provides an overview of the global need for youth-friendly service provision and key recommendations for developing/strengthening SRH services so that providers are better able to engage and retain young people in care. The guide will help you assess your services, identify gaps, and develop action plans using tools that have been adapted from existing best practices. It also provides three youth-friendly services checklists, adapted from existing tools that have been deemed best practices. The checklists can help you evaluate a service at the service delivery site, assess the client-provider relationship, and measure client satisfaction through talking to youth.
- * [Clinic Assessment of Youth-Friendly Services: A Tool for Improving Reproductive Health Services for Youth](#), developed by Pathfinder International. This tool helps program managers and clinicians determine the extent to which current reproductive health services are youth-friendly. Results from the tool can be used to tailor services to better meet the needs and preferences of young people. There are also publications developed by Pathfinder International on [Making Reproductive Health Services Youth Friendly](#) and [Health Facility Programs on Reproductive Health for Young Adults](#).

CASE EXAMPLE

Promoting the SRHR of Adolescent and Young Mothers

Cecilia García Ruiz, a Women Deliver Young Leader, blogs about her work with the Adolescent and Youth Motherhood Project (AYMP) in Mexico:

It is important that human rights advocates have a deep understanding of the diverse realities, needs, interests and expectations of the populations they seek to benefit and reach. When working with adolescent and young mothers the first lesson to be learned is: do not take anything for granted. This means, for instance, that we cannot assume that adolescent and young mothers have more information and tools to access quality SRH services than any other young person in their community. Misconceptions about their experiences with the healthcare system are common. Very often, we find that a significant percentage of these young women have faced discrimination and violence from health providers, education workers, peers, and even members from their own families and communities.

Given this context, creating friendly and safe spaces for adolescent and young mothers to interact, bond, and learn about their SRHR is essential. Moreover, in the continuum of SRHR advocacy, these young women become allies and key stakeholders in the efforts to develop more and better SRH health policies, including effective accountability mechanisms. In other words, different areas of opportunities should be explored to continue to improve access to modern contraceptives, family planning services, timely STI testing, as well as comprehensive sexual health services.

The second lesson to be learned is: the needs of adolescent and young mothers are linked to their children's needs. Traditional gender roles and stereotypes have left adolescent and young mothers with the burden of child-rearing activities with little, and sometimes no, involvement from their male partners. While family and community networks play an important role in this sense, we should not forget that the government has a direct responsibility as well.

Last but not least, adolescent and young mothers are entitled to use their voice and to participate in decision-making processes within their families, their communities, and their countries. Empowering and fostering the economic, political, and bodily autonomy of these young women means building their capacity to exercise and enforce their rights. This is one of the key components of the AYMP. We have taken the first step, but changes do not happen overnight. We must continue our efforts – carrying out sustainable and replicable strategies and involving more constituencies in the process.

To read this blog in its entirety, [click here](#).

What are young people’s perspectives of their SRHR needs?

In the absence of meaningful youth participation in policy and program development, too often, young people are just not asked their thoughts and opinions of their SRHR experience and needs. In a final step in collecting information and evidence on young people’s SRHR, take what you have learned and reach out to your peers with a list of informed and thought-provoking questions.

You could talk to young people at your school, club, or church about their experience with CSE or youth-friendly health services. And depending on your interests, you can also reach out to other groups and individuals besides young people. For example, you could meet with health workers in your local health facilities to learn more about their training in delivering youth-friendly health services. In doing so, you will gain a better understanding of what is currently happening in your community. You’ll get a sense of what is working well and where they may be gaps in the provision of services for young people.

In essence, you are conducting a **needs assessment** to collect this evidence, which is basically a way of asking a particular group of people what they see as their most important and pressing needs. This evidence can be either *quantitative* (i.e., evidence that is statistical, mathematical, or computational) or *qualitative* (i.e., evidence that supports an idea, but doesn’t use numbers – such as personal testimonies, thoughts, and opinions). Your needs assessment can utilize informal discussions or formal professionally-written surveys. But either way, these assessments are done so you can:³¹

- Learn more about what young people’s SRHR needs are;
- Get a more honest and objective description of those needs;
- Become aware of possible needs you never realized existed;
- Document young people’s SRHR needs; and
- Ensure any actions you eventually take are in line with the needs expressed by your peers.

³¹ The Community Toolbox. Chapter 3: Assessing Community Needs and Resources, Section 7. *Conducting Needs Assessment Surveys*. (http://ctb.ku.edu/en/tablecontents/sub_section_main_1042.aspx).

The information you gather through your needs assessment will add greatly to your entire SRHR analysis. It will help you sift through the issues and topics, figure out how they relate and overlap, and brainstorm specific cultural and country-specific solutions.

CRITICAL QUESTION

→ With everything you have learned about young people's SRHR, what issue seems most pressing to you? Which is the most interesting and important?

RESOURCES

For more information on needs assessments, go to:

- * [Conducting Needs Assessment Surveys](#), developed by The Community Toolbox.
- * [How to do a Community Needs Assessment](#), developed by The Community of LGBT Centers.
- * [A Guide to Assessing Needs: Essential Tools for Collecting Information, Making Decisions, and Achieving Development Results](#), developed by the World Bank.

SECTION 3: Understanding How to Affect Change for Young People's Sexual and Reproductive Health and Rights

Improve the capacities and enable the aspirations of youth so that they can contribute to and benefit from more stable, democratic, and prosperous communities and nations.

- Youth in Development Policy, USAID 2012

Efforts to respect, protect, and fulfill young people's SRHR can take numerous shapes and forms. Their approaches are uniquely influenced by the cultural context, overall goal of the effort, and resources available. Consider the various programs and campaigns you learned about in your research of organizations working in your country, and ask yourself the following questions about their approach:

- What is the change they are trying to make (i.e., what are they trying to achieve)?
- Why is making this change important?
- For whom will this change affect?
- How will this change be made possible (i.e., what conditions must be present for the change to happen, what resources are needed, who must be involved to instigate the change)?

As you move forward as a young leader, your understanding of the various tactics and characteristics of approaches to change will help you better understand what it is you may want to be involved in.

You do not need to start your own campaign to contribute! Duplicating the efforts of others is a waste of resources, so get involved with organizations that are already doing great dynamic work in your community.

AWARENESS RAISING: What do people need to know about young people's SRHR?

While young people's SRHR issues are gaining prominence and recognition in global health discourses, there are still too many people who feel great embarrassment and shame in talking openly and freely about SRHR. A veil of silence still surrounds the idea of young people as sexual beings. Because young people's SRHR issues may be viewed as controversial or taboo, severe gaps in knowledge and understanding of SRHR persist.

Raising awareness is an approach to affecting change that aims to focus people's attention on a particular issue and increase their knowledge and understanding of it in order to achieve a specific goal. The goal may be to promote behavior change or shift attitude. For example, an awareness raising campaign could:

- Spread factual information about SRHR and address harmful myths, encouraging young men and women to use contraception to prevent pregnancy and STIs by informing university students where they can access youth-friendly SRH care services; or
- Share the importance of youth-friendly SRH care services, influencing health care workers to assess their health facilities and take steps to institute youth-friendly standards and guidelines.

Keep in mind that there is a common misconception that assumes once people simply have information about SRHR they will immediately take steps to make a change (e.g., always use condoms or abstain from intercourse). Changing behavior, attitudes, and habits is much more complicated. So, although raising awareness of young people’s SRHR is a foundational step in the respect, protection, and fulfillment of their SRHR this awareness is often not enough to guarantee access to and realization of SRHR. Raising awareness, while sometimes utilized as a standalone approach to change, is often an integral component of a campaign or a larger effort to mobilize the community to hold leaders accountable and advocate for policy change.

Raising awareness is something you can do by yourself with limited personal resources. However, it may be more effective for you to reach out to and network with other organizations and coalitions working on young people’s SRHR issues and share your idea. See if you can get involved and work with them as a volunteer, contributing member, or youth representative to successfully turn your idea into action.

Awareness raising can cover a huge range of activities. One tactic to raising awareness is known as **information, education, and communication (IEC) activities**. IEC refers to a public health approach aiming to change or reinforce a specific health-related behavior within a target audience, through the use of communications methods and principles.³²

IEC activities can include the development and dissemination of posters, flyers, leaflets, brochures, booklets, radio broadcasts, TV spots, and other means as a means of promoting positive behaviors in the community.

CRITICAL QUESTIONS

- Based on all the evidence you have collected, what are some SRHR topics you feel people in your community – especially young people – need information about?
- What do you think is the best way to raise awareness about these topics in your community?

³² WHO, Department of Reproductive Health and Research. 2001. *Information, education and communication: lessons from the past; perspectives for the future*. (<http://www.emro.who.int/child-health/community/information-education-communication.html>).

If you are interested in sharing information on young people’s SRHR, you probably do not need to develop your own materials. Many organizations have already developed youth-friendly fact sheets and brochures you can use for this purpose. Revisit the “Resources” or “Publications” webpages of some of the organizations’ websites you visited in Section 2 to find helpful materials. Then, reach out to the organization to obtain permission to use them. Try visiting the “Contact Us” webpage to find an email address you can write to for this purpose. Be prepared to share details of your idea so the organization can be sure your effort falls in line with their mission. In addition, the organization may have guidelines you need to respect with regard to their branding protocol (i.e., you may not have permission to use their logo or you may need to state that the organization is allowing you to use their materials but does not endorse your effort).

Also, if you plan to hand out or post materials in public community spaces, be sure to obtain permission from the proper authorities beforehand.

RESOURCES

If you find that you do need to create new IEC materials, go to The Community Toolbox for more information, examples, and helpful guidance on:

- * [Creating Newsletters](#)
- * [Creating Posters and Flyers](#)
- * [Creating Brochures](#)
- * [Creating Fact Sheets on Local Issues](#)

There are many different tactics you can use to raise awareness about young people’s SRHR. In addition to the IEC activities mentioned, other activities you can consider conducting include the following:³³

- Giving a presentation to a specific audience – for example, at your school or church.
- Holding or participating in community forums or briefings for young people, parent groups, neighborhood associations, health workers, etc.
- Testifying at meetings of policymaking bodies such as school boards or city councils.
- Writing letters to school boards, the Department of Education, and other policymakers concerned with the issue.
- Sharing news stories in print or broadcast media, publishing press releases, or holding press conferences.
- What are other ways to raise awareness that you can think of?

Remember to always present and provide the sources of the statistics and evidence you are using to ensure your audience knows your effort is grounded in research and best practices. And do not let

³³ Advocates for Youth. *Advocacy Kit: Advocating for Adolescent Reproductive and Sexual Health*. (<http://www.advocatesforyouth.org/storage/advfy/documents/advocacykit.pdf>).

your personal opinions and feelings take over your effort; you will be viewed as more professional, reliable, and trustworthy when you stick to the facts surrounding young people's SRHR.

CASE EXAMPLE

Engaging the Media to Raise Awareness and Disseminate a Call to Action

Whether you are trying to raise awareness, involve the community, or advocate for policy change, engaging the media is an effective tactic to utilize. Media coverage is important because it can share your message quickly and efficiently with a larger audience than you could reach independently.

Today's information environment is very different than it was even a few years ago. Media today is ubiquitous and boundaries have virtually disappeared. Information now is instantaneous and not just limited to reporters. Young people, like you, are a source of information, mobilization, and activism. Given the current information landscape, it is important to be aware of the power of communication.

From traditional forms of media to new and ever emerging media sources, there are many online and offline ways to engage the media to raise awareness of your effort and your call to action.

TRADITIONAL MEDIA

newspapers | broadcast | TV | radio | print | publications

NEW MEDIA

blogs | wikis | podcasts | Facebook | Twitter | YouTube | Flickr

The following are a few examples of media activities you can potentially utilize:³⁴

- **Letters to the Editor.** A letter to the editor is a written way of talking to a newspaper, magazine, or other regularly printed publication. Letters to the editor are generally found in the first section of the newspaper, towards the beginning of a magazine, or in the editorial page. They can take a position for or against an issue, or simply inform, or both.
- **Guest Columns and Editorials.** Guest columns and editorials, or “op-eds,” are newspaper or magazine opinion pieces, written by someone who isn't part of the publication's normal staff and that appear in the Opinion & Editorial (op-ed) section.
- **Press Releases.** A press release is a brief written summary or update, alerting the local media about a group's news and activities.
- **Press Conferences.** A press conference is a special event designed to generate news by disseminating a message or news to multiple members of the media simultaneously.
- **Public Service Announcements (PSAs).** PSA's are short messages produced on film, videotape, DVD, CD, audiotape, or as a computer file and given to radio and television stations. Generally, PSA's are sent as ready-to-air audio or video tapes, although radio stations (especially community or public stations, such as campus radio stations) sometimes prefer a script that their announcers can read live on the air.
- **Social Media.** Share your messages and information through blog posts, Tweets, YouTube videos, e-newsletters, Facebook posts, and more in real time. Refer to Section 2 for more information on social media tools.

RESOURCES

For more information, examples, and helpful guidance on media activities, go to The Community Toolbox's sections on:

- * [Writing Letters to the Editor](#)
- * [Arranging a Press Conference](#)
- * [Preparing Guest Columns and Editorials](#)
- * [Preparing Public Service Announcements](#)
- * [Preparing Press Releases](#)

CASE EXAMPLE

For Freedom of Choice

Maureen Anyango Oduor, a Women Deliver Young Leader, blogs about her work with Plan At Hand Girl Empowerment Project in Tanzania:

Over the last several decades, there have been continuous efforts to promote and improve access to family planning and reproductive health services, especially in the developing world. Despite these efforts, unmet need for contraceptive is likely to grow by 40 percent in the next 15 years. In Tanzania, where almost half the female population is of reproductive age, 35% of married women still do not have their contraceptive needs met, and the total fertility rate of 5.3 is more than double the world average. In response, the Plan at Hand Girl Empowerment Project has worked over the last 6 months to bridge unmet family planning gaps among adolescents girls in the Tanga region through mobile phone SMS. This project provides girls with an opportunity that most of them term as "one of its kind", enabling them to discuss myths and religious misconceptions about reproductive health, and finally have correct information right at hand.

In the face of rapid change, many health care needs, as well as health system needs, remain constant: the need for reliable, accessible family planning methods and family planning/reproductive health services; the demand for continuing education for health workers at all levels of the health system; the need for reliable health information as well as a regular supply of family planning commodities; and the need to overcome gender inequities so girls are able to take control of their own health needs. Young people, with their open embrace of technology and their seemingly natural aptitude for mastering it quickly, have been critical resources in using information and communication technology (ICT) to addresses these needs.

Among the lessons learned is the power of technology. Mobile phone technology is the highest-utilized communication technology and is most trusted by adolescents, meaning that young people are connected like they have never been before. Mobile phone SMS is an incredibly effective way to reach young people to discuss sex and myths around sexuality.

³⁴ The Community Toolbox. Chapter 6. Promoting Interest in Community Issues. (<http://ctb.ku.edu/en/table-of-contents/participation/promoting-interest>).

The Plan at Hand Girl Empowerment Project has brought about a number of unexpected positive outcomes. We found that mothers of girl participants were also participating through their daughters, and asked the girls to send messages on their behalf. We were also able to reach boys in large numbers, so many of the youth-friendly facilities received boys for services that referrals from the girls. This was expected, but not at the rate seen. Also, long-term family planning methods, especially intrauterine contraceptive devices (IUCDs) were highly utilized by the girls who attended clinics, which was not expected due to the rampant myths surrounding this method. Lastly, even before trying, the messages went way beyond our catchment areas to neighboring areas, and at times even out of the region.

To read this blog in its entirety, [click here](#).

COMMUNITY MOBILIZING: How can the community be involved for young people's SRHR?

The respect, protection, and fulfillment of young people's SRHR cannot be owned solely by young people themselves. It is critical that other community members are involved and invested, or real change is not feasible.

Community organization strategies are designed to engage and galvanize community members to take action towards achieving a common goal. Bringing together young people whose rights are not respected, protected, and fulfilled, and their supporters in an organized manner to speak with one voice can result in real change. There is power in large numbers of individuals unified toward the same cause.

Community organization can happen in a variety of contexts, and its goals can vary; for example, community organization can aim to:³⁵

- Increase community, individual, and group capacity to identify and satisfy young people's SRHR needs.
- Increase community level decision-making on young people's SRHR.
- Increase community ownership of programs for young people's SRHR.
- Bring additional resources to the community for young people's SRHR.
- Build on social networks to spread support, commitment, and changes in social norms and behaviors for young people's SRHR.

³⁵ Florida Department of Health, Division of Disease Control and Health Protection; Bureau of Communicable Diseases. *Community Mobilization*. (<https://www.myctb.org/wst/floridacommunityprevention/mobilization/default.aspx>).

Involving the community in various capacities for young people's SRHR can be effective for a number of reasons, for example:³⁶

- Communities have different needs, problems, beliefs, practices, assets, and resources when it comes to SRHR. Getting the community involved in program design and implementation helps ensure that strategies are accepted and supported.
- Community participation promotes shared responsibility by service providers, community members, and young people themselves for their SRHR.
- When communities "own" young people's SRHR programs, they often are able to mobilize resources that may not otherwise be available. They work together to advocate for better programs, services, and policies.
- Community support can change structures and help knock down barriers to young people's SRHR (i.e., norms related to gender and culture).
- Community participation can increase the accountability of SRH programs and service providers.
- Participation can empower young people within the community.

In order to be effective, community organization requires significant resources, planning, and time to build trusting relationships and true partnerships. You cannot do this alone.

Social mobilization and **community mobilization** are community organization approaches to affecting change. There are many different definitions that organizations use to illustrate these two approaches, but they essentially aim to raise awareness and motivate the community to take collective action to demand change or a particular development. These processes can involve civil society, community and religious organizations and groups, and local institutions and leaders.

Mobilization tactics for young people's SRHR can include activities such as:

- Petition drives;
- Polls or surveys;
- Community meetings;
- Speak-outs, protests, or demonstrations; and
- Marches or rallies.

³⁶ Advocates for Youth. 2002. *Community Participation: What Is It?* (<http://www.advocatesforyouth.org/component/content/683?task=view>).

Social media outlets can play an integral role in community organization. When used strategically, social media can quickly and effectively mobilize large groups of people by sharing messages, instructions, and calls to action.

RESOURCES

For more information on involving the community, go to:

- * [Community Participation: What is it? and Strategies Guided by Best Practice for Community Mobilization](#), developed by Advocates for Youth.
- * [Participation Guide: Involving Those Directly Affected in Health and Development Communication Programs](#), developed by the Johns Hopkins University Center for Communications Programs.
- * [Mobilizing Communities on Young People's Health and Rights: An Advocacy Toolkit for Programme Managers and An Advocacy Training Guide](#), developed by Family Care International.
- * [Guide to Community Mobilization Programming](#), developed by Mercy Corps.

CASE EXAMPLE

Can Young People End Child Marriage?

Yemurai Nyoni, a Women Deliver Young Leader, blogs about his work with [Dot YOUTH](#) (formerly the Bulawayo Youth Development Organization) in Zimbabwe:

I remember the words of the Minister of Health from Zimbabwe on the sidelines of ICASA 2013, when I told him about the Rising Birds Project. He said, “I’d like to see how you plan to end child marriage in Zimbabwe, it’s a deeply complicated issue...” His response was devoid of excitement and, to me, it sounded more like a challenge to justify our project’s optimistic goal of ending the practice, which had taken hundreds of generations to establish, in just seven months.

In the last few months, the Rising Birds Team of Dot YOUTH, have taken up this challenge and exemplified the actions we need to take as young people to create the future we want. Our job has been to provide an experience-based answer to the question: ‘Can young people end child marriage?’

Young people can end child marriage through implementing fresh ideas, working together, and making maximum use of available resources. For example, through the Rising Birds project, we’ve reached over 100,000 people with information on child marriage through low-cost online platforms like Facebook and Twitter.

We’ve collaborated with young leaders in different parts of the country to collect close to 500 signatures to petition the House of Parliament to enact laws to end child marriage. Together with other youth organizations, we’ve legally invaded streets, marching in the capital city to focus public attention on the urgent need to end child marriage.

In the last few months we’ve also realized how difficult it is for young people and youth organizations to change big social issues like child marriage. We have the energy to challenge it, but, in our experience, we’ve lacked the reputation, resources, and expertise to follow through and yield significant change from the challenge.

Experienced organizations with this capacity have reneged on their commitments to support us, or not committed at all. As a result, high-level decision makers have often snubbed our meeting invitations and we’ve had to cancel some of our planned activities. It’s taken our project team many times the effort to produce the results we could have achieved sooner and with greater reach if we had experienced organizations to work with us.

From a broader perspective, child marriage can't be put to an end through only changing laws or empowering the organs that enforce such laws. Our project aims to bring such legal changes but there is need to address the deeper social determinants of child marriage if we are to end the practice.

Perhaps, as young people and youth serving organizations, our roles in ending child marriage are to do what we're best placed to do in whatever spaces that are available to us. There is a lot we can do despite the limitations of our credibility, experience, and resources.

We are a connected generation and we can end the silence around child marriage by communicating widely through our online and offline social networks. We need to keep doing fun activities like marches, photo shoots, online activities, and other exciting actions that are low-cost but attracts the attention of people who can bring change.

We need to strengthen our own organizations and build reputations amongst stakeholders. We need to be visible by inviting the media to cover our activities and by supporting the initiatives of better-established organizations. This will increase the odds of getting support for future projects.

As a young leader, I've learned that the pathway to change is never linear. To the contrary, it's full of dead ends, unexpected detours, and carefully disguised successes. However, I still firmly believe that ending child marriage as young people in Zimbabwe is possible.

To read this blog in its entirety, [click here](#).

ADVOCACY: What policy changes are needed for young people's SRHR?

Advocates play a critical role in applying pressure to governments to meet their obligations for youth-friendly policies, influencing donor commitments, and securing practical gains for young people's SRHR. **Advocacy** is the process of building support for a specific issue or cause (i.e., young people's SRHR) and influencing others to take action in order to achieve policy change. Advocacy can also help to:³⁷

- Ensure that key decision-makers are informed about existing SRHR policies and their responsibility for implementing those policies.
- Ensure that sufficient financial resources are allocated for SRHR programs and services.

³⁷ Family Care International. 2014. *Advocating Together: The Power of Alliances for Maternal Health*. FCI: New York. (<http://www.familycareintl.org/en/resources/publications/113>).

- Create support among community members and generate demand for implementing SRHR government policies.
- Inform the general public and opinion leaders about an SRHR issue or problem and mobilize them to apply pressure to decision-makers to take action at the grassroots level.

The policymaking and policy implementation process can be quite complex. Having an understanding of the policymaking and implementation process, the characteristics of the relationships between your country's government bodies, and how you and other organizations can access policymakers and participate in the policymaking process is helpful. There are various ways **policy change** can happen:³⁸

- **Policy development:** creating a new policy proposal or policy guidelines.
- **Placement on the policy agenda:** appearance of an issue or policy proposal on the list of issues that policymakers give serious attention.
- **Policy adoption:** successful passing of a policy proposal through an ordinance, ballot measure, legislation, or legal agreement.
- **Policy blocking:** successful opposition to a policy proposal.
- **Policy implementation:** proper implementation of a policy, along with the funding, resources, or quality assurance required.
- **Policy monitoring and evaluation:** tracking a policy to ensure it is implemented properly and achieves its intended impacts.
- **Policy maintenance:** preventing cuts or other negative changes to a policy.

Based on what you have learned about your government's policies, what policy changes do you feel are needed in order to benefit young people's SRHR? What needs to happen in order for these changes to take place?

Advocates utilize a variety of tactics in order to affect policy change; some tactics include awareness raising and community organizing strategies and activities if the goal of the effort is geared towards reaching policymakers and affecting policy change. For example, organizations will **directly target** policymakers by:

- Requesting and holding face-to-face meetings with them;
- Writing them letters;
- Presenting petitions to them; and
- Testifying at political hearings or assemblies they are attending.

If organizations cannot directly reach a policymaker, they will **indirectly target** them privately by influencing someone with a direct relationship with the policymaker. Or, organizations can indirectly target policymakers – while potentially raising public awareness and support through community mobilization – through public activities such as the following:

³⁸ UNICEF. 2010. *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.* (http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf).

- Holding demonstrations or rallies that focus its message specifically toward a policymaker or demand for a policy change.
- Holding press conferences, writing letters to the editor, or engaging the media in another way to share a message to a political leader asking for political change.

Advocates also use **social accountability** tactics to hold leaders accountable when pushing for policy change for young people’s SRHR. Social accountability refers to a broad range of actions and mechanisms citizens can use to hold States accountable, as well as actions on the part of government, civil society, media, and other societal actors that promote or facilitate these efforts. The idea of social accountability underlines citizens’ right and responsibility to expect and ensure that government acts in the best interest of its people. Social accountability initiatives give citizens an opportunity to play a proactive role in exercising their rights.³⁹

Some of the specific activities associated with social accountability focus on collecting different forms of evidence to present to decision-makers for discussion and negotiation. Examples can include:⁴⁰

- Participatory public policy-making,
- Participatory budgeting,
- Public expenditure tracking, and
- Citizen monitoring and evaluation of public services.

CRITICAL QUESTIONS

- In what ways are policymakers currently engaging with young people on the topic of youth SRHR in your community and country?
- How could policymakers engage young people more effectively?
- How can you and your peers ensure your involvement in the policy process?³⁸

³⁹ World Bank. 2006. *Social Accountability Sourcebook: Strengthening the Demand Side of Governance and Service Delivery*. (http://www.worldbank.org/socialaccountability_sourcebook/PrintVersions/Conceptual%2006.22.07.pdf).

⁴⁰ Ibid.

⁴¹ Interagency Youth Working Group. 2014. *How young people can become involved in the policy change process*. (<https://www.iwvg.org/content/how-young-people-can-become-involved-policy-change-process>).

RESOURCES

For more information on policy change and advocacy, go to:

- * [Policy Advocacy for Health: A Workshop Curriculum on Policy Advocacy Strategy Development](#), developed by PATH.
- * [The Role of Social Accountability in Improving Health Outcomes: Overview and Analysis of Selected International NGO Experiences to Advance the Field](#), developed by CORE Group.
- * [Social Accountability Sourcebook: Strengthening the Demand Side of Governance and Service Delivery](#), developed by the World Bank.

SECTION 4: Developing a Strategy for Change

Let us make our future now, and let us make our dreams tomorrow's reality.

- Malala Yousafzai, 2013

With all you have read and researched about young people's SRHR, what is it you want to do? What do you envision your next step to be? Your participation and leadership can take many forms, so it is important for you to figure out how you want to contribute towards positive change. You may be interested in:

- Joining a youth SRHR coalition to volunteer your ideas and energy to their campaigns.
- Forming a group at your school to safely and confidentially discuss issues related to SRHR.
- Designing and implementing a campaign to collect signatures on a petition for youth-friendly health care services and present it to your local leaders.
- Developing a project proposal for an advocacy campaign to demand implementation of your country's policy for CSE in public schools.

What else can you think of doing?

Now is your opportunity to be creative and make a difference! Ask yourself the following:

- What is the change I want to help make? Why is making this change important to me?
- How can this change take place? Who can I work with to help me make this change?
- What resources do I have at my disposal for this effort? What additional resources are needed?
- Do I have the time to do this and balance my other responsibilities and priorities?

In most cases, the change you want to help make cannot be achieved alone. To increase the likelihood of success, it is critical to build support for your cause. Developing a diverse network of allies that support your issue lends credibility to your cause and allows you to benefit from the broad set of experiences, skills, and ideas of different groups and individuals. However, it is still important to consider the advantages and disadvantages of working in coalitions and determine your approach accordingly.

Potential Advantages and Disadvantages of Working in Coalitions⁴²

ADVANTAGES

- An enlarged base of support.
- Safety in numbers for sensitive issues, especially for members who cannot act alone.
- An increased pool of knowledge and resources.
- A distribution of tasks among a larger group of people.
- Enhanced credibility and influence of the effort and of the coalition members themselves.
- Development of new leadership, especially when working with youth groups.

DISADVANTAGES

- Increased time commitment to organize and manage coalition activities.
- Compromise on certain issues or strategies.
- Potential power struggles between members (some groups may be larger than others and therefore more influential).
- Competition over funding (as a coalition gains credibility it may compete with its own members for funding and resources).
- Credit and visibility diminished (members of coalitions tend not to receive individual credit or brand recognition, as the coalition is credited with the work overall).

No matter what it is you want to do, you need to develop a **strategy for change**. Your strategy is an overall map that guides your efforts. It is an assessment of where you are, where you want to go, and how you can get there. A clear strategy will serve as the backbone to a campaign, project, or proposal that you can share with your peers, organizations, donors, and other supporters to garner interest, support, and resources.

⁴² Family Care International. 2014. *Advocating Together: The Power of Alliances for Maternal Health*. FCI: New York. (<http://www.familycareintl.org/en/resources/publications/113>).

RESOURCES

For more information and guidance on organizing a campaign or designing a project, go to:

- * [KnowHow NonProfit: Helping Civil Society Flourish](#), developed and part of The National Council for Voluntary Organisations (NCVO), this website was created for people working within the nonprofit community to learn from and share with one another. The website includes information on how to fundraise, design and develop campaigns, lead and operate a non-profit organization, and more.
- * [The Spitfire Strategies Smart Chart 3.0: An Even More Effective Tool to Help Nonprofits Make Smart Communications Choices](#), developed by Spitfire Strategies. This tool will help you in developing your communications campaign and assessing your strategic decisions to ensure the effectiveness of your advocacy and communications strategy.
- * [The Advocacy Progress Planner: An Online Tool for Advocacy Planning and Evaluation](#), developed using Julia Coffman's Composite Logic Model, this tool is a project of the Aspen Planning and Evaluation Program at the Aspen Institute. This free online workbook will allow you to map out your specific advocacy strategy by guiding you through the process of clarifying your goal, objective(s), target audience(s), activities, and inputs.

What young people's SRHR issue do I want to address?

The challenges young people face in the respect, protection, and fulfillment of their SRHR are complex and unique to their culture and country. In order to develop a strategy for change, you need to pinpoint the issue it is you specifically want to address. "SRHR" is too broad of an issue; you need to drill down and be more specific.

In order to do this, first identify the **challenge** – or problem – you want to address. Think about some of the indicators and statistics around young people's SRHR you identified in Section 2. The following are examples of specific challenges:

- Adolescent pregnancy;
- STIs, including HIV/AIDS;
- Early (child) marriage;
- Gender-based violence; and
- Unsafe abortion.

Next, think about some of the **barriers** to solving the problem you have identified. Barriers can be related to individual behavior and attitudes, socioeconomic factors, cultures and traditions, and policies and laws. Consider the following questions:⁴³

- What are the needs or gaps you identified with regard to young people’s SRHR issues in your community?
- Did you identify a duplication of effort—or a lack of effort—in the attempt to improve SRHR in your community or country? For example, do you know of gaps in coverage of priority issues, geographical areas, provision of services, or communities served?
- Do you see efforts between the government and organizations that are contradictory to each other? Or is there a difference in SRHR priorities amongst organizations?
- Is there a lack of political will, community awareness, or availability of resources needed to address SRHR issues?

Whatever challenge you choose to take on, your effort will not be able to tear down all of its barriers. Your effort will focus on a particular solution towards change, but in reality, there may be numerous approaches to affecting change. And although you cannot tackle it all, being aware of and identifying the various layers of barriers will help you better focus your strategy.

Finally, brainstorm on the **change** that would help remove the barriers you identified. Think of solutions and opportunities that could contribute to solving the challenge related to young people’s SRHR. When doing this, consider what the various programs organizations are working on related to young people’s SRHR in your country. They are likely addressing one or more barriers in their solution for change. Consider the following examples as solutions for change:

- Improved CSE program implemented in the school system;
- Nation-wide law banning child marriage; and
- Comprehensive training for health workers on how to provide youth-friendly SRH services.

When you state the solution to the barriers to your challenge, you will have identified your **issue**. Your issue should be specific and concrete; it should clearly reflect the change you want to achieve.

CRITICAL QUESTION

→ How do gender roles and norms in your community affect the challenge to young people’s SRHR you identified? What about lack of knowledge and awareness of SRHR? Or lack of access to contraception and/or health services?

⁴³ White Ribbon Alliance. 2006. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. (http://pdf.usaid.gov/pdf_docs/PNADH636.pdf).

What is it I want to accomplish for young people’s SRHR?

Now that you have identified your issue, you must decide what it is you ultimately want to accomplish. You need to decide on your **goal**. In doing this, you build on the issue you determined by specifying the long-term result you seek to achieve. Goals are high-level statements that provide the overall context for what your effort is trying to accomplish. Your goal should use clear terminology and refer to the major health or social problem as well as your focus population and location.⁴⁴

Remember that your effort may contribute to the achievement of this result, but other outlying factors will also contribute to it (i.e., other organizations’ programs or advocacy efforts,, new policies or laws that are passed or implemented, new evidence and research that is published, etc.).

Due to natural limitations of any effort (whether it be geographic coverage or resources), one project or campaign will not achieve its goal by itself, but will contribute towards the achievement of the goal.

The following are some examples of goal statements developed by the 2013 cohort of Women Deliver Young Leaders for projects they designed and implemented:

- To improve young people’s knowledge and access to SRHR information by providing an interactive social media platform for urban youth ages 13-35 in Country X.
- To reduce unwanted pregnancies among adolescent girls aged 12-19 in Region Y of Country X by engaging traditional leaders to speak out and advocate for SRHR.
- To increase the participation of men (ages 15-45) in Community Y of Country X in family planning decisions with their partners in order to promote gender equality.

What objectives will help me achieve my goal?

With the long-term goal you decided upon, you will now break it down into a few short-term objectives that will directly contribute to achieving your overall goal. Define your objectives in concrete statements that describe the outcomes of your effort in specific terms. A well-worded objective should be “SMART” and developing SMART objectives is essential to a successful strategy. The acronym SMART has a number of slightly different variations depending on who you ask, but all are meant to aid you in defining comprehensive objectives:

- **S** - specific (or significant)
- **M** - measurable (or meaningful, motivational)
- **A** - attainable (or achievable, acceptable, action-oriented)

⁴⁴ International Planned Parenthood Federation Western Hemisphere Region. 2002. *Guide for Designing Results-Oriented Projects and Writing Successful Proposals*. (<https://ippfwhr.org/en/publications/guide-for-designing-results-oriented-projects-and-writing-successful-proposals>).

- R - realistic (or relevant, reasonable, rewarding, results-oriented)
- T - time-bound (or timely, tangible, trackable)

CASE EXAMPLE

SMART Objectives

The following highlights each of the components of a SMART objective, using one of the more common definitions of **SMART (Specific, Measureable, Attainable, Realistic, and Time-Bound)** and showcasing good and poor examples of each:

Specific: Is what you want to achieve well defined and clearly understood? Does it define the “six W’s” (who, what, when, where, why, and how)?

- ✗ Unspecific: The youth education team will produce posters to raise awareness about healthy relationships and negotiation skills.
- ✓ Specific: The youth education team will raise awareness among youth people in Region X’s schools by developing two different posters and disseminating them throughout the region.

Measurable: Can you measure the result of your objective and know when it has been accomplished?

- ✗ Nonmeasurable: The youth education team will improve attendance at the workshops on integrating gender perspectives into HIV/AIDS lesson plans.
- ✓ Measurable: The youth education team will increase attendance by the [target population] at the workshops on integrating gender perspectives into HIV/AIDS lesson plans by 10% over last year’s attendance rates.

Attainable: Do you have the resources and time to accomplish the objectives? Is this within your grasp?

- ✗ Unattainable: The youth education committee will organize a one day forum to be held onsite during the Health Week conference organized by the Ministry of Health (MOH).
 - ✓ Attainable: The youth education committee will organize a one-day forum to be held in conjunction with Health Week and will invite health workers, managers from the municipal council, and residents to discuss ways in which comprehensive sexuality education curriculum can be integrated into the school's curricula.
-

Realistic: Is this based on evidence?

- ✗ Unrealistic objective: Our organization will ensure that all clinics in the country will provide young people with access to contraception.
 - ✓ Realistic objective: Our organization will ensure that 50% of MOH clinics have an adequate supply of long lasting contraception.
-

Time-bound: Is there a clear timeframe?

- ✗ Not time-bound: The youth education committee will update the HIV/AIDS prevention kit in time for the next series of workshops, and will include information on the recent changes to drug availability and costs.
- ✓ Time-bound: The youth education committee will update the HIV/AIDS prevention kit by 24 June, in time for the next series of workshops, and will include information on the recent changes to drug availability and costs.

An important component of your SMART objective is specifying who it is that is capable of making the change you want. Depending on your goal, your **target audience** could be any of the following:



If you are aiming to raise awareness or organize the community, your target audience may be any specific audience, such as young people, women, religious leaders, or even decision-makers. However, if you are advocating for policy change, your target audience is always decision-makers. Government decision-makers responsible for young people’s SRHR are likely to be broadly grouped as follows:⁴⁵

- Presidents and prime ministers;
- Health ministers and their deputies;
- Members of Parliament (MP);
- Budgetary decision-makers (for example, cabinet members, ministers of finance, and ministers of planning); and
- Ministers of related sectors and their deputies (for example, ministers of education, sports and youth, etc.).

What are the key messages I want to communicate?

With your target audience pinpointed, your next step is to better understand them and what drives their decision-making process so that you can craft key messages tailored specifically towards them.

⁴⁵ WHO. 2006. *Stop the global epidemic of chronic disease: a practical guide to successful advocacy*. (<http://www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf>).

Consider their motivation and interests, as well as the information they need in order to be persuaded to act.

Develop a message framework by breaking down the major components of a key message:



A good message framework consists of an overarching message and secondary sub-messages that support the overarching message.

Complement your key message with **evidence**, such as robust data that highlight the cost of action versus inaction. You can also combine the evidence with compelling real-life stories and case studies; these illustrative examples have the power to turn facts and figures into persuasive arguments for action.⁴⁶ Here's a way to think about providing supporting facts in your message framework:



⁴⁶ The NCD Alliance. 2013. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. (<http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>).

When you deliver your key messages to your target audience, consider leading with your positive **solution-centered message** instead of a problem narrative. Make it easy for your target audience to act by telling them exactly what needs to be done. Your key action message should be simple, direct, and convincing.⁴⁷

EXAMPLE: Key Message Framework

1. **There is a massive global unmet need for family planning.** 225 million women who want to avoid or delay pregnancy do not use or have access to modern contraception, with life-threatening consequences.
2. **We have family planning solutions.** Modern family planning technologies and programs are one of the most powerful means to prevent maternal and infant mortality worldwide. We must rapidly and effectively make family planning services available to all women and men who need them.
3. **Now is a critical time to support family planning.** To meet the global demand for family planning, we must galvanize greater political and financial support, hold governments accountable for their commitments, and champion innovation and access.

⁴⁷ WHO. 2006. *Stop the global epidemic of chronic disease: a practical guide to successful advocacy*. 2006. (<http://www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf>).

CASE EXAMPLE

FACING OPPOSITION TO YOUNG PEOPLE'S SRHR

Opposition to young people's SRHR can be fierce and oftentimes uncomfortable to face. It comes in many different forms, but at a fundamental level, there is a lack of recognition of young people as sexual beings with the right to comprehensive and youth friendly SRH services. **It is crucial that the opposition is taken into your consideration when developing your strategy.**

Whether based on ideological grounds, morals and values, religion, cultural, or traditional beliefs, it is incredibly important to know the nature of the opposition, what the specific issue of contention is, and which opponents – individuals or institutions – will pose the biggest challenges.

Consider the following when developing your strategy to prepare in facing the opposition:

- **Be Prepared:** Anticipate opposition positions, know what they will say, and keep an eye out for them.
- **Be Active:** Provide information and the framework for the discussion so that the real facts are made public and all have a chance to get involved. Set the tone for the debate by taking the lead.
- **Create a broad-based coalition of supporters:** Building support is key to advancing your efforts and benefiting from the expertise of others. Building a coalition of vocal supporters from diverse movements and groups, whether it be community members, your colleagues, or politicians, will signal support for your cause and allow you to support one another.
- **Explain and Defend your Cause:** Don't let the language and arguments of the opposition persuade decision-makers and the general public. Instead, explain why your effort is needed, use anecdotes, personal narratives, science, and statistics to reinforce the importance of your cause. Defend against erroneous claims by opposition by verifying their statements and pointing out misconceptions and untruths. Bring in experts and your supporters who are leaders in the field to assist you when challenged by the opposition. You do not have to face the opposition alone.

It is also important to protect yourself and your peers from the opposition. In some cases, individuals, their families, and organizations working in young people’s SRHR issues may be targeted or exposed to threats or violence because their leadership and work may be seen as challenging traditional notions of family and gender roles in society. This can lead to hostility by the general population and authorities, as well as stigmatization and ostracism by community leaders, faith-based groups, families, and communities who consider certain individuals and organizations to be threatening religion, honor, or culture through their work.⁴⁸

CRITICAL QUESTIONS

→ **What is the role and influence of faith-based organizations and religious institutions on young people’s SRHR in your community? How do groups like the Religious Coalition for Reproductive Choice impact young people’s SRHR?**

What activities will effectively share my message and call to action?

When designing activities you should feel free to be creative but selective. One of the first things to consider is how you will deliver the message you crafted to your defined target audience. As alluded to in Section 3, the delivery of your message can be done **directly** or **indirectly** and in a **public** or **private** manner:⁴⁹

- Direct approaches involve directly asking your primary target audience to take action.
- Indirect approaches involve influencing opinion through a secondary target audience such as the media, the public, or other actors.
- A private approach involves working quietly to make changes behind the scenes.
- A public approach generally means mobilizing broad support from the government and/or public through highly visible activities.

Determine if you have a direct relationship with the target audience and identify the nature of your relationship. If it is a positive relationship, directly approaching the decision-maker *privately* may be an ideal first approach. However, if you do not have a direct relationship with the target audience, think of other ways you can approach them directly but *publicly*.

If you find that you cannot directly approach your target audience – your **primary target** – you will need to think of ways to *indirectly* reach the decision-maker through a **secondary target**. Your

⁴⁸ United Nations Human Rights. *Civil Society Space and the United Nations Human Rights System – A Practical Guide for Civil Society*. (http://www.ohchr.org/Documents/AboutUs/CivilSociety/CS_space_UNHRSysytem_Guide.pdf).

⁴⁹ Pathfinder International. 2011. *Straight to the Point: Mapping an Advocacy Strategy*. (<http://www.pathfinder.org/publications-tools/Straight-to-the-Point-Mapping-an-Advocacy-Strategy.html>).

secondary targets are individuals who can play a key role in influencing and reaching your primary audience. They can create awareness of your issues or are otherwise related to the issue. This can include other political leaders and the media, among others.

CRITICAL QUESTION

→ Think about the idea of a “call to action.” Based on your objective and your target audience, what do you need your primary audience to do? Your secondary audience? What is your ask?

Think of the various tactics outlined in Section 3. You may want to utilize a mix of both indirect and direct approaches as well as public and private approaches when designing activities for your strategy:

APPROACH TO AFFECTING CHANGE	ACTIVITY TACTIC
Raising Awareness	<ul style="list-style-type: none"> • IEC activities such as flyer and brochure dissemination or public meeting presentations • Media engagement
Involving the Community via Social and Community Mobilization	<ul style="list-style-type: none"> • Community meetings • Petition drives, polls, and surveys • Speak-outs, protest, and demonstrations • Marches and rallies • Media engagement
Advocating for Policy Change	<ul style="list-style-type: none"> • Meetings with policymakers • Writing letters and presenting petitions to policymakers • Testifying at political hearings or assemblies • Media engagement • Social accountability practices like participatory public policy-making, participatory budgeting, public expenditure tracking, and citizen monitoring and evaluation of public services.

The effectiveness of these activities depends on whether the intended audience was reached with the message and call to action. For example, you can collect thousands of signatures on a petition calling for the provision of CSE at all public schools in your community. But in order for any change to take place, who do you need to present the petition to? And how should it be presented? These are important factors to consider for each and every approach and tactic utilized to affect change for young people’s SRHR.

As you move forward in designing your activities, take into consideration your expertise, your capacity, and which methods will have the greatest impact. Think carefully about when you might want to hold your activities. There may be key opportunities—such as elections, important report releases, or national and global holidays (such as Universal Children’s Day, World AIDS Day, International Women’s Day, Human Rights Day, International Youth Day, World Day Against Child Labor, and others)—that could help draw attention to your message.

RESOURCES

Harnessing Resources for Your Activities

Ensuring adequate funding for your effort is absolutely critical to meeting your desired goals. The process of fundraising, particularly for projects led by young people or youth organizations, can be a challenge, but it is not impossible. There are many different avenues that one can pursue to obtain funding, although it is equally important to keep in mind that many contributions can be made in-kind, whether it is an event space or printing flyers, among others.

Regardless of your fundraising approach and the funding avenues open to you, it is important to have a clearly developed (and realistic!) budget in place and a persuasive argument that will influence those with money or other resources to support your cause. Framing your issue in a way that appeals to the priorities of a particular funder is critical to increasing the likelihood of success.

Some helpful resources on fundraising and/or proposal development include the following:

- * [Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs](#), developed by the International Youth Foundation.
- * [Guide for Designing Results-Oriented Projects and Writing Successful Proposals](#), developed by International Planned Parenthood Federation, Western Hemisphere Region.
- * [The Heart of Fund-Raising; Approaching Foundations; Cultivating Individual Donors; Fund-Raising Tips for Local Organizations](#), developed by Advocates for Youth.

For information on finding charitable foundations or specific funding sources for young people, look into the following:

- * [Alert Fund for Youth](#)
- * [XminusY](#)
- * [The Freechild Project](#)
- * [The Inspiring Enterprise](#)
- * [UN Habitat Urban Youth Fund](#)
- * [Funds for NGOs: Grants and Resources for Sustainability](#)
- * [Foundation Center](#)
- * [International Network of Women's Funds](#)
- * [Women's Funding Network](#)

CRITICAL QUESTION

→ How have crowdfunding platforms – such as Catapult – influenced and impacted funding for programs related to young people’s SRHR?

CASE EXAMPLE

APPRECIATING THE POWER OF THE MEDIA

Most people – whether they are politicians, service providers, or everyday men, women, and young people – get much of their news and information from the popular press.⁵⁰ As you read in Section 3, engaging the media to share your message and call to action can bring significant attention to your cause.

You can consider developing a specific **media strategy**, that complements your overall strategy and addresses how and when you deliver your key messages and other information to members of the press. A carefully planned and implemented media strategy can help identify supporters, answer people's concerns, and also diffuse criticism related to young people's SRHR by providing thoughtful and sensitive evidence-based information. Your media strategy can also:

- Identify how you plan to involve news media before, during, and after your event, and which approaches and tactics you plan to use.
- Outline standard operating procedures for interactions with the media.
- Identify key messages to convey to different types of media.
- Specify plans for monitoring media coverage.
- Outline processes to respond to misinformation in media coverage.
- Establish when to proactively seek news coverage.

Journalists and editors use a set of criteria to help them decide what is newsworthy—information, topics, or events that are interesting enough to report to the public. A subject is often considered newsworthy only if it meets at least two of the following criteria:⁵¹

- **Timing:** Is the story providing brand new information? Is it current?
- **Proximity:** Is the story local?
- **Uniqueness:** Is the information distinct or unusual?
- **Significance:** Are many people affected? Does the information concern people personally?
- **Timeliness:** Is the material being released at a conference or some other event?
- **Permanence:** Is it timeless or enduring?
- **Prominence:** Is the event or person well known?
- **Context:** Does your story relate to bigger issues, such as national health priorities?
- **Human interest:** Does the material inspire human interest, such as sympathy or hope?

How will I know if my activities were successful?

With any effort – be it an awareness raising campaign or advocacy effort for policy change – it is important to track the progress made towards meeting your strategy’s objectives and document lessons learned. If you are working with an organization or developing a project proposal for a donor, you will need to develop a **monitoring and evaluation (M&E)** plan to complement your strategy. An M&E plan is a systematic plan for collection, entry, editing, analysis, and interpretation of various pieces of data you need to collect to ensure you are tracking the implementation of your activities, their results, and your efforts’ progress towards meeting your objectives.⁵²

MONITORING...

- is continuous
- tracks progress
- shows what activities were implemented
- alerts you to problems

Simply put, **monitoring** allows you to track your objectives to ensure that the activity designed to meet a certain objective is on track and will ultimately contribute to meeting your goal (when combined with other activities). Monitoring also allows you to adjust your strategy or activities, as needed, and lets you gauge whether things are progressing as planned and meeting your intended results.

EVALUATION...

- is periodic
- is an analysis of actual vs. planned achievements
- answers how and why results were achieved

Evaluation, on the other hand, focuses on learning about the successes and challenges of your effort. It allows you to improve your strategies in the future, as well as adjust strategies for long-term or ongoing projects and activities. Evaluations of activities provide judgments about the effectiveness of a project and the opportunity to collect best practices and lessons learned from the project. This will be useful when planning other activities in your current advocacy project or ones that happen in the future.

It is imperative that all the effort you have put towards developing your strategy and implementing activities do not go to waste; without an M&E plan, you will not be able to determine the impact of your efforts. Although developing a M&E plan may seem daunting, it in fact can be quite simple and straightforward. The SMART objectives that you developed will make the M&E process much easier and more manageable.

⁵⁰ FHI 360. 2010. Communications Handbook for Clinical Trials: Strategies, Tips, and Tools to Manage Controversy, Convey Your Message, and Disseminate Results. (<http://fhi360.org/resource/communications-handbook-clinical-trials-strategies-tips-and-tools-manage-controversy-convey>).

⁵¹ Ibid.

⁵² Last Mile Learning (LINGOs and PMD Pro of PM4NGOs). *The PMD Pro Project Phase Model*. (www.pm4ngos.com).

RESOURCES

For more information on M&E, go to:

- * [MEASURE Evaluation: M&E Learning Center](#), developed by USAID.
- * [Handbook on Planning, Monitoring and Evaluating for Development Results](#), developed by the United Nations Development Programme.
- * [Design, Monitoring and Evaluation Guidebook](#), developed by MercyCorps.

Conclusion

NOW is the time to take action to build a world where young people's SRHR is universally respected, protected, and fulfilled.

Take your newfound knowledge and understanding of young people's SRHR and put your energy into the growing movement for positive change. Get involved and become a leader. Work to create more opportunities for you and your peers to meaningfully participate in the field and share your stories, ideas, and expertise.

Policies, programs, and funding priorities for young people's SRHR will shift and adapt to better meet your needs – but only if you raise your voice and demand change.

You are powerful. Your health and rights matter. The future is yours to create.

GLOSSARY

ACID VIOLENCE: The deliberate use of acid to attack another human being; victims are overwhelmingly women and children and acid attackers often target the head and face in order to maim, disfigure and blind.⁵³

ADOLESCENT BIRTH RATE: The number of births to adolescent females, aged 15-19 occurring during a given reference period per 1,000 adolescent females.⁵⁴

ADOLESCENT FERTILITY RATE: The number of births per 1,000 women ages 15-19.

CHILD LABOR: The types of work a child performs, whether paid or unpaid, and hours spent, along with the hazards children face at work.⁵⁵

CONTRACEPTIVE PREVALENCE RATE: The percent of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time, almost always reported for women married or in sexual union. Generally, the measure includes all contraceptive methods (modern and traditional), but it may include modern methods only.⁵⁶

EARLY (CHILD) MARRIAGE: Marriage or cohabitation before the age of 18.⁵⁷

FAMILY PLANNING: The conscious efforts of couples or individuals to plan the number of their children and to regulate the spacing and timing of their births through contraception. Also includes the treatment of involuntary infertility.⁵⁸

FEMALE GENITAL MUTILATION/CUTTING: The partial or total removal of external female genitalia for non-medical reasons.⁵⁹

FISTULA (OBSTETRIC): An opening or rupture linking areas such as the vagina, rectum, bladder, and/or abdominal cavity, usually caused by obstructed labor, unsafe abortion, or traditional practices, such as female genital cutting. The result is uncontrollable leakage of urine or feces, odor, infections, and usually social ostracism for the woman or girl.⁶⁰

GENDER: Refers to the socially defined roles and responsibilities of men and women, boys and girls.

GENDER-BASED VIOLENCE: Violence that targets women or men, girls or boys, based on their gender. It includes, but is not limited to, sexual assault and domestic violence, and is often used as a weapon of war.

GENDER EQUALITY: Equal treatment of women, men, girls, and boys in laws and policies, and equal access to resources and services within families, communities, and society at large.

53. ASTI. Acid Survivors Trust International. *Acid Violence*. (<http://www.acidviolence.org/index.php/acid-violence/>).

54. Futures Institute. Track20 Project. *FP2020 Core Indicators*. (<http://www.track20.org/pages/data/indicators#ind1a>).

55. UNICEF. *Child Protection: Current Status & Progress*. (<http://www.data.unicef.org/child-protection/overview>).

56. MEASURE Evaluation PRH. *Family Planning and Reproductive Health Indicators Database*. (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/tp/cpr).

57. UNICEF. *Child Protection: Current Status & Progress*. (<http://www.data.unicef.org/child-protection/overview>).

58. WHO. *Family Planning*. (http://www.who.int/topics/family_planning/en/).

59. UNICEF. *Child Protection: Current Status & Progress*. (<http://www.data.unicef.org/child-protection/overview>).

60. WHO. *10 Facts on Obstetric Fistula*. (http://www.who.int/features/factfiles/obstetric_fistula/en/)

GENDER EQUITY: Fair and just distribution of benefits and responsibilities between men and women, boys and girls.⁶¹

HUMAN TRAFFICKING: The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation can include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.⁶²

HUMAN RIGHTS: The inalienable, universal, and permanent rights that all people have simply because they are human beings. Citizenship, nationality, race, ethnicity, language, gender, sexuality, and abilities are irrelevant. Human rights become enforceable only when they are codified as conventions, covenants, or treaties, or as they become recognized as customary international law.⁶³

LGBTQIA: An acronym for:

- **Lesbian** – A female-identified person who is attracted romantically, physically, or emotionally to another female-identified person.
- **Gay** – A male-identified person who is attracted romantically, physically, or emotionally to another male-identified person.
- **Bisexual** – A person who is attracted romantically, physically, or emotionally to both men and women.
- **Transgender** – A person who is a member of a gender other than that expected based on anatomical sex.
- **Queer** – An umbrella term which embraces a variety of sexual preferences, orientations, and habits of those who do not adhere to the heterosexual and cisgender majority. The term queer includes, but is not exclusive to lesbians, gay men, bisexuals, transpeople, and intersex persons, traditionally, this term is derogatory and hurtful, however, many people who do not adhere to sexual and/or gender norms use it to self-identify in a positive way.
- **Intersex** – Someone who's physical sex characteristics are not categorized as exclusively male or exclusively female.
- **Asexual** – A person who is not attracted to anyone, or a person who does not have a sexual orientation.
- **Ally** – A person who does not identify as LGBTQIA, but supports the rights and safety of those who do.⁶⁴

61. WHO. 2009. *Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to improve responsiveness to women's needs*. (http://www.who.int/gender/documents/gender_hiv/en/).

62. United Nations Office on Drugs and Crime. *Human Trafficking*. (<https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html>).

63. United Nations Officer of the High Commissioner for Human Rights. *What Are Human Rights?* (<http://www.ohchr.org/EN/Issues/Pages/WhatAreHumanRights.aspx>).

64. Tahoe Safe Alliance. *What does LGBTQIA mean?* (<http://tahoesealliance.org/for-lgbtqia/what-does-lgbtqia-mean/>).

MATERNAL DEATH: A woman's death due to complications of pregnancy or childbirth, usually restricted to deaths within 42 days of the end of pregnancy.⁶⁵

MATERNAL HEALTH: The health of women during pregnancy, childbirth, and the postpartum period.

MATERNAL MORBIDITY: Serious disease, disability, or physical damage, such as fistula, caused by pregnancy-related complications.⁶⁶

MATERNAL MORTALITY RATE: The number of maternal deaths during a given time period per 100,000 women of reproductive age (15 to 49) during that same time period.⁶⁷

MATERNAL MORTALITY RATIO: The number of maternal deaths during a given time period per 100,000 live births during the same time period.⁶⁸

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND AIDS (PMTCT): The process of preventing HIV transmission from mothers to their children during pregnancy, labor, delivery, or breastfeeding.⁶⁹

PRIMARY EDUCATION: The first stage of formal education, usually beginning at age five, six, or seven and lasting for four to six years.⁷⁰

REPRODUCTIVE HEALTH: The state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when, and how often to do so.

REPRODUCTIVE RIGHTS: The rights to reproductive and sexual health as components of overall health, throughout the life cycle, for both men and women. This includes the rights to reproductive decision making, including the timing and spacing of one's children; equality and equity for men and women; and freedom from sexual violence and coercion.⁷¹

SECONDARY EDUCATION: Formal education following primary education. May be followed by tertiary education.

SEXUAL HEALTH: A state of physical, mental, and social well-being in relation to sexuality, requiring a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence.⁷²

65. WHO. *Health Statistics and Health Information Systems: Maternal Mortality Ratio (Per 100,000 Live Births)*. (<http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>).

66. UNFPA. *Surviving Childbirth, But Enduring Chronic Ill-Health*. (<http://www.unfpa.org/public/mothers/pid/4388>).

67. WHO. *Maternal Mortality Ratio (Per 100,000 Live Births)*. (<http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>).

68. Ibid.

69. WHO. *Mother-to-Child Transmission of HIV*. (<http://www.who.int/hiv/topics/mtct/en/>).

70. Organisation for Economic Co-operation and Development. *Glossary of Statistical Terms*. (<http://stats.oecd.org/glossary/detail.asp?ID=5411>).

71. UNFPA. *Protecting Reproductive Health*. (<http://www.unfpa.org/rh/rights.htm>).

72. WHO. *Sexual Health*. (http://www.who.int/topics/sexual_health/en/).

SEXUAL RIGHTS: The right of all people, free of coercion, discrimination, and violence, to the highest attainable standards of sexual health, to seek information on sexuality, to make decisions as to their sexual partners and sexual activities, to decide whether or not and when to have children, and to pursue a satisfying, safe sexual life.⁷³

TERTIARY EDUCATION: All postsecondary education, including but not limited to universities.⁷⁴

UNIVERSAL HEALTH COVERAGE: Ensuring that all people have access to needed promote, preventive, curative, and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.⁷⁵

UNMET NEED FOR CONTRACEPTION: The percentage of fecund women of reproductive age who want no more children or to postpone having the next child, but are not using a contraceptive method.⁷⁶

UNSAFE ABORTION: The termination of an unintended pregnancy, either by persons lacking the necessary skills or in an environment lacking minimal medical standards, or both.⁷⁷

UNWANTED/UNINTENDED PREGNANCY: A pregnancy that a pregnant woman decides, of her own free will, is undesired.

VIOLENCE AGAINST WOMEN: Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.⁷⁸

73. WHO. *Defining Sexual Health*. (http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/).

74. World Bank. *Tertiary Education (Higher Education)*. (<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:20298183~menuPK:617592~pagePK:148956~piPK:216618~theSitePK:282386,00.html>).

75. WHO. *What Is Universal Health Coverage?* (http://www.who.int/universal_health_coverage/en/).

76. Futures Institute. Track20 Project. *FP2020 Core Indicators*. (<http://www.track20.org/pages/data/indicators#ind1a>).

77. WHO. *Abortion*. (<http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/activities/abortion>).

78. WHO. *Violence Against Women*. (<http://www.who.int/mediacentre/factsheets/fs239/en/index.html>).