



Essential Packages Manual: Sexual and Reproductive Health and Rights Programmes for Young People

*What young people want,
what young people need*

Edition 2016



Acronyms

AIDS	acquired immune deficiency syndrome	UFBR	Unite For Body Rights (Programme)
ASK	Access, Services, Knowledge (Programme)	UN	United Nations
ARV	antiretroviral (drugs)	UNESCO	United Nations Scientific, Educational and Cultural Organisation
CHRR	Centre for Human Rights and Rehabilitation	UNFPA	United Nations Population Fund
CPD	Commission on Population and Development	VCT	voluntary counselling and testing for HIV
CRPD	Convention on the rights of persons with disabilities	WAYAN	World starts with me Alumni Youth Advocacy Network
CSA	Centre for the Study of Adolescence	WHO	World Health Organisation
CSE	Comprehensive sexuality education	WSWM	World Starts With Me (Programme)
CSO	civil society organisation	YFS	youth-friendly services
CYE	critical youth empowerment	YPLHIV	young people living with HIV
e-health	health interventions that utilise internet technology		
FGM	female genital mutilation		
HIV	human immunodeficiency virus		
HPV	human papillomavirus		
ICPD	International Conference on Population and Development		
IEC	information, education and communication (materials)		
IPPF	International Planned Parenthood Federation		
IUD	intrauterine device (contraceptive)		
IVM/IVR	a telephone interactive voice response (IVR) programme		
LGBTQI	Lesbian, gay, bisexual, trans, queer, intersex		
m-health	health interventions that utilise mobile telecommunications technology		
MOU	memorandum of understanding		
MWML	My World My Life (Programme)		
MYP	meaningful youth participation		
NGO	non-governmental organisation		
PMTCT	prevention of mother-to-child transmission		
PoA	Programme of Action (of ICPD)		
PPPs	public-private partnerships		
PSP	private sector programme		
SGBV	sexual and gender-based violence		
SMART	specific, measurable, achievable, realistic and time-bound		
SMS	short message service (mobile-to-mobile messages, usually text-based)		
SRH	sexual and reproductive health		
SRHR	sexual and reproductive health and rights		
STI	sexually transmitted infection		



Acknowledgements

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We would also like to thank STOP AIDS NOW! for their important assistance with the design and printing of the manual. And finally a big word of thanks to Woutine van Beek and her colleagues at the Alliance Secretariat, who guided the overall development and production of this *Essential Packages Manual*.

How to use this manual

The coloured frames, here on the right, provide guidance on how to make optimal use of the Essential Packages Manual.

Each frame contains a brief description of a chapter. **Red coloured frames** refer to chapters that outline a number of essential conditions and commitments that form the pre-requisites to any successful comprehensive SRHR programme for young people. These are thus identified as essential readings for everyone.

Other frames refer to chapters that deal with a specific programmatic area and you can easily select those parts that are important to you. Go through the scheme, select relevant parts and read what you need!

Essential chapter!

Essential chapter!

Essential chapter!

FIND OUT HOW THIS MANUAL CAN BE HELPFUL TO YOU

Read this short chapter

MAKE SURE TO READ ABOUT A RIGHTS-BASED APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMES FOR YOUNG PEOPLE

Read chapter 2 about the multi-component approach, sexual rights and core values

LEARN MORE ABOUT HOW TO PLACE YOUNG PEOPLE AT THE CENTRE OF YOUR PROGRAMME

Make sure to read chapter 3 about meaningful youth participation and the youth-centred approach

WANT TO KNOW IF WORKING IN PARTNERSHIP IS THE RIGHT SOLUTION? INTERESTED TO LEARN ABOUT HOW TO SUCCESSFULLY MANAGE A SRHR PARTNERSHIP?

Consult chapter 4!

WANT TO LEARN MORE ABOUT HOW TO SUCCESSFULLY EDUCATE AND INFORM YOUNG PEOPLE ON SRHR?

Read chapter 5 on comprehensive sexuality education and SRHR information provision!

INTERESTED TO KNOW MORE ABOUT HOW TO PROVIDE YOUTH FRIENDLY, HIGH-QUALITY AND AFFORDABLE SERVICES?

Find out in chapter 6 on SRHR services for young people!

WANT TO FIND OUT HOW TO ENSURE A MORE SUPPORTIVE SOCIAL AND POLITICAL ENVIRONMENT?

Read chapter 7 on creating an enabling environment!

Table of contents

ACRONYMS	2
ACKNOWLEDGEMENTS	3

CHAPTER 1: INTRODUCTION TO THE MANUAL

1.1. Overview.....	7
1.2. Background: The ASK programme.....	7
1.3. How to use the manual.....	7

CHAPTER 2: A HOLISTIC, RIGHTS-BASED APPROACH

2.1. Multi-component approach.....	11
2.2. The three pillars of intervention.....	11
2.3. Rights-based approach and core values.....	12

CHAPTER 3: TOWARDS A YOUTH-CENTRED APPROACH

3.1. Meaningful youth participation.....	21
3.2. A youth-centred approach and youth empowerment.....	21
3.3. Strategies for success.....	22
3.4. Planning and implementation.....	22

CHAPTER 4: WORKING IN PARTNERSHIP

4.1. Why work in partnership?.....	26
4.2. Principles and core values in partnering.....	26
4.3. Planning and implementation.....	30

CHAPTER 5: COMPREHENSIVE SEXUALITY EDUCATION (CSE) AND SRHR INFORMATION PROVISION

5.1. Comprehensive sexuality education (CSE).....	37
5.2. SRHR information provision.....	40
5.3. Minimum and progressive standards for CSE and information provision.....	40
5.4. Self-assessment and baseline mapping.....	43
5.5. Planning and implementation.....	46

CHAPTER 6: SRHR SERVICES FOR YOUNG PEOPLE

6.1. Youth-friendly sexual and reproductive health services..	49
6.2. Minimum and progressive service packages.....	50
6.3. Self-assessment and baseline mapping.....	56
6.4. Planning and implementation.....	61

CHAPTER 7: CREATING AN ENABLING ENVIRONMENT

7.1. What is advocacy?.....	65
7.2. Awareness raising.....	68
7.3. Minimum and progressive standards for advocacy and awareness raising.....	69
7.4. Self-assessment.....	70
7.5. Planning your advocacy.....	72

ANNEX A: KEY CONCEPTS AND DEFINITIONS.....	76
ANNEX B: TOOLS AND RESOURCES.....	78



Chapter 1: Introduction to the manual

1.1.	Overview	7
1.2.	Background: The ASK programme	7
1.3.	How to use the manual.....	7

1. Introduction to the manual

1.1. Overview

Are you developing and implementing sexual and reproductive health and rights programmes for young people? Do you want guidance to review your programmes in line with a rights-based and gender-transformative approach and identify areas for improvement? Do you seek support to meaningfully involve young people in your programmes? If you answered yes to any of these questions, this *Essential Packages Manual* could be very helpful for you.

The *Essential Packages Manual* is a comprehensive guide for successful sexual and reproductive health and rights programmes for young people. It is a starting point for managers, programme officers, monitoring and evaluation staff and others to critically review their programmes against proven standards of good practice, to identify gaps and areas where they could improve to better serve young people, and to learn more about a holistic approach to programming that places young people at the centre. Those working in one programmatic area may wish to learn a little more about another area, and this Manual provides an introduction to a range of interventions across programmatic areas.

As a broad, over-arching guide, the *Essential Packages Manual* does not provide detailed, step-by-step guidance on how to improve programming. Further resources are identified throughout the manual for those who wish to delve further into particular areas, and for those who seek more specific, detailed guidance on programme design, implementation and evaluation. A full list of recommended resources can be found at the end of the document.

1.2. Background: The ASK programme

This second edition of the *Essential Packages Manual* was developed from the ASK (Access, Services and Knowledge) programme and from the combined expertise of the ASK programme's seven collaborating partners. The ASK programme succeeded in its aim of increasing the uptake of sexual and reproductive health (SRH) services among young people, aged 10 to 24 years, including under-served groups. The seven collaborating partners, who implemented the ASK programme, are:

- ✓ Rutgers
- ✓ Amref Flying Doctors
- ✓ CHOICE for Youth and Sexuality
- ✓ dance4life
- ✓ Simavi
- ✓ STOP AIDS NOW!
- ✓ International Planned Parenthood Federation (IPPF)

These partners implemented the ASK programme from 2013 to 2015 in seven countries: Ethiopia, Ghana, Indonesia, Kenya, Pakistan, Senegal and Uganda. The ASK programme increased uptake of SRH services among young people by tackling both supply-side barriers (such as the availability, affordability and quality of services and commodities) and demand-side barriers (such as young people's knowledge, skills and self-efficacy). The ASK programme also increased direct information about SRHR for young people, not only to create more demand, but also to meet their needs for evidence-based SRHR information and education. Partners also worked to create enabling environments, in the diverse contexts in which they work, by reducing social, cultural, legal and political barriers to young people's uptake of SRH services.

This *Essential Packages Manual* builds on the first edition of *Essential Packages Manual* (2014), which was developed by the ASK Alliance members and provided to all partners to support the implementation of the ASK programme. Over the course of the ASK programme, the *Essential Packages Manual* became an exceedingly popular resource, for ASK partners as well as external organisations. The manual fulfilled an important need that was not met by any other resource in the field. Demand for the *Essential Packages Manual* led the Alliance to decide that it should be revised and enriched, incorporating evidence from the programme itself, and published as a product and legacy of the ASK programme.

The ASK programme produced a wealth of evidence about factors that contribute to the success of SRHR programmes for young people, as well as new lessons about working in partnership at local, national and international levels to achieve specific targets in relation to young people's uptake of services. In addition to programmatic interventions, the ASK programme conducted operational research that produced new insights – knowledge not usually obtained from monitoring and evaluation. Evidence from programme implementation and evaluation, from partnership work as well as from operational research, are reflected in this *Essential Packages Manual*. Lessons learned from other programmes and services provided by the seven collaborating partners have further enriched the content of this document.

This revised edition of the *Essential Packages Manual* was developed through a consultative process, with all ASK partners invited to contribute. This process included face-to-face meetings as well as ongoing communications and document reviews. Partners were asked to reflect on and provide feedback on the original *Essential Packages Manual*; they provided evidence and experiences from programme implementation; and they provided ideas to deliver better support for others working on SRHR programmes for young people.

1.3. How to use the manual

Essential chapters

There are a number of essential conditions and commitments that form the pre-requisites to any successful, comprehensive SRHR programme for young people. All organisations and individuals involved in SRHR programmes for young people would benefit from learning about, and periodically reviewing, what these pre-requisites are. Thus, they are identified as essential reading in this manual.

The essential chapters are Chapter 2: 'A holistic, rights-based approach' and Chapter 3: 'Meaningful youth participation and youth empowerment'. These chapters will help readers to view their programmes through a rights-based lens and flag some valuable resources to help readers enrich these aspects of their programmes and service delivery.

Chapter 2: 'A holistic, rights-based approach' provides an overview to holistic, rights-based youth-centred approaches. This section articulates a multi-component approach in which young people are placed at the centre of programmes that are designed to help them. It also unpacks four key values that are fundamental to employing a rights-based approach to sexual and reproductive health programmes and helps readers to view their interventions through a rights-based lens.

Chapter 3: 'Towards a youth centred approach' explains what it means to place young people at the centre in your programme, why it is important and how it relates to youth empowerment. The chapter offers strategies that organisations can adopt to create conditions for successful youth participation and leadership, including an introduction to concrete steps that should be taken.

Read what you need

We would suggest reading the whole manual, so you have a basic familiarity with all different kinds of interventions and programmes for young people, and can see how they relate to your particular expertise and programme focus. However, the manual is designed so that you can dip in and out of the different sections and focus on programmatic interventions that are most important for you.

What do you want to learn? What aspects of your work might need improvement? With the help of the coloured frames on page 4, you can easily navigate through the manual and select those parts that are relevant to you.

The chapters include:

- ✓ Chapter 4: Working in partnership
- ✓ Chapter 5: Comprehensive sexuality education and SRHR information provision
- ✓ Chapter 6: SRH services for young people
- ✓ Chapter 7: Creating an enabling environment

Chapter 4: 'Working in partnership' addresses the question of why working in partnership may be the right solution to achieve your programmatic objectives, and provides an overview of exploring partnership options and managing one or multiple partnerships.

The programme chapters – Chapter 5, 6 and 7 – are each structured in a similar way to support you to assess your programme/service and begin to think through steps you need to take to improve it. Thus, each chapter begins with some key definitions and discussions of that programmatic area, and this is followed by laying out the minimum and progressive standards. Any organisation delivering SRHR interventions to young people should be meeting the minimum standards, and the progressive standards include aspects of service and programme delivery that are beyond the bare basics but are considered good practice.

Following the minimum and progressive standards, each programmatic chapter includes a self-assessment questionnaire to help you assess how well your programme/service is performing. This is accompanied by a baseline mapping exercise, to map out the young people in your community, not only the obvious young people but also more marginalised young people, and the services and programmes available to them. This will help you to identify the gaps in service provision, and who might be missing out.

Each programmatic chapter concludes with an introduction to planning and implementation. These sections will support you to reflect on steps that are involved in bringing your programme up to minimum standard or to invest in improving your programme to achieve progressive standards.

Practical tools

The manual contains some practical tools to assist you in improving your work and taking the next step towards youth-centred, rights-based SRHR programming.

The tools are:

- ✓ **Self-assessment questions** help you to find out where your programme(s) sit on the 'measuring stick' of minimal and progressive standards in relation to different programmatic areas. These questions will help you to reflect on how well your programme embodies core values and rights related to sexual and reproductive health. Self-assessment exercises will help you identify areas of weakness that can be improved.
- ✓ **Baseline mapping** is a research tool to help you research your context: under-served groups of young people, other providers and programmes, and also the environment you are working in. The context is always changing and it is vital to stay on top of new developments. This will help you to prioritise where to focus your efforts to improve your programmes.
- ✓ **Planning and implementation** sections offer practical steps that you should consider to move your programme towards more rights-based practice and also towards programme targets. These sections help you to develop an understanding of what is involved in progressing your programme from where it stands currently towards the minimum or progressive standards.

After going through the self-assessments, the baseline mapping and the planning and implementation sections of the Essential Packages Manual, you will have a clear idea of areas of programming and/or service delivery you would like to improve. At this point, it will be useful to consult more detailed programme manuals and guidance to advance your planning and implementation.

- ✓ **Resources** (Annex B) give an overview of tools, guidelines, protocols, standards, manuals and other resources which will help you to find more comprehensive information on subjects you want to know more about.

Don't forget!

Annex A offers a handy list of definitions that may help you while reading the sections of your choice.





Chapter 2: A holistic, rights-based approach

2.1. Multi-component approach.....	11
2.2. The three pillars of intervention.....	11
2.3. Rights-based approach and core values	12

Chapter 2: A holistic, rights-based approach

This chapter will situate SRHR programmes for young people within a holistic, rights-based approach. It will introduce a multi-component approach and the core values that should inform rights-based SRHR programmes.

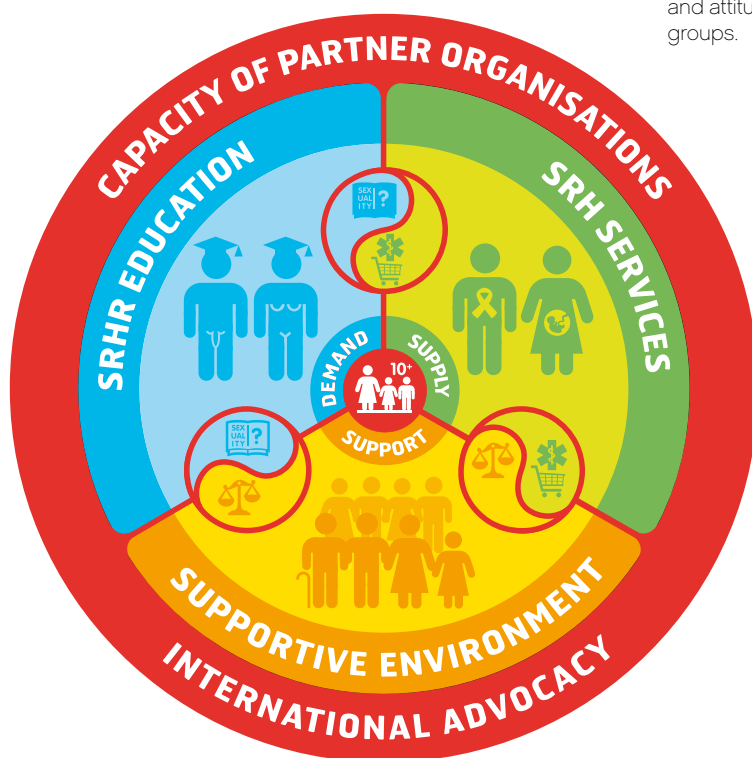
2.1. Multi-component approach

Evidence and experience from partners in the ASK programme and also scientific research, show that a multi-component approach is essential to improve SRHR outcomes for young people. This approach combines improving quality and youth-friendliness of SRH services and SRHR education, with encouraging increased societal and political acceptance of young people's sexuality.

In order to support young people to access sexual and reproductive health services, and realise their sexual and reproductive rights, a programme needs to:

- ✓ address the capacity of the individual through (gender-transformative) SRHR education, information and skills building;
- ✓ improve the availability, accessibility and quality of SRH services for all young people, and
- ✓ create an enabling environment (through working with communities and advocacy).

The multi-component approach suggests that making progress in young people's SRHR is best achieved by making continuous, coordinated improvement in all three of these areas. These three pillars of the multi-component approach can be visualised in the following diagram:



Organisations working in SRHR face a wide range of contextual challenges and circumstances, so they will define priorities for themselves and identify the root causes that pose barriers to their objectives. For example, the partners that were part of the ASK programme found that young people's SRHR was hindered by a set of interlinked barriers. They thus aimed to address both demand-side factors (e.g. young people's knowledge, skills and self-efficacy) and supply-side factors (e.g. availability, affordability and quality of SRH services).

The effectiveness of these three strategies is to a large extent determined by the way they support and strengthen each other. For example, when youth have better information on their SRHR, they are more likely to look for health services that are provided.

2.2. The three pillars of intervention

The following paragraphs introduce the three pillars of interventions in the multi-component approach.

Comprehensive sexuality education and SRHR information

Deliver comprehensive sexuality education (CSE) and provide information about SRHR through diverse channels in order to ensure not only that young people have the information they need, but they are able to access it in ways that are appropriate to them. Through the delivery of CSE and SRHR information, young people will be able to critically analyse and engage with different concepts related to SRH, including sexual and reproductive rights, gender and power, and diversity.

SRH services for young people

Interventions are aimed at improving the quality of existing SRH services by working towards adopting a minimum package of youth-friendly services, first of all, and then a more progressive package. Capacity building of health workers is a key activity to increase the number of health workers and improve their skills and attitude towards young people, and particularly underserved groups.

Create an enabling environment

Through (youth-led) awareness-raising and focused advocacy efforts, organisations working on young people's SRHR contribute towards an enabling environment in which young people are supported to seek and receive sexuality information and services through a more supportive policy, legal and social environment. Specific attention is paid to creating more community and political acceptance, and support for the sexual rights and needs of underserved groups.

In order to cover the full multi-component approach, it may be effective or even necessary to form collaborations with other organization, for instance in an alliance or consortium. In the ASK programme, working in an alliance of organisations with different expertise and backgrounds helped to reach more young people, but also a larger variety of young people with enhanced and targeted interventions. Building networks between partners/ Alliances and other relevant stakeholders also increased visibility, enhanced leverage and complementarity with other large, well-funded initiatives and supported joint advocacy and campaigning.

Read chapter 4

For more information on how to form and maintain a partnership.

2.3. Rights-based approach and core values

Underlying any work or project is a system of beliefs and values that inform not only what is done, but how it is done and what is achieved. Since the 1994 International Conference on Population and Development (ICPD), the human rights framework has been adopted as the most relevant and effective values structure for guiding sexual and reproductive health programmes everywhere.

Organisations that adopt a 'rights-based approach' are committing

to an orientation of awareness of rights holders and duty bearers, as well as a commitment to defend and advance young people's sexual and reproductive rights. Organisations seeking and claiming to advance the rights-based approach must understand how human rights treaties and conventions apply to sexuality and to sexual and reproductive health, and aim to remove barriers (including rights holders, structures, individual competencies, etc.) that prevent young people from realising their rights.

The right to equality: all human beings are born free and equal in dignity and rights. No young person should be discriminated against on the basis of sexuality, sex, gender, gender identity, sexual orientation, age, religion, race ethnicity, nationality, HIV status, marital status, physical or mental disability, socio-economic status or any other status. Barriers must be removed so that everyone, especially marginalized and under-served groups, can enjoy all human rights. Non-discrimination is at the heart of promoting and protecting human rights (Universal Declaration of Human Rights).

The four core values defined below are the backbone of a rights-based sexual and reproductive health and rights programme for young people. For organisations starting out with a rights-based approach, the ASK programme found that these four core values create a solid foundation.

Core values:

- ✓ **Diversity:** Each person has experienced a unique life course and while there are shared characteristics, each person has specific needs, circumstances and desires. Young people's SRHR programmes should provide non-judgemental and rights-based care, and provide choices and opportunities designed to meet that person's needs.
- ✓ **Gender-transformative:** Socio-cultural norms, structures and practices systematically discriminate against girls and women, and they also affect boys, men and gender-non-conforming people. Young people's SRHR programmes



should strive to confront and change harmful norms in order to promote gender equity.

- ✓ **Youth-centred approach:** Sexual and reproductive health and rights programmes should involve young people in meaningful ways, systematically place young people at the centre and recognise them as diverse and autonomous rights-holders. Young people should be engaged at all structural levels of decision-making - governance, management, programme/service delivery and as clients/beneficiaries- and in all phases of programming, design, implementation, monitoring and evaluation.
- ✓ **Child protection:** Every organisation working with young people has an obligation to protect children and young people that they come into contact with. They have a responsibility to guarantee protection from harm, recognising that young people may lack the knowledge, skills or experience to fully protect themselves.

These four core values are elaborated upon in the sections below. Managers, programme officers, service providers and others are encouraged to adopt these core values in the lens that they use to think about and look at their programmes and services. It may be useful to refer back to these conceptual discussions as you read other parts of the Essential Packages Manual.

Organisations that are already working with sexual and reproductive rights as the backbone of their services and programmes are urged to advance their programming and take steps to effectively enhance additional sexual and reproductive health and rights.

10 sexual rights:

- ✓ The right to equality
- ✓ The right to participation
- ✓ The right to life and to be free from harm
- ✓ The right to privacy
- ✓ The right to personal autonomy and to be recognized as an individual before the law
- ✓ The right to think and express oneself freely
- ✓ The right to health
- ✓ The right to know and learn
- ✓ The right to choose whether or not to marry or have children
- ✓ The right to have your rights upheld

See also

Sexual Rights: An IPPF Declaration for a well-researched presentation of all human rights related to sexuality and sexual and reproductive health.

2.3.1. Diversity

What is diversity?

Young people are often discussed as though they are a homogenous group, but in reality they are a diverse population whose sexual and reproductive health needs and desires are complex, changing and varied. Youth-friendly services should be based on an appreciation of each person's unique identity, including social, cultural and economic differences.

In the context of sexual and reproductive health and rights programming, 'diversity' usually refers to the distinctive (gender) identities, expressions, backgrounds and circumstances of different groups and individuals within a population. In general, these characteristics influence what a (young) person needs. For example, operational research in Ghana (within the ASK programme) showed that males often seek specific SRH services because of their fear of STIs, while females seek out services because they fear unwanted pregnancies¹. Differences in health-seeking behaviours and other individual characteristics – notably those that diverge from the dominant 'norm' – become concerning when they function to marginalize or stigmatize individuals or groups, restricting their agency and access to services, programmes and rights. The factors that make individuals vulnerable vary from one place to another, country to country, and change over time.

Why should SRHR programmes for young people be inclusive of diverse identities, backgrounds and circumstances?

Recognizing diversity and integrating this in your SRHR programmes is one of the core values of SRHR as it relates to both the public health imperative and the human rights rationale for youth SRHR programming.

Human rights rationale Recognizing diversity is grounded in the right to equality, the right to participation, the right to health and the right to life and to be free from harm².

Public health imperative Diversity and vulnerability are strongly interlinked. There is an abundance of evidence showing that individuals and groups with certain characteristics experience poorer health and wellbeing³, and that appropriate interventions can successfully reduce barriers to services and programmes. For example, adolescents who are homeless, or discriminated because of race, ethnicity, religion, social class or sexual orientation, are often vulnerable to poor health outcomes⁴. Programmes and services must respond to their specific needs.

Factors that make young people vulnerable

ASK programme partners have experience in working to reduce barriers to services and programme for key groups of marginalised young people, including through the provision of rights-based care and support. Here are some examples.

- 1 ASK programme (2015) Operational research Ghana: Services track. Operational Research Symposium, Kenya, 2015.
- 2 The 45th session of the Commission for Population and Development in 2012 adopted a landmark resolution that recognised the right of adolescents and youth, regardless of age and marital status, to "have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health". See also IPPF (2011) Celebrating Diversity.
- 3 Denno, D.M., Hoopes, A.J. and Chandra-Mouli, V. (2015) Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support, *Journal of Adolescent Health*, 56, pp.S22-S41.
- 4 Denno, D.M., Hoopes, A.J. and Chandra-Mouli, V. (2015) Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support, *Journal of Adolescent Health*, 56, pp.S22-S41.

Sexual orientation and expression. ASK- and UFBR- partners have conducted research among young people who identify as LGBTQI (lesbian, gay, bisexual, transgender, queer or intersex). Compared to other young people and comparable heterosexual groups, LGBTQI young people have poorer perceived health, poorer mental health, a higher degree of suicidal behaviour, more substance abuse, a higher degree of victimization and greater sexual risk-taking⁵. People whose sexuality does not conform to the norm are discriminated against in many cultures. As a result, many LGBTQI people are not accessing appropriate SRH services and information. SRHR organizations in former programmes have addressed this within their organizations, as well as in their programmes, and captured their lessons learned and recommendations in the publication 'Mainstreaming sexual and gender diversity'⁶.

Marital status. The notion that sexuality is reserved for married heterosexuals is another dominant, harmful norm. This expectation underlies reluctance, on the part of many community leaders, health providers, parents and others, to support young, non-heterosexual and/or unmarried people to access SRH services and to exercise their right to healthy, safe and pleasurable sexuality. ASK partners found that fear of judgemental attitudes among health providers and a lack of confidentiality were the most significant barriers limiting young people's uptake of SRH services. These concerns often lead young people to travel to services outside their own community⁷.

Adolescents with disabilities are particularly vulnerable to sexual abuse and, in turn, to unwanted pregnancies and STIs, including HIV⁸. About 15% of the world's population is estimated to live with some form of disability. Disabilities are in itself already extremely diverse and can vary from physical to mental impairments such as blindness, Down syndrome or depression. People with disabilities report seeking more health care than people without disabilities and have greater unmet needs. Inaccessible transportation, maladjusted public buildings and limited social supports influence their access to services. The WHO concluded that adolescents and adults with disabilities are more likely to be excluded from sex education programmes. However, the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination⁹.

Partners in the ASK-programme worked with adolescents with disabilities

In Ethiopia, ASK partner the Family Guidance Association of Ethiopia delivered SRHR information to young people with disabilities by equipping computers in their youth centre with software that provided text-to-speech output. They also created a special needs club and trained young people with disabilities to provide peer education and support. In Uganda, handicapped children were included in home based counselling and testing programmes. In Indonesia, the One Vision Alliance developed a training module for service providers on youth friendly services, which mainstreamed service-delivery to young people with disabilities. It can be hard to fully mainstream as was illustrated by the Ghana programme where occasional activities for blind people took place, but where partners also realized it can be costly to develop appropriate materials. Therefore, in Pakistan and Senegal, the alliances developed partnerships with organizations for the deaf and blind and produced for example braille materials on SRHR.

Young people living with HIV (YPLHIV) often have limited access to the information they need about (sexual) relationships, and need particular support to adhere to treatment, among other things. For example, they may have questions such as 'can I have sex with my HIV-positive or -negative partner?' or 'how do I tell my partner that I am HIV-positive?' Treatment adherence is crucial for all people living with HIV, but young people, who are going through changes in their lives and often move around, need particular kinds of support to adhere to treatment. For example, having safe spaces to take their medication wherever they are¹⁰.

How do SRHR programmes embody diversity as a core value?

Spaces where individuals can feel comfortable expressing themselves, including the ways that their identities and behaviours differ from the dominant norm, should be respected and created in all SRHR interventions.

Environments are often resistant to change, so creating a supportive environment is not always easy. However, rights-based youth-friendly services and programmes, led by welcoming, non-judgemental and caring professionals, are key to better health outcomes, and can also positively influence the wider environment.

Keys to youth-friendly services: Celebrating diversity, by IPPF¹¹, offers suggestions for designing youth-friendly services strategies that respond to diversity among young people, including:

1. Conduct a needs assessment: investigate the barriers that prevent young people from accessing SRH services, and also identify SRH interventions that have successfully reached marginalised groups.
2. Define key groups: To serve marginalised groups, you need to specifically identify and learn about the key group(s) for whom you will provide services¹².
3. Develop a strategy for addressing the diversity of needs based on the key groups identified.
4. Involve young people: work in consultation with young people to understand the type of services they want and the way in which they want them to be delivered.
5. Establish partnerships: partner with organizations working with the key group(s) to avoid duplication and to help with promotion and referrals to/from your services.

Check out

Celebrating Diversity and other resources in Annex B to learn more about designing youth-friendly services for marginalised and diverse groups of young people.

- 5 SRHR Alliance (2011) Learning Agenda II, UFBR Programme of the SRHR Alliance.
- 6 SRHR Alliance (2016) 'Sexual Diversity. Towards mainstreaming sexual and gender diversity in SRHR organizations. Lessons learned in Africa and Asia.'
- 7 ASK programme (2015) Operational research Ghana: Services track. Operational Research Symposium, Kenya, 2015.
- 8 UNICEF (2011) Opportunity in crisis: Preventing HIV from early adolescence to early adulthood. New York: United Nations Children's Fund.
- 9 World Health Organization (2015), Disability and Health, Fact sheet No. 352
- 10 Stop Aids Now (2011) Addressing the Needs of Young People Living with HIV
- 11 IPPF (2011) Keys to youth-friendly services: Celebrating diversity. London: IPPF.
- 12 Operational Research Symposium (Kenya 2015)

Stories from the field

Working with LGBTQI communities in Malawi

In Malawi, the currently suspended Malawi Penal Code describes legal punishment for what is called 'indecent practices between males and females' (5 years imprisonment) and 'unnatural offences' (having carnal knowledge can lead to imprisonment for fourteen years). In the words of the LGBT community, 'We are singled out, seen as abnormal, are discriminated against and publicly not recognised as human beings with human rights, not worth [living our lives] and we are criminals due to our identity'.

As a result, LGBTQI individuals in Malawi live in perpetual fear of arrest and are subjected to regular discrimination, abuse and violence. Their access to sexual and reproductive health and rights is often extremely limited.

The Malawi SRHR Alliance, part of the Unite for Body Rights programme, decided that a human rights approach was critical for improving the situation. The Alliance began by involving LGBTQI groups, sex workers and people who are excluded and living with HIV in designing and delivering SRHR interventions. The Alliance has been reaching out to communities and developing partners, faith leaders and service providers, to sensitise them to issues facing LGBTQI groups and their special needs. Directors, managers and staff conducted clarification sessions around values and norms, and how these personal opinions relate to human rights principles. The Malawian human rights organization CHRR, member of the SRHR Alliance, approached health facilities and district authorities. The health workers were encouraged to have their say and discuss how to align personal values with the Hippocratic oaths, in which they were committed to treat all. CHRR met with members of Civil Society Organizations, mother support groups, young people, life-skill-based education teachers, traditional and religious leaders, health workers and government officials. Through community meetings, human rights aspects were emphasised and attitudes were challenged to increase tolerance and acceptance towards same-sex relationships. During such sessions community members were a.o. trained in violence prevention in their community. In the media, articles were published. CHRR had an all year round radio programme that dealt with issues concerning LGBTI in a forum called 'Nkhani zikuluzikulu' (translated as 'sensitive issues').

As a result of their work in Mangochi, as one example, the Alliance has brought diverse people in the community together to learn about and get to know each other. While many LGBTQI people do not stay in one place, for fear of violence or discrimination, some of them are now forming networks with others and working with community leaders and organisations on an ongoing basis. Some community leaders are now beginning to feel comfortable recognising and talking about LGBTQI issues and advocating for the human rights of sexual minorities. Besides having to deal with their own values and norms, there was great hesitation and concern amongst many health providers that if they would serve the LGBT population, they might be acting

illegally. Recent developments, such as the suspension of the Penal Code and a government statement that called for dialogue, shows that the rights of LGBT can at least be discussed more openly.

2.3.2. Gender-transformative

What is gender transformative programming?

Gender-transformative approaches seek to reshape gender relations to be more equitable, so that everyone has equal opportunities to make informed choices about their health and their lives, and to enjoy being part of their communities, regardless of their gender identity or sexuality. Gender-transformative approaches thus seek to free everyone from the impact of harmful gender and sexual norms¹³. Despite efforts to mainstream gender, many SRHR programmes are still not gender transformative in practice.

Why should SRHR programmes for young people be gender transformative?

International agreements state that it will be difficult to change processes and institutions that limit or negatively influence women's sexual and reproductive health and access to SRH services unless interventions successfully address harmful gender norms and structures. The relationship between gender and power, as a social determinant of many SRHR outcomes, is firmly established in the academic literature. According to Haberland, for example, "harmful gender norms have been correlated with a number of adverse sexual and reproductive health outcomes and risk behaviours, even after other variables have been controlled for". This evidence is consistent in three interrelated areas of concern, which are gender norms, power in sexual relationships and intimate partner violence¹⁴.

In other words, gender transformative programming is crucial for the realisation of the sexual and reproductive health, rights and wellbeing of people of all genders.

Including men and sexual and gender minorities

Women, and to a lesser extent young women, remain the main focus of sexual and reproductive health and rights (SRHR) interventions, that seek, for example, to reduce teenage pregnancy, to increase uptake of family planning, to tackle gender-based violence, and to prevent mother-to-child transmission of HIV (PMTCT). This despite explicit recognition in international agreements, including the Sustainable Development Goals¹⁵, that boys and (young) men are crucial partners for effectively improving SRHR across the whole of society.

13 Dworkin et al. / The promises and limitations of gender-transformative health programming with men: critical reflections from the field. - In: Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 2015

14 Haberland, N.A. (2015) The Case for Addressing Gender and Power in Sexuality And HIV Education: A Comprehensive Review Of Evaluation Studies, International Perspectives on Sexual and Reproductive Health, 41(1), pp.31-42.

15 The ICPD Program of Action, the Beijing Platform of Action, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the 48th session of the Commission on the Status of Women (CSW).

Article 20 of the Outcome Document of the UN Summit for the adoption of the post-2015 development agenda states that "All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys."

Source: www.un.org/pga/wp-content/uploads/sites/3/2015/08/120815_outcome-document-of-Summit-for-adoption-of-the-post-2015-development-agenda.pdf

In addition, boys and (young) men are affected by their own gender-specific vulnerabilities. Many typical 'manly' behaviours are risky and these can negatively influence the SRHR and wellbeing of boys and men, as well as girls and women. Men's caring role is also often neglected in programming. It is therefore important to address the specific SRHR needs of boys and (young) men, including men as caregiving partners and fathers.

Sexual diversity is another, often missing aspect within SRHR programming. Traditional concepts of gender are based on and reinforce heterosexuality, therefore people who identify and express their gender and sexuality in ways that do not fit within this construct are often marginalized and experience discrimination. Dominant notions of gender roles and sexuality underlie violence against women and girls, and against sexual and gender minorities.

Guiding principles

The following principles should be considered in order to make your SRHR programme gender transformative:

- ✓ **Gender Consciousness** Norms and ideas about what 'gender' is are re-defined through reflection, education, awareness and insight (e.g. awareness of the cost of harmful gender norms on SRHR outcomes).
- ✓ **Diversity:** Intersectional factors and identities, such as ethnicity, class, sexuality, age, gender, race and religion, are included in the analysis.
- ✓ **Men and boys as part of the solution,** not the problem. They are engaged to become equal partners, clients of SRHR services and change agents. For more detail see the tool 'Building male involvement in SRHR' by Sonke Gender Justice: menengage.org/wp-content/uploads/2014/01/Sonke-Gender-Justice-Model-for-Male-Involvement-in-SRHR.pdf¹⁶
- ✓ **Empowerment of women and girls:** Each intervention (including those with boys and men) should aim to empower girls and women and promote equal relationships.
- ✓ **Gender synchronized approach:** Recognise that gender is a relational concept, which means that it is difficult to change male gender norms without also changing female gender norms, and vice versa¹⁷. The relational aspect of gender are addressed by working with groups of women and men separately, but also bringing them together to find shared values that support human rights and gender justice, if circumstances allow.

It is important to bear in mind that the aims of gender transformative programming are gender equality, better public health and to eliminate violence.

Gender Equality Continuum Tool

To assess if your programme is gender transformative, look at the Gender Equality Continuum Tool¹⁸. This tool helps distinguish programmes into one of four categories: gender exploitative, gender neutral/blind, gender sensitive and gender transformative. Find the tool in Practice Matters – see Annex B (resources for sexual and reproductive rights) for details!

2.3.3. Youth Centred Approach

What are meaningful youth participation and a youth-centred approach?

Sexual and reproductive health and rights (SRHR) programmes for young people should, at a minimum, involve young people in meaningful ways. This means that young people have the same access to information and resources as adult decision makers, and furthermore their voices have equal weight in decision-making processes. Young people's participation is also only meaningful when diverse young people are involved, reflecting the population that the programme/service aims to serve. Many organisations meaningfully involve young people in programme activities, and sometimes a selection of other areas, and this involvement empowers young people to influence matters that affect their lives and those of their peers.

To truly shift the power dynamics between adults and young people, however, meaningful youth participation should be mainstreamed. That is, SRHR programmes for young people should aspire to have young people at the centre of their programmes by engaging young people at all structural levels – governance, management, programme/service delivery and as clients/beneficiaries – and in all phases of programming – design, activity implementation, monitoring and evaluation. *This is called a 'youth-centred approach'.*

Key definitions

Meaningful youth participation: where young people and adults work together and share power in making decisions. They support each other for organisational and mutual benefits, and the partnership is underpinned by democratic values and principles of non-discrimination and equity.

IPPF (2008) Participate: The voice of young people in programmes and policy

Youth-centred approach: where all partners are **mainstreaming meaningful youth participation and systematically place young people at the centre and recognise them as diverse and autonomous rights-holders.** Young people are supported to fulfil important decision-making roles at all levels, and in all programmes, not only programmes for young people. 'Youth-centeredness' is often used to describe the extent to which an organisation, or programme, has engaged young people at all levels.

16 Sonke Gender Justice Network / Building male involvement in SRHR: a basic model for Male Involvement in Sexual and Reproductive Health and Rights. - Sonke Gender Justice Network: Cape Town, 2012.

17 Greene, Margaret & Levack Andrew / Synchronizing Gender Strategies A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. - Populations Reference Bureau Interagency Gender Working Group (IGWG): Washington, 2010.

18 Rolleri et. al. / Gender Transformative Programming in Adolescent Reproductive and Sexual Health: Definitions, Strategies, and Resources. - In: Practice Matters: Act for Youth Center of Excellence, Cornell University, 2014.

Why should SRHR programmes engage young people in meaningful ways? Why should they aspire to a youth-centred approach?

Participation is a human right¹⁹. Furthermore, the meaningful participation of young people in organisations and programmes can have a positive impact in young people's personal lives, on the organisations and adults they work with, on programme objectives, and on positive social change and development.

Evidence from the ASK programme's operational research²⁰ on meaningful youth participation shows that:

- ✓ **Meaningful participation is a key component to achieve programme objectives**

Utilising young people's ideas, connections and unique youth-related expertise in programmatic work increases the reach, attractiveness, relevance and effectiveness of interventions. Young people's contributions enhance the fit between interventions and the contextual realities and needs of the target groups. Young people (who share characteristics with the target audience) are key in creating an enabling environment for other young people.

- ✓ **Meaningful participation is an empowering process that has a positive effect on young people and can lead to social change**

Youth participation has a positive effect on young people themselves: on their knowledge, skills, confidence, autonomy, networks and opportunities. Participation in programmes and in partner organisations provides them with opportunities to voice their opinions and influence decisions on SRHR matters that affect their lives and the communities in which they live. In other words, participation can enable young people to claim their rights and make positive changes to their lives and that of others through civic engagement, contributing to (democratic) processes of social change in their contexts. When young people engage in processes like these, they are demonstrating 'active citizenship' and being 'social change agents'.

- ✓ **Meaningful youth participation has a positive impact on adults involved in partnerships with youth.**

Adults who interact with young people in SRHR programmes and observe their competence first-hand begin to perceive young people as legitimate, crucial contributors. Adults' own commitment, energy and confidence is enhanced through their engagement with young people, they become more attuned to the needs and concerns of youth, they develop a better understanding of programming issues and also gain stronger connections to the community.

- ✓ **Meaningful participation has a positive effect on organisational capacity to provide youth-sensitive SRHR interventions**

Engaging young people at the centre of SRHR programmes and services is a way for implementing institutions and organisations to strengthen their capacities and change how they work. The process of youth participation has a positive effect on an organisation's capacity to create structures to institutionalise the meaningful involvement of young people, and to provide youth-sensitive SRHR interventions. Youth participation tends to strengthen organisational commitment to young people's rights.

The ASK programme operational research found that the more interventions an organization took to involve youth in meaningful ways, the more benefits they experienced. In addition, where more staff were involved, meaningful youth participation was more likely to become institutionalized, for example through long-term youth advisory groups. This is a strong indication that mainstreaming meaningful youth participation, by adopting a youth-centered approach, can produce even more significant and sustainable results than only involving young people in select areas.

Essential conditions for meaningful youth participation

For youth participation to have these positive effects, organisational leaders and programme and service delivery managers need to create certain **conditions** that enable meaningful and structural participation. To create these conditions, managers need to put specific procedures into place and make resources available to support youth participation.

Evidence from the ASK programme, as well as from other SRHR programmes and schemes of work, suggests that there are two particularly important conditions for meaningful youth participation:

1. Young people and adults share power and have positive, mutually beneficial and respectful partnerships, and
2. Organisations support young people to critically reflect on the social and political factors (e.g. processes, structures) that underpin the social injustice and inequities they wish to change, both individually and in groups.

These findings are supported by academic experts who specify the importance of these two conditions in their model for 'critical youth empowerment' (see Jennings et al. 2006²¹). They advocate that these conditions should be developed in any programme that seeks to empower young people.

Read chapter 3

Learn more on how to operationalise the youth centred approach.

2.3.4. Child protection

Children have the right to be protected from harm and abuse. All organisations working with children and young people, either directly or indirectly, are responsible for protecting children from harm and abuse. While organisations working to improve young people's sexual and reproductive health and rights have young people's best interests in mind, they still need guidance, and should implement safeguarding mechanisms and procedures to ensure that their assumptions and practices are in fact serving young people and not causing any harm.

19 1) The UN Convention on the Rights of the Child (article 12); 2) the 1994 Programme of Action of the International Conference for Population and Development (ICPD); the 2012 Commission on Population and Development outcome document recognises young people's rights to participate in reproductive health programmes.

20 Operational Research on Meaningful Youth Participation in ASK: reports from Pakistan, Ethiopia, Indonesia and Senegal.

21 Jennings, L., Parra-Medina, D.M., Hilfinger-Messias, D.K. and McLoughlin, K. (2006) Toward a critical social theory of youth empowerment, *Journal of Community Practice*, 14 (1-2), pp.31-55.

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" ([Office of the High Commissioner for Human Rights, 1989](#)). Thus, in different contexts a child or young person may include someone who is older than 18 years. Your organisation should be explicit, in its own policy documents, about who it considers a child or young person.

What is child protection?

The concept of child protection includes preventing and responding to violence, exploitation and abuse against children. Harm and abuse include physical, sexual and emotional abuse, as well as neglect and exploitation, including commercial exploitation.

Child protection is everyone's responsibility. According to the African Child Policy Forum,

*"Achieving a world where children are protected from abuse requires that people at every level of society do their part. This includes policy-makers, legislators, NGO staff, teachers, parents, community members and children themselves."*²²

In the context of SRHR programmes for young people, child protection means protecting the children an organisation is working with – as beneficiaries, volunteers, staff and any other way they would come into contact with children – from any harm or abuse.

Organisations that are committed to child protection take responsibility for being watchful of the children and young people they come into contact with. They will have established procedures for reporting suspected cases of child abuse and harm, in the communities they work in, to the appropriate local authorities²³.

Planning and implementation

The following conditions are crucial to make child protection a part of your organisational culture and practice:

- ✓ Directors and managers are committed to develop and implement an organisational child protection policy, including human resources and required funding.
- ✓ Staff and volunteers are trained in child protection and the organisational child protection policy as part of induction.
- ✓ Organisational leadership conducts annual risk assessments to assess the organisation's weaknesses and strengths in protecting the children and young people it works with.
- ✓ Exchange lessons learned with other organisations to learn from each other's experiences.

Child protection policies

Organisations can minimise the risk of children being abused within their programmes and facilities by developing and putting in place a written child protection policy. Child protection policies also help ensure that appropriate and effective measures are taken when a child protection concern is voiced.

In addition to protecting and supporting children, child protection policies also protect the organisation's staff and volunteers. It makes clear how staff and volunteers should behave to protect children, and what safeguards they should take to prevent false accusations of child harm or abuse. It also sets out the steps staff and volunteers should take in the event of a claim of child abuse, or in cases where they suspect child harm or abuse.

Child protection policies usually focus on children until the age of 18, but each organisation should decide for itself if it is important to address other groups in their child protection/safeguarding policy, depending on their target group(s). For example, organisations may include vulnerable adults such as adults with physical or mental disabilities, including learning difficulties.

A child protection policy should:

- ✓ State the organisation's commitment to prevent child abuse and exploitation.
- ✓ Explain how the organisation will fulfil its responsibility to child protection.
- ✓ Describe in detail the procedures and mechanisms that are in place to respond to any child protection concerns
- ✓ Assign responsibility to specific post-holders for implementing the procedures and mechanisms described above.

More information

and examples of child protection policies, have a look at:

- www.keepingchildrensafe.org.uk

- IPPF's 'Creating a safe environment for children and young people in IPPF'

Full details available in Annex B!

²² African Child Policy Forum (nd) Keeping your organisation safe for children. Addis Ababa, Ethiopia: The African Child Policy Forum.

²³ Keeping Children Safe (2014) Child Safeguarding Standards and how to implement them.





Chapter 3: Towards a youth-centred approach

3.1.	Meaningful youth participation.....	21
3.2.	A youth-centred approach and youth empowerment.....	21
3.3.	Strategies for success.....	22
3.4.	Planning and implementation	22

Chapter 3: Towards a youth-centred approach

Meaningful youth participation is a core value of all rights-based sexual and reproductive health programmes for young people. To truly empower young people, meaningful youth participation should be mainstreamed within organisations that deliver programmes and services for young people: this is called a **'youth-centred approach'**. We introduced meaningful youth participation and the youth-centred approach in Chapter 2 (2.3.3). This chapter will further explore these concepts and their relationship to youth empowerment; discuss some steps that organisations and alliances can take to strengthen successful and effective youth participation and move towards a more full-fledged youth-centred approach; and offer some tools and resources.

3.1. Meaningful youth participation

The ASK programme's research and experience, and also scientific literature^{24,25}, indicate that participation becomes meaningful for young people and for adults if young people gain understanding and control over issues that affect them and can positively contribute to making a change for themselves and others. This process is referred to as **'empowerment'**.

Adults can support young people reflect on and understand issues that affect them, and help them to make meaningful contributions, and together – by joining forces – young people and adults can create positive social change. If this cooperation happens with mutual respect and understanding, in a safe and positive learning environment, young people experience many positive effects in their lives and on their personal development, including empowerment.

The wider benefits of meaningful youth participation (as discussed in Chapter 2) include:

- ✓ achieving programme objectives more effectively;
- ✓ bringing about social change;
- ✓ making a positive impact on adults who work with young people, and
- ✓ positive effects on organisational capacities to provide youth-sensitive SRHR interventions.

Meaningful youth participation often begins when young people get actively involved in one aspect of an organisation's work, for example programme implementation. This experience enables them to build their knowledge, understanding, skills and social networks.

However, participation produces more and stronger effects when young people work together with others (adults and young people) who support and coach them; when this participation takes place over a longer period of time; and if the young person's growing capacities are matched with increases in responsibility and decision making.

Organisations can ensure that this happens sustainably and efficiently by adopting a structural approach towards meaningful youth participation. In doing so, organisations can prevent situations in which a young person leaves, and the organisation needs to start from scratch with other young people. To adopt a structural approach to meaningful youth participation, the organisation must implement a system for recruiting and training young people, and for providing ongoing opportunities for young people to gain experience and take on increasing levels of responsibility. This is the first step towards mainstreaming meaningful youth participation across the organisation.

3.2. A youth-centred approach and youth empowerment

A youth-centred approach is when an organisation mainstreams meaningful youth participation by structurally integrating meaningful youth participation at all levels of decision making, and across all phases of programmes and services. IPPF says that a youth-centred approach is:

"An organisation that systematically places young people at the centre and recognises them as diverse and autonomous rights-holders. It endorses the right of the young persons in the organisation to contribute, to make connections and to openly communicate and express themselves. It allows freedom for young people to experience, think, explore, question and search for answers. It values young people's work and input; the organisation's role is to nurture young people's talent; to maximize their potential and to enable them to develop and grow."²⁶

When youth are engaged in programmes and organisations in such a way, their engagement creates changes in organisational, institutional, and societal policies, structures, values, norms and images. As such, young people are creating social change, and becoming social change agents. While meaningful youth participation produces a variety of benefits, as discussed before, **youth empowerment is our core motivation and aim.**

The term 'critical youth empowerment' (CYE) (Jennings 2006:40) is borrowed from a social-theoretical model that helps us to understand which elements, or conditions, help to create meaningful youth participation in youth programmes in such a way, that it yields most success in terms of positive youth development and social change.

Conditions for success

The critical youth empowerment model (Jennings et al. 2006) helps us to reflect on the conditions for successful youth empowerment, and to develop programme strategies. As discussed in Chapter 2, the ASK programme found two specific conditions for successful youth empowerment, and these two factors were similar to the two conditions identified by Jennings et al. (2006) in their critical youth empowerment model. They are:

1. Young people and adults have positive, mutually beneficial and respectful partnerships, in which they share power.
2. Organisations support young people, through capacity building and programmatic experience, to critically reflect on the social and political factors (e.g. processes, structures) that underpin the social injustice and inequities they wish to change, both individually and in groups.

24 L. Villa-Torres S52 and J. Svanemyr (2015) Ensuring Youth's Right to Participation and Promotion of Youth leadership in the Development of Sexual and Reproductive Health Policies and Programmes. *Journal of Adolescent Health* 56: S51-57.

25 L. Jennings et al (2006) Toward a critical social theory of youth empowerment. *Journal of Community Practice* 14: 1-2, 31-55

26 IPPF (2015) The journey to youth-centeredness in IPPF. London: IPPF.

For young people to fully and meaningfully participate there must be opportunities for having responsibility for decision-making, and thus for power-sharing between youth and adults. While adults need support to relinquish some control and power, and find a balance between guiding and directing young people, young people need mentorship, to feel that they are trusted, and to be encouraged by adults. In this way, young people can have ownership over decision-making processes. Positive adult-youth partnerships can also help ensure that 'failures' in decision making do not lead to decrease self-esteem or confidence (Jennings 2006, Explore Toolkit 2013).

Organisations should create welcoming and safe social environments where both young people and adults feel valued, respected, encouraged and supported. These are key for critical youth empowerment. Such environments are co-created by youth and adults. Where young people and adults work together in mutually beneficial and respectful relationships, the combination of their skills, expertise, talents, insights and resources increases both their social capital, leading to exponentially increased opportunities and abilities to act and create change.

3.3. Strategies for success

Commitment to youth empowerment is part of a rights-based and approach because it increases effectiveness of programmes, and because it enables young people to be the drivers for positive social change in their societies, now and in the future. There are a number of strategies that organisations can adopt in order to create the conditions for success for critical youth empowerment.

They are:

- ✓ **Mainstreaming meaningful youth participation:** Engage young people in all layers of decision-making and in the research, design, planning, implementation, monitoring and evaluation of programmes.
- ✓ **Building positive youth-adult partnerships:** Support adults and young people to ensure that youth-adult partnerships are underpinned by democratic values and are free from discrimination and inequality. Young people and adults working in partnership should strive to share power equally.
- ✓ **Capacity building and youth leadership:** Make opportunities available for young people to build their capacities, such as confidence, skills, knowledge and critical (self-) reflection. Adopt ways of making decisions, including the management of decision-making bodies, that facilitate young people's agency.
- ✓ **Support and strengthen youth movements:** Support young people to organise themselves and mobilise other young people. Strong youth movements engage in collective actions and activities, and are particularly effective in building public opinion and advocating for SRHR.

These strategies are each discussed in more detail below.

3.4. Planning and implementation

It is important that organisations engage in a process to structurally integrate meaningful youth participation in their

organisation and programmes. Many organisations already work with young people in programme implementation, but they do not involve young people to provide more strategic input, or only on a one-off basis. Below we offer a number of suggestions with links to tools and resources, for how organisations and alliances can engage in this process and move towards a more fully-fledged youth-centred approach.

In choosing strategies and making them context specific, organisations need to consider the diversity of the young people that they are working with. Young people have different needs, likes, interests, ambitions, skills and abilities. Their local conditions (rural, hard to reach, limited communication options, restricted mobility, etc.) influence what can be done and how much. Equally, factors like institutional readiness and availability of resources will influence this. When partners work with under-aged youth certain ethical issues and protocols need particular consideration (such as child protection policies and adult consent). In any case, organisations that work for and with young people should have a child protection policy (see Chapter 2, 2.3.4).

3.4.1. Mainstreaming meaningful youth participation

Young people are engaged in all layers of decision making and in the research, design, planning, implementation, monitoring and evaluation of programmes.

Structural representation of young people in governance

- ✓ Policies that quantify minimal youth representation (e.g. in the governing board, steering committee, programme team, technical committees, working groups and other advisory and decision-making bodies).
- ✓ Recruit and support young people to be members of decision-making bodies, and formulate a specific set of tasks and (budget) responsibilities together with the youth.

Establish equal partnerships with youth-led organisations in alliances

- ✓ Encourage inputs, engage and work jointly with youth-led organisations.
- ✓ Build in programme objectives and protocols to guide and measure progress related to meaningful youth participation.
- ✓ Work to build positive youth-adult partnerships that can be beneficial to both youth-led and youth-serving organisations.

It is important to recognize youth-led organisations as full partners because their contribution is valuable and needed, and not to fill a 'token' role or quota²⁷.

Structural representation of young people in the programme cycle

- ✓ Youth representatives in all planning and review sessions; capacity building workshops; and strategy workshop or meetings.
- ✓ Create paid opportunities for young people to implement programmes.
- ✓ Train and involve young people in research, monitoring and evaluation²⁸, advocacy and programme implementation.

²⁷ Advocates for Youth et al. (2011) Youth leadership recommendations for sustainability.

²⁸ Rutgers and IPPF (2013) Explore: Toolkit for involving young people as researchers in SRHR programmes

When involving young people in programme implementation, consider that:

- ✓ Young people often have limited capacity to pay for travel arrangements, equipment, materials, etc., so organisations should cover young people's expenses.
- ✓ Young people in school have schedules that might differ from most full-time employees, so meetings should be planned around their other commitments.
- ✓ Young people sometimes require parental/guardian consent (legally or culturally) to participate in initiatives or events.
- ✓ Young people often do not have vehicles, so organisations should plan activities in places that are easily accessible by public transport or provide travel arrangements.

3.4.2. Building positive youth-adult partnerships

Both adults and young people need support to ensure that youth-adult partnerships are effective, that they are underpinned by democratic values and are free from discrimination and inequality. Youth-adult partnerships strive to share power and joining their forces creates new power and avenues to act.

A positive partnership between youth and adults in a professional setting has several distinguishing characteristics. Positive youth-adult partnerships:

- ✓ integrate the perspectives and skills of youth with the experience and wisdom of adults;
- ✓ offers each party the opportunity to make suggestions and decisions;
- ✓ recognizes and values the contributions of both the young person and the adult; and
- ✓ allows young people and adults to work together in envisioning, developing, implementing and evaluating programmes.

Sharing power with youth to make decisions means that adults respect and have confidence in young people's judgment. It means that adults recognize the assets of youth, understand what youth can bring to the partnership, and are willing to provide additional training and support when youth need it.

Guidance for young people:

- ✓ Most adults have good intentions. Remember many adults are not used to working in partnership with young people.
- ✓ Criticism does not necessarily mean that an adult does not value your contribution. Adults are used to critiquing each other's work and offering constructive ideas to improve a project.
- ✓ Adults may not be aware of the capabilities of young people. Showing them is the best way to demonstrate competencies.
- ✓ Adults often feel responsible for the success or failure of the project. This makes it hard for them to share power. They may need reassurance that you will share in successes and failures.
- ✓ Don't be afraid to ask for clarification. The language of organisations is riddled with terms that can bewilder any newcomer.

Guidance for adults :

- ✓ Be open to young people's insights and suggestions. Let them know that their involvement is important.
- ✓ Take advantage of the expertise that young people offer. They know about, and should be encouraged to share the needs of their community.
- ✓ Different styles of communication do not necessarily imply

disrespect, disinterest, or different goals and expectations. Asking questions and confirming mutual understanding can help prevent conflict.

- ✓ Be honest about expectations for the project, what you want the youth to contribute, and how you hope to benefit from their participation.
- ✓ Young people should also be held accountable for their responsibilities, just as one would with adults.

More information

about youth-adult partnerships, see the **Youth Participation Guide by Family Health International and Advocates for Youth** (see Annex B for details).

Create a safe and supportive learning environment

To create a safe and supportive learning environment for youth-adult partnerships:

- ✓ Train staff to adopt youth-friendly and non-discriminatory attitudes.
- ✓ Sensitise all partners on the youth-centred approach, and the implications in terms of organisational values, institutional policies, programming, management, HR and monitoring and evaluation.
- ✓ Create trainings on meaningful youth participation and youth-adult partnerships.
- ✓ Establish participatory methods and processes, such as capacity building sessions that bring together adults and young people, and youth-friendly training methods.

3.4.3. Strengthening capacity of young people and youth organisations

There are mechanisms in place and resources available to support young people (through structural engagement and capacity building) to develop their confidence, skills, knowledge and critical (self-) reflection and to have opportunities to exercise agency and contribute to decision making.

Capacity building for young people through:

- ✓ Programme experience.
- ✓ Youth mentorship: provision of support to young people to enable and empower them to make their voices heard.
- ✓ Youth-friendly capacity building workshops or trainings on: SRHR issues, value clarification, photovoice methodology for engaging with young people, advocacy, organizational development, research, etc.

Develop fair and transparent structures for skill building opportunities in the programme, as well as sustainable approaches to create or maintain a pool of active and capable young people

29 Family Health International and Advocates for Youth (2008) Youth Participation Guide: Assessment, Planning and Implementation.

30 Family Health International and Advocates for Youth (2008) Youth Participation Guide: Assessment, Planning and Implementation.

Youth turnover is an inherent and dynamic process and should not be viewed as a negative thing. When young people leave the organisation however it can create challenges as they take knowledge and experience with them. In order to ensure a sustainable approach when working with young people your organisation could for example:

- ✓ Establish/adopt a training curriculum to support continuous capacity-building of young people.
- ✓ Adopt a recruitment and (competitive) selection system. A strategy is required to recruit new young people, for example by making a membership section on your website or sharing membership recruitment through newsletters.
- ✓ Establish a youth advisory group that supports democratic selection and fair representation of young people.
- ✓ Peer-to-peer capacity building (e.g. 'Take Two' principle or a 'mentor-mentee' system, in which one experienced and one less experienced young person work together).
- ✓ Establish mentorship and alumni programmes to keep young people involved as they grow older.

YOU(TH) DO IT! Is an online platform which provides information, courses and tools for youth to become well-informed leaders of the future! You(th) can enrich knowledge and skills on human rights, sexual and reproductive health and rights, meaningful youth participation, youth friendly services, advocacy, awareness raising and leadership.

Check it out

www.youthdoit.com

3.4.4. Supporting and strengthening youth movements

Building a strong youth force means young people create a system in which they can unite and make their voices heard in pursuit of a common political agenda of change, through collective action. We want to support young people to organise themselves, effectively work together and enable them to mobilize and engage in collective actions and activities, in particular towards building public opinion and advocating for SRHR.

Empowering youth through personal leadership capacity building and training, by:

- ✓ Building leadership skills and developing expertise in SRHR and advocacy.
- ✓ Ensuring young people (both individuals, with expert knowledge, and groups, with collective knowledge) have opportunities to share and learn on national, regional and international level³¹.

Engaging local and national youth networks as part of advocacy partnerships and coalitions

- ✓ Creating spaces for youth networks to determine programme and advocacy priorities and put them into practice.

Ensuring youth' visibility through:

- ✓ Effective branding.
- ✓ Recognising the voice(s) of young people on SRHR and youth empowerment.
- ✓ Sustaining their efforts by committing funding for youth networks and partnerships.

Supporting collective youth action at key moments, such as the International Theme days (International Day of Youth, World Aids Day).

Ensuring an inclusive and diverse representation of young people, including vulnerable and marginalised youth.

Mapping youth advocates and young leaders, working within and outside of the SRHR field, and unite them. For example, find out about young parliamentarians, young leaders in the social justice movement, young journalists, young artists, young leaders from LGBTQI community, young environmentalists and young entrepreneurs.

Stories from the field

CSA in Kenya provides financial and staff support to WAYAN, its youth wing, and prides itself on fostering good youth-adult partnerships. For example, CSA invited five young people from WAYAN to participate in a training of trainers event to build the capacity of CSA staff. Young people were encouraged by the confidence that CSA had in them, not only to receive the training but to be included in the same training sessions as adult staff. The five young people were then equipped to go out in the field and train others, which they did.

In Uganda, the ASK programme involved young people in programme monitoring and evaluation. The findings of the young people are reviewed monthly and the adults who fill management and programme staff roles take up their recommendations and discussions seriously.

In Pakistan, the ASK programme operates a mentorship scheme, pairing older young people with younger ones. The older, more experienced young people mentor the younger youth and enable them to take on their roles and responsibilities when they move on to other things in their lives.

As part of the ASK programme in Pakistan, young people (up to the age of 24 years) formed an independent youth alliance to advocate for SRHR. The youth alliance sets its own workplans and implements them with support from Rutgers WPF Pakistan.

Check it out

See Annex B for many more useful tools and resources on involving young people in your programmes and organisations!

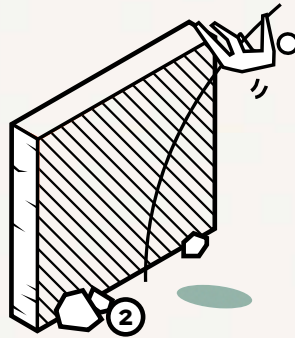
³¹ Advocates for Youth, CHOICE et al. (2009). Youth Leadership recommendations for sustainability.

Meaningful Youth Participation

ESSENTIAL ELEMENTS



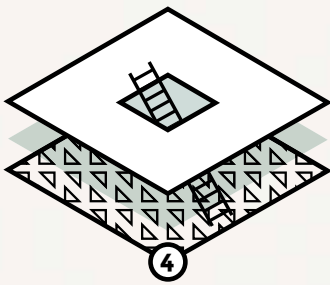
1 Analyze the current state of MYP in the organization and program



2 Build the capacity of adult partner organisations



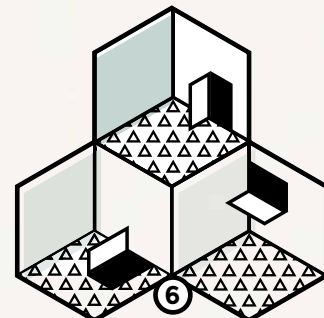
3 Select young people to be involved



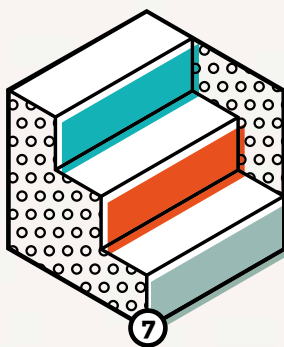
4 Plan for ongoing support and capacity building



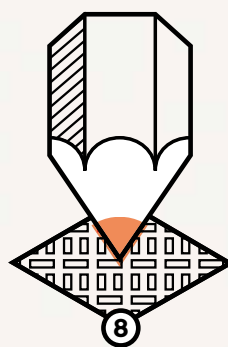
5 Provide mentorship and training



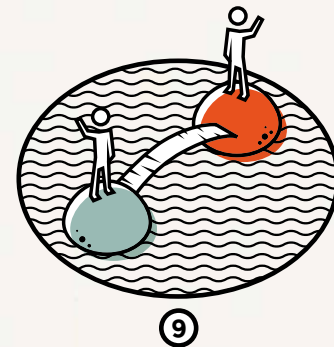
6 Ensure an enabling environment



7 Consider the opportunities you can offer



8 Prevent a 'check-the-box' approach



9 Identify and involve existing groups of young people

SOME SUGGESTED TOOLS

① CHOICE Flower of participation

② IPPF Setting standards for youth participation

③ Youth Coalition Meaningful Youth Participation factsheet

④ Youth Guide: Youth-led organizations and SRHR

⑤ RUTGERS WPF & IPPF: Explore Toolkit



Chapter 4: Working in Partnership

- 4.1. Why work in partnership? 26
- 4.2. Principles and core values in partnering 26
- 4.3. Planning and implementation 30

Chapter 4: Working in partnership

4.1. Why work in partnership?

Partnership and joint working can often be a solution to achieving and sustaining development goals. In partnerships, organisations have access to a wider variety of ideas, knowledge, expertise and target groups, they share risks, responsibilities and resources and there is potential for greater productivity and efficiency.

In your SRHR programme, it may be effective or even necessary to form partnerships with other organisations or providers to achieve your aims. These can be formed for different reasons, at different levels and they come in a variety of types.

The ASK alliance, for example, consisted of seven organisations based in Europe who worked together with in-country partners which, in turn, formed country-level alliances. The ASK alliance was a large and complex structure that effectively leveraged results: partners reached different target groups and together partners formed a strong voice in advocacy. Furthermore, working together reduced vulnerability and built confidence to address taboo subjects and voice progressive opinions. Alliances or consortia have been (and continue to be) established between organisations as a result of a changing donor environment, in which working in partnerships with other NGOs has become a pre-condition for receiving funds. These alliances jointly implement (SRHR) programmes, in which funding is shared and in which each partner brings in their expertise, people and networks.

Within your project or programme you may need to look for partnerships to effectively reach your target group. For example, experience and action research by the SRHR Alliance and the ASK programme shows that partnering with LGBTQI organisations is the most effective way to mainstream sexual diversity and gender identity in SRHR programmes. But also think of forming partnerships with private service providers, such as drugstores and private clinics, to increase coverage of affordable products and services³².

However, working in partnerships is not an easy option: it requires shared values and considerable time and energy commitments for discussing shared ground, negotiating the aims and scope of partnership, and planning and monitoring by all parties involved. Working in partnerships should therefore never be a goal in itself. If there is an obvious non-partnering way to address the issue or problem faced, then that should be preferred.

The tool on the next page may help you to decide to partner or not to partner.

4.2. Principles and core values in partnering

4.2.1 Principles in partnering

The Partnering Initiative has ample experience in working with partnerships and they have formulated three principles that are fundamental to effectively working in partnerships, no matter what kind of partners, at what level or where in the world. These principles are:

Equity: Each partner has an equal right to be at the table and each partner's contribution is valued no matter how big, in terms of cash or public profile. Partnerships in which there is substantial diversity in power, resources and influence can still be effective, as long as partners agree on the equity principle.

Transparency: Trust is often mentioned as a key factor in successful partnerships. But trust is not something that is there from the start, it is something that needs to be built. Openness and honesty in working relationships are pre-conditions of trust. Only when all partners are transparent in their working and collaboration, the partnership will be truly accountable to its partners, donors and other stakeholders.

³² More guidance on working with private providers can be found in Chapter 6, 'SRHR services for young people'.



Decision-making tool: To partner or not to partner?

Reasons for deciding not to partner may include:

- There is a better alternative to partnering
- The risks are too high
- The benefits are insufficient
- Our organisation is not ready for a partnership

No, partnership is not a suitable option at this time

Reasons may include:

- The partner is not committed to the core values
- The partner does not share the same aim(s)
- The partner offers the same skills and capacities, not complementary ones

Decision: this is not the right partner

Explore other potential partners

SRHR development aim (outcome)



Questions to ask

- What is the case for a partnership approach? Can I reach the outcome(s) on my own?
- What resources, competencies, expertise, networks are needed?
- What are the costs versus benefits?
- What are possible obstacles and risks?
- What are the potential unintended consequences (negative/positive)?
- Is our organisation ready/fit for partnering?



Decision that working in partnership is a suitable option



Initial partner analysis:

- Does the partner bring complementary and needed resources, expertise and/or networks?
- What are the motivations and interests of the partner?
- Is the partner already working in line with our values? Would the partner be able to commit to our core values?



Decision to further develop the partnership with the identified partner

Mutual benefit: A successful partnership does not only work towards achieving common benefits and aims, but will also bring specific benefits to each individual partner. If all partners are expected to contribute to the partnership, they are also entitled to gain from it. Only in this way, partners will stay committed to the partnership and will therefore be sustainable.

These principles should be made explicit and agreed upon by all partners in the partnership building process. It is advisable to regularly reflect on these principles as collaborating partners and assess if the partnership is still progressing in accordance with these principles.

4.2.2. Core values in SRHR partnerships

Next to the core principles that are fundamental for effective partnerships, in SRHR programmes it is equally important to discuss and agree on core values in your joint work, as values inform not only what is done, but also how it is done. In chapter 2 you have found a definition of four core values (diversity, gender-transformative, youth-centered approach, child protection) that form the backbone of a rights-based SRHR programme for young people. In your partnership building process, discuss

these (and possibly additional) values, check whether you share interpretations, explore what these values mean for each partner's work and make sure each partner commits to the values. Over time, regularly assess if these values (still) form the foundation of the work of all collaborating partners. Discussing and agreeing on core values at the start of the partnership will help to keep each other accountable throughout the partnership and ensures that your (joint) SRHR programme is rights-based and inclusive.

Types of Partnerships

There are various types of partnerships that SRHR organisations and programmes might seek to develop in order to achieve their aims. They include:

- ✓ Partnerships between and among development organisations (e.g. consortium, alliance)
- ✓ Multi-sector partnerships
- ✓ Partnerships with private service providers
- ✓ Partnerships with government (service providers)
- ✓ Youth-adult partnerships (see Chapter 3 for more detail)
- ✓ Public and private sector partnerships





From: The Partnering Initiative

4.3. Planning and implementation

Each partnership is unique in its own setting and context; each one will find its own solutions to challenges. However, there are also some typical steps and activities that can be identified in each partnership.

The Partnering Initiative has developed the Partnering Cycle³³, which shows the four stages a typical partnership progresses through over time. The four stages in the partnering cycle are:

1. Scoping and building
2. Managing and maintaining
3. Reviewing and revising
4. Sustaining outcomes

Each phase has some typical characteristics and requires different activities. The following paragraphs describe each of the steps involved in the partnering cycle and provide an overview of the types of activities you should pay attention to in each of the stages. (Content is adopted from 'Partnering Step by Step', a toolkit developed by the Partnering Initiative. Check Annex B for a link to the complete toolkit).

Check out

The Partnership Initiative provides more information, case studies and practical tools. Check it out at: thepartneringinitiative.org

³³ The Partnering Initiative: thepartneringinitiative.org

4.3.1. Scoping and building

The idea and drivers for a partnership may differ, some are born at grassroots level, others may be top-down. However, there is always one initiating sector or organisation that takes the lead in creating the partnership.

Creating a partnership starts by finding the right partners to collaborate with and from there, working step by step to reach an agreement. Partnerships are often formed under considerable time pressure, for example due to funding agreements for a specific project or proposal deadlines, but it is important to prioritise finding the right partner, even if it takes more time than anticipated, than to partner with an organisation that is not the right fit.

Once partners are identified, invest time in building the relationship(s) and deepening understanding among partners. Discuss your assumptions about why partners are motivated to partner, and develop insight in the drivers, values and interests of the parties around the table. Investing time in this now will pay off later.

Prior to signing a partnership agreement, partners should begin planning their joint work. Planning at this stage will help ensure that the right partners are involved to reach the objectives and to develop consensus on expectations.

The scoping and building phase concludes with developing a partnership agreement. This can be done in different ways, ranging from informal agreements (handshake) to very formal ones with contracts stating in detail the obligations of each partner involved. Most successful partnering agreements are those that are created in a collaborative process. It is advisable to include: the shared vision, principles and ground rules, the shared objectives as well as each partner's individual objectives, resource commitments, monitoring and review processes and timetables, and grievance procedures

Step	Activities
Scoping	<ul style="list-style-type: none"> ✓ Identify the issue(s) or challenge(s) to be addressed ✓ Consider non-partnering alternatives that may be adopted to tackle the issue. If a partnering approach seems the best way forward, build a clear rationale to persuade others. ✓ Develop initial ideas about the types of projects that the partnership may undertake to use as a basis for discussion with potential partners ✓ Consider the possible contributions of different sectors – based on their likely interests and motivations
Identifying	<ul style="list-style-type: none"> ✓ Find examples of where a partnering approach has worked effectively in similar circumstances to share with potential partners ✓ Make initial contact with a range of potential partner organisations – on a 'no commitment' basis – to explore the idea ✓ Draw up a list of preferred partners and check out their suitability in more detail – and don't forget to let them investigate your organisation also. Suitability in this case includes checking out whether you share the same values.
Building	<ul style="list-style-type: none"> ✓ Create opportunities for getting to know more about each of the organisations (site visits, presentations) ✓ Formulate principles for partnering and ensure partners understand their implications and agree to abide by them ✓ Make core values explicit and ensure all partners commit to these ✓ Co-create 'ground rules' among partners
Planning	<p>Together with partners:</p> <ul style="list-style-type: none"> ✓ Brainstorm and agree what the partnership's objectives are, the activities the partners will undertake to achieve them, and how achievement will be measured and assessed ✓ Analyse the objectives and activities agreed to ensure they are realistic and ambitious, also discussing constraints and challenges the partnership may face ✓ Map the partnership's resources to assess what resources are needed and what each of the partners is able and willing to contribute (i.e. including knowledge and expertise, competencies, equipment, products, networks and relationships, influence, labour, money)

4.3.2. Managing and Maintaining

Now is time to build infrastructure to deliver on what you have agreed. This can be a difficult phase as partners need to move from the planning to the doing mode. Resource commitments need to be secured, governance arrangements put in place, a communication plan needs to be developed and partners need to agree on benchmarks.

Good communications are key for successful partnerships, so encourage partners to take communications seriously and make sure that communication tasks are shared among all partners.

In this phase it may turn out that partners have over-promised in the planning phase on what they can actually deliver, or partners may have under-promised and may be able to offer more or new contributions. Keep asking yourselves the question if everyone is making their contributions in line with what has been agreed and if there are other resources that can or should be accessed from partner organisations and their networks.

Finally, it is important to realize that the partnership is not operating in isolation. Stakeholders can be very important for the success and impact of a partnership, so make sure you reach out and engage them.

Step	Activities
Structuring	<ul style="list-style-type: none"> ✓ Ensure the partnership is embedded in each partner organisation (e.g. it should not be reliant on just a few individuals representing their organisation) ✓ Build systems through which partners can be accountable to each other (in addition to their accountability within their own organisations) and address any actual or potential conflicts of interest ✓ Develop a communications plan and maintain regular communications between partners and between the partnership and other stakeholders
Mobilizing	<ul style="list-style-type: none"> ✓ Confirm in writing exactly what resources have been pledged and when they will be delivered including the time commitment of each partner representative ✓ Set up a system for recording contributions and the uses to which those contributions have been put so that partners can clearly see how their contribution is being used and report back to their colleagues and managers ✓ Widen the engagement of other stakeholders – including those that may be able to make further resource contributions as and when needed
Delivering	<ul style="list-style-type: none"> ✓ Allocate clearly (and fairly) roles and responsibilities for project delivery ✓ Track activities and fulfilment of agreed commitment and timetable ✓ Celebrate project successes with all those involved to maintain enthusiasm and engagements ✓ Continue to keep partners and other agreed stakeholders informed of progress

4.3.3. Reviewing and Revising

This phase is about measuring and reporting on outputs, outcomes, impact and added value of the partnership's activities and approaches. NGOs are often familiar with measuring targets and outputs, but they may be less familiar with reviewing the efficiency of the partnership. This is equally important, however. A review may lead partners to revisit the collaboration agreement and make adjustments to it.

A review of the partnership should assess the impact and efficiency of the collaboration, as well as whether each partner

is benefiting as expected, and/or other than expected. Only when the partnership is bringing added value to each individual partner, should the partners stay engaged and committed, which is crucial for a partnership to be successful.

Step	Activities
Measuring	<ul style="list-style-type: none"> ✓ Agree / confirm success indicators with partner organisations (e.g. were the original ones correct, should new ones be added) ✓ Monitor compliance – are partners doing what they promised within the agreed timescale? ✓ Put in place arrangements for reviewing the project (e.g. what changes to implementation are necessary) ✓ Keep track of deliverables, outputs and impact (e.g. are the activities achieving targets and goals)
Reviewing	<p>Use a regular review process to:</p> <ul style="list-style-type: none"> ✓ Take stock of the efficiency and effectiveness of the partnership's management and development procedures, and agree any changes necessary to procedures and/or communications ✓ Help partners to assess the value of the partnership to their own organisations and constituencies ✓ Record any unexpected benefits or outcomes (e.g. wider influence) from the partnership ✓ Consider whether there are new opportunities for the partnership, where it might go next and what might need to change to enable these next steps to be taken
Revising	<p>Agree as a group what needs to be changed</p> <ul style="list-style-type: none"> ✓ Agree a timetable and change management process – allocating tasks between the partners ✓ Make the agreed changes (which could include some partners leaving and bringing in new ones) ✓ Re-write the partnering agreement if necessary

4.3.4. Sustaining outcomes and moving on

By this phase, an important consideration for partners is how to sustain the outcomes of the projects and activities of the partnership. This question is more important than how the partnership itself can be sustained because partnering is not be a goal but a means. It could be that partners feel they have delivered on the agreed goals of the partnership and that they can confidently terminate the collaboration. It could also be that partners decide to keep the partnership in place to scale up or tackle new challenges. Whatever decision is made in this phase, it is important for all involved to recognise what has been achieved and learned.

Step	Activities
Scaling	You have a number of options for scaling up. These include: <ul style="list-style-type: none">✓ Expanding the established projects✓ Publicising the projects – using the media or partner networks and communication channels✓ Writing up the partnership’s story and make it available to others✓ Encouraging others to adopt a partnering approach
Moving on	Moving on can involve a number of options. These include: <ul style="list-style-type: none">✓ Concluding the partnership – with partners free to work with new partners on other projects✓ Handing over the current project(s) and continuing to work together as a partnership on new projects✓ Establishing the partnership as a new mechanism or ‘institution’ with its own independent strategy and structure

Check out

Check Annex B for more resources, tools, frameworks and checklists on working in partnerships!





Chapter 5: Comprehensive sexuality education (CSE) and SRHR information provision

5.1.	Comprehensive sexuality education (CSE)	37
5.2.	SRHR information provision	40
5.3.	Minimum and progressive standards for CSE and information provision	40
5.3.	Self-assessment and baseline mapping	43
5.4.	Planning and implementation	46

Chapter 5: Comprehensive sexuality education (CSE) and SRHR information provision

5.1. Comprehensive Sexuality Education (CSE)

5.1.1 What is Comprehensive Sexuality Education?

Comprehensive Sexuality Education (CSE) covers a broad range of issues relating to physical and biological aspects of sexuality, as well as the emotional and social aspects. It provides children and young people with age-appropriate, culturally relevant and scientifically accurate information.

In line with international resolutions and standards, UNFPA defines comprehensive sexuality education (CSE) as a rights-based and gender-focused approach to sexuality education, whether in or out of school. CSE aims to equip children and young people with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development.

According to UNFPA's Operational Guidance for Comprehensive Sexuality Education³⁴ comprehensive sexuality education programs should have the following nine characteristics:

1. A basis in the core universal value of human rights.
2. An integrated focus on gender that highlights the ways in which gender influences puberty, sexuality, sexual and reproductive health, and HIV risk. It should include discussion on unequal power dynamics, and intimate and gender-based violence, among other salient and contextually relevant topics.
3. Thorough and scientifically accurate information that allows young people to protect themselves from negative sexual and reproductive health outcomes.
4. A safe and healthy learning environment free from bullying, discrimination, harassment, and violence.
5. Links to sexual and reproductive health services and other initiatives that address gender, equality, empowerment, access to education, social and economic assets for young people.
6. Participatory teaching methods for personalization of information and strengthened skills in communication, decision-making, and critical thinking.
7. Strengthening youth advocacy and civic engagement.
8. Cultural relevance in tackling human rights violations and gender inequality that allows local ownership, especially in the curriculum development phase.
9. Reaching across formal and informal sectors and across age groupings.

Comprehensive sexuality education also stresses the importance of reproduction and sexuality, and it "develop[s] the capacity of young people to enjoy – and advocate for their rights to – dignity, equality, and responsible, satisfying, and healthy sexual lives."³⁵

Principles in using CSE (in classrooms, in CSE programmes or in trainings)

When implementing a CSE programme like the World Starts With Me or My World My Life, the following principles are or should be included in the programme:

- ✓ Acceptance of young people's sexuality & rights
- ✓ A positive, non-judgemental approach towards sexuality
- ✓ Avoiding a fear-based and exclusive problem-based approach
- ✓ Empowering young people and building self-esteem
- ✓ Offering choices to young people instead of imposing one solution
- ✓ Guiding young people how to make healthy decisions themselves instead of making a decision for them
- ✓ Content of CSE should be based on the needs of young people (ask young people what they need, listen to them)
- ✓ Equity in gender, health, (dis)abilities and sexual orientation
- ✓ Acknowledging the rights of young people to:
 - accurate, complete and correct information
 - self-determination
 - protect themselves and be protected
 - access to counselling and health care
- ✓ Active participation and involvement of young people in all stages of the project and programme activities
- ✓ Using age-appropriate messages

Sensitive topics

Sensitive issues like premarital sex, use of contraception for unmarried young people, abortion, masturbation, and sexual diversity are part of CSE and young people have the right to be informed about them. It requires however a specific and careful approach. ASK programme partners Rutgers and IPPF have ample experience in dealing with sensitive issues in CSE programmes. In the student-manuals the sensitive topics are addressed in a minimal but informative way. In the teacher trainings however, the sensitive topics are addressed more extensively. The methods used for discussing sensitive topics in the teacher trainings are based on the principle that young people have the right to get correct and non-judgemental information about these topics. When young people get correct and factual information, based on evidence instead of opinions, they can develop their own view about these topics and make healthier decisions. Young people benefit more from receiving correct facts than from imposed individual and subjective messages. Therefore, Rutgers adopted a specific training method for discussing sensitive topics: explaining the distinction between facts and opinions and discussing the sensitive topics in this way.

34 UNFPA (2014). UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. New York

35 Population Council. (2009). It's all one curriculum: Guidelines and activities for a unified approach to sexuality, gender, HIV and human rights education. New York City, USA: Population Council.

The case of the World Starts With Me

Coordinated by Rutgers, “The World Starts With Me” (WSWM) is a computer-, rights- and evidence-based, comprehensive sexuality education programme for in- and out-of-school youth, running in twelve countries in Africa and Asia (see also www.rutgers.international/what-we-do/comprehensive-sexuality-education-theory-and-practice). The programme helps young people to make independent decisions about their sexuality and sexual life, whenever it starts. The 14 lessons start with building self-esteem, exploring personal values and norms, and gaining insight into one’s emotional and sexual development in order to build self-esteem as basis for being able to make well-informed decisions. The next sections address the social environment: relationships with parents, friends and peers; gender equality; and sexual and reproductive rights, while in some countries a lesson on culture and harmful practices is included here. Then, WSWM focuses with a positive view on sexuality, followed by addressing the sexual health issues which are important when becoming sexual active. These issues include unintended pregnancy, STIs/HIV, stigma due to HIV and sexual harassment, and abuse.

The Malawian WSWM version is adapted based on lessons learned and can be found at www.wswmmalawi.org. This version includes a lesson on gender and rights that focuses on reflecting on the disadvantages and injustice of gender roles. It provides the opportunity for both boys and girls to challenge and transform existing gender roles within their societies.

The implementation of WSWM is described in the article “Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me ...” (www.tandfonline.com/doi/full/10.1080/14681811.2015.1111203) and calls for effective implementation upon embedding CSE in the broader Whole School Approach and stresses the importance of training and coaching of teachers.

5.1.2. Why is sexuality education for young people important?

Comprehensive sexuality education (CSE) can play a crucial role in supporting young people in their (sexual) development, enjoying their sexuality and becoming responsible adults and active citizens. It can help decrease vulnerability to SRH problems, including HIV/AIDS; it is crucial for dispelling myths and misconceptions and increasing knowledge about sexuality and reproduction. Sexuality education is effective in helping young people to choose for healthy lifestyles: delaying their sexual debut and when sexually active, enjoying sexuality by practising consensual and safer sex with fewer partners³⁶. Studies of abstinence-only programmes are either inconclusive or show abstinence-only education to be ineffective, while CSE, especially when gender and power are addressed using gender-transformative methods, leads to promising health outcomes.

Since 1995, world governments have agreed on many occasions that comprehensive sexuality education and youth friendly services should be provided to young people. Agreements were

made in the ICPD Programme of Action (PoA) of 1994, the Fourth World Conference on Women in Beijing (1995), ICPD+5, the UN General Assembly Special Session on Children and ICPD+10. Another important milestone was the resolution of the CPD 2012 to provide unmarried youth with CSE. However, until now sexuality education still lacks as part of the curriculum many countries. These unfulfilled promises and gaps clearly demonstrate the need for promoting sexuality education to empower young people and to improve their health status.

5.1.3. Where to carry out Comprehensive Sexuality Education?

In general, boys and girls spend a significant part of their day in the classroom – a place where daily gender norms are learned and socialization takes place. For this reason, schools can be a good place to carry out sexuality education, and give sexuality education a structural place, where young people can be provided with the knowledge, attitude development and skills learning. Preferably, schools provide a lifelong learning process with a continuous sexuality education programme, starting in Kindergarten and also taught at Teacher Training Colleges.

School-based sexuality education should be designed to complement and augment the sexuality education children receive from their families, religious and community groups, and health care professionals. Schools can provide a place for adolescents to talk about issues that might be considered taboo and to receive scientifically accurate information. However, implementing comprehensive sexuality education in schools is a challenge in many settings. It requires vision, leadership, national guidelines, adaptation to local concerns, and needs assessments, among other inputs and support³⁷.

In many areas, implementing comprehensive sexuality education is hindered by cultural beliefs and values. In such cases, CSE in non-formal settings, peer education, youth centres can be complementary or important alternative locations to carry out sexuality education.

Indeed, non-formal settings offer additional benefits that can facilitate the delivery of quality CSE. For example, they may offer more creative delivery approaches, and often provide more flexibility to adapt curricula more rapidly in response to the latest evidence. This is particularly so in relation to issues which may be potentially sensitive or ‘controversial’ (for example, in relation to the benefits of integrating concepts of pleasure into CSE). Peer educators may be offered greater freedom and responsibility to design and lead CSE sessions in non-formal settings, and the absence of a more traditional ‘classroom culture’ (where young people typically learn through more didactic approaches) may facilitate the type of pedagogical approaches underpinning effective CSE, based on developing young people’s critical thinking and questioning skills. As such, non-formal settings may pioneer ‘pilot’ approaches from which formal settings can learn and replicate successful elements.

36 How best to present the case for investing in young people as part of a National Poverty Reduction Strategy. An advocacy tool. United Nations Population Fund, 2004. New York and Investing in Young Lives: The Role of Reproductive Health. World Bank, 1998. Washington DC See: www.worldbank.org/html/extdr/hnp/population/younglives/younglives.htm

37 UNESCO (2009). International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators. Paris, France: UNESCO Publishing.

5.1.4. Who should carry out Comprehensive Sexuality Education?

5.1.4.1. CSE facilitators

People who facilitate or teach CSE can be anyone who has received adequate training (teachers, health workers, peer-educators, or other educators) but to be effective they need to be equipped with certain characteristics. These characteristics include both knowledge on SRHR and interpersonal skills.

Ideally facilitators need to have the following characteristics³⁸:

✓ **Knowledge aspects:**

- Knowledge about all aspects of sexual and reproductive health
- Knowledge about youth development
- Knowledge about legal aspects of sexuality
- Knowledge about effective comprehensive sexuality education programmes
- Knowledge about own sexual values and background

✓ **Attitudes or values:**

- Open minded, willingness to change their own mind
- Non judgmental
- Positive attitude to young people
- Positive attitude to sexuality
- Feeling comfortable and confident to teach about sexuality
- Student centred: concern for student's SRH well being
- Acknowledgement and acceptance of young people as sexual beings
- Seeing young people as actors, change makers, decision makers

✓ **Skills:**

- Able to reflect on their own values, knowledge and teaching
- Able to listen and observe
- Able to talk openly and freely about sexual issues
- Communication skills
- Able to teach in interactive way
- Able to learn and look for new information and work evidence-based
- Able to develop effective lessons on CSE topics

From teaching to facilitating

When starting to teach CSE, educators need to be aware of several principles in their didactical and pedagogical style which seems to be more effective in teaching CSE.

Teaching CSE demands new teaching methods; instead of teaching the teacher becomes more a facilitator:

Traditional teaching style	Effective CSE facilitating style
subject centred	person centred
only expert	facilitator / guider
authority	encouragement
focus on output	focus on process + output
frontal methods	participatory methods

Rutgers is using a list of **'10 golden rules of CSE facilitation'** in their teacher trainings:

1. Facilitate instead of teach by:
 - I. Helping students to make an OWN, well-informed decisions about their sexual and reproductive life, whenever that will start.
 - II. Creating a conducive & safe learning environment
 - III. Communicating with students in an open way.
2. Use participative methods
3. Know the sexual health needs of young people
4. Young people have the same rights as everyone else
5. Sexuality is body, mind and soul
6. Sexuality education is most effective when comprehensive
7. Have a positive view on young people and sexuality
8. Know the difference between facts and opinions, and stick to evidence
9. Separate your personal values from your professional values.
10. Acknowledge diversity among students, but treat them equally

A wide variety of people can provide comprehensive sexuality education. This includes (but is not limited to) peer educators; youth workers; 'outside' agencies, for example those that provide specific health services; issue-specific community-based organizations, particularly for vulnerable young people such as young men who have sex with men or sex workers; and religious leaders.

Peer education can also be a particularly effective methodology to reach young people from key populations who often face stigmatizing, judgemental attitudes and who like to discuss these issues with 'someone like them' who fully understands their situation. The concept of peer education – equipping young people with the confidence, knowledge, skills and attitudes to engage effectively with their peers on issues that concern them – also complements the pedagogical approaches of effective CSE, reinforcing this as a key strategy.

5.1.4.2. Working with key stakeholders

Parents are key stakeholders in engaging girls and boys in comprehensive sexuality education. It is important to dispel common myths about sexuality education (e.g., that it promotes earlier sexual debut) and provide information on the content of the curricula right from its start. In this way, parents are more likely to see the value of such an education and help promote continued communication about sexuality at home³⁹.

Community and religious leaders as well as Ministries of Education also play a critical role. In building consensus around sexuality education, bringing together multiple stakeholders through consultation and advocacy is crucial⁴⁰.

38 Cohen et al 2012, Helleve et al 2011, Mathews et al 2006, Milton et al 2001, Paulussen 1994

39 UNFPA. (2000). Partnering: A new approach to sexual and reproductive health. Technical paper no. 3. New York City, USA: UNFPA.

40 UNESCO. (2009). International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators. Paris, France: UNESCO Publishing.

5.2. SRHR information provision

In the ASK programme, partners focused their interventions on enabling young people to directly receive or seek information or services, without the need of intermediaries, such as peer educators or teachers. To that end, the ASK programme developed and implemented innovative approaches with the support of text messages, mobile phone applications, web-based information platforms, chat and telephone helplines and non-traditional offline campaigns to build young people's knowledge, including knowledge about available services, and facilitate them to find the (correct) information they need, when they need it, and through a medium that works for them.

Similar to CSE, SRHR information provision should include information about SRHR and support young people to make informed decisions about sexuality.

5.1.3. E- and m-health applications

E- and m-health refers to electronic and mobile applications in healthcare, including for client education and social and behaviour change communication programmes. E- and m-health are not distinct programmes, but they can be part of a broader strategy to reduce barriers to SRHR information and increase access to health services for the general public and/or specific communities. Information and education strategies should always be adapted to the audience they target, and as such e-and m-health strategies should be used to target specific groups of young people. There is currently no thorough evidence that the use of e- and m-health on its own can change SRHR practices or knowledge levels.

The **ultimate objective** for innovation with e- and m-health solutions is that it contributes to improving SRHR information availability and accessibility, in a way that serves the needs of the target groups and can support increase of service provision in programmes, while capitalizing on access to the internet and mobile phones among the general public and/or specific communities. The e- and m-health solution should be helpful to **overcome existing barriers in access to information** for the communities the programme intends to reach.

The objectives for using e- and m-health applications are:

1. to build young people's knowledge, including knowledge about available services.
2. to facilitate youth to find the (correct) information they need, when they need it, and through a medium that is suitable for them.
3. to build capacity of staff, health workers and peer educators.

Commonly used e- and m-health applications include online platforms (websites, social media (Facebook, Twitter)) and mobile telephone platforms (text messages (SMS), chat groups, interactive voice messages/response (IVM/IVR), telephone hotlines/ helplines). The use of online and mobile platforms is sometimes integrated and/or partners use a multitude of specifically designed e- and m-health applications.

Lessons learned about e- and m-health

When using e- and m-health applications to improve access to SRHR information, education, for health communication and/or referral to services, the focus should be maintained on the overall learning objectives instead of on the technology that is being used. The e- and m-health application should be used to

increase exposure to and reinforce health messages, to enable people to seek more information based on their interest, and/or to support in-person information provision/counselling with audio and video content.

Promising e-and m- health channels include websites that are interactive, use youth friendly language and are updated regularly. In the ASK programme, the interventions using e- and m-health applications were most successful when linked to the use of traditional media: radio, television, newspapers and outreach (sharing of information materials).

5.3. Minimum and progressive standards for CSE and information provision

This section will lay out the minimum standards that any organisation delivering information programmes and CSE to young people should be achieving, as well as progressive standards. Following this section is a self-assessment questionnaire, to help you assess how well your organisation is delivering on minimum standards.

Organisations should prioritise issues that are most relevant to their context, particularly given resource and time constraints, but they must also work within the extent of the law. Barriers to addressing high priority areas, and the needs of marginalized and under-served young people, may feed into your strategies for CSE and SRHR information provision.

If there are issues that the organization is not prepared to address, they should help identify resources, websites or other organizations for young people to gain more rights-based information.

5.3.1. Minimum standards for CSE

	Minimum standard	Progressive standard
Programmes should be	<ul style="list-style-type: none"> ✓ Age appropriate and gender sensitive (i.e. the perspectives of both boys and girls, in relation to sexuality, should be incorporated) ✓ Based on scientifically correct information ✓ Built with respect to rights and needs of other people (respectful towards each other) ✓ Inclusive of a wide range of topics, including positive experiences, not only risks (e.g. STIs and HIV) ✓ Addresses (sensitive) issues such as masturbation, pre-marital sex, condom use and abortion ✓ Responsive to the cultural and social context (e.g. including culturally harmful practices/local myths) 	<ul style="list-style-type: none"> ✓ Assessing and responding to the sexual development and real needs, rights and experiences of the target group ✓ Incorporating perspectives (e.g. sexuality) of all genders (incl. transgender) ✓ Gender equal approach: all young people are regarded as sexual beings and can initiate sexual contact, and say no to sexual contact, all genders have a choice, etc. ✓ Addressing the differences between facts and opinions (also cultural myths and sensitive issues such as sexual preferences) ✓ Giving young people full, complete and up-to-date information and they are encouraged to make informed choices about their own life (as opposed to abstinence-only/ fear-based and prescribing approaches). ✓ Promoting respect of diversity among people (i.e. regardless of gender, age, disability, HIV status, LGBTQI, ethnicity, etc.)
Programmes should address the following topics ⁴¹	<ul style="list-style-type: none"> ✓ Human body and development ✓ Fertility and reproduction ✓ Sexuality ✓ Emotions, friendship and relationships ✓ Gender and diversity ✓ Health and wellbeing ✓ Sexual and reproductive rights ✓ Sexual harassment and abuse ✓ Social and cultural determinants of sexuality (e.g. values and norms) ✓ Specific information on the needs of different genders ✓ Communication and decision-making skills 	<p>Communicate the following positive messages:</p> <ul style="list-style-type: none"> ✓ "Having sexual feelings is normal; everyone is a sexual being by birth." ✓ "Sexuality is a positive part of your well-being." ✓ "Safe sex is protected, consensual and enjoyable." ✓ "You can enjoy sexuality, when you know the risks and how to take preventive measures and make consensual decisions." ✓ "Sexual and reproductive rights are the rights of all persons, free of coercion, discrimination and violence." ✓ "The responsible exercise of human rights requires that all persons respect the rights of others." ✓ The environment (school, community, society) should respect and support the rights of young people

41 See IPPF's CSE Framework for more information

5.3.2. Minimum and progressive standards for information provision

	Minimum standard	Progressive standard (in addition to minimum requirements)
Values and approach	<ul style="list-style-type: none"> ✓ Information is complete, up to date, correct, evidence-based and consistent with human rights ✓ Programmes recognise the SRH rights and needs of young people, including those living with HIV ✓ Programmes are comprehensive and do not promote abstinence as the only way of preventing SRH problems like unwanted pregnancies or STIs/ HIV 	<ul style="list-style-type: none"> ✓ Information is comprehensive, complete, inclusive and based on choice, human rights, evidence, and a positive approach to sexuality ✓ Content is developed locally or adapted to local context, as necessary, in partnership with young people, sub-groups and programme beneficiaries
Information about youth-friendly services	<ul style="list-style-type: none"> ✓ Information on where and how to access youth-friendly services ✓ Information on what services are available ✓ Information about rights to access services 	<ul style="list-style-type: none"> ✓ Information about context-specific laws relating to SRHR services (and access) ✓ Referrals for services go beyond mentioning available services, to address social, cultural, legal and individual barriers that young people face in accessing them, including communication skills and assertiveness
Mode of delivery	<ul style="list-style-type: none"> ✓ Content is made available and accessible to young people (demand driven) ✓ Content is delivered to young people (supply driven) ✓ Educators facilitate instead of teach and are trained to do so effectively 	<ul style="list-style-type: none"> ✓ Information is provided to young people through channels they use and prefer ✓ Information is provided through a range of different channels ✓ The programme delivers information through e- and m-health channels ✓ Education is delivered as part of the school curriculum in a safe, non-judgemental way with a supportive school environment ✓ Out-of-school youth is reached in convenient and safe settings which are supportive and easy to access
Target audiences	<ul style="list-style-type: none"> ✓ Girls and young women, boys and young men, aged 10-24 years ✓ Out-and in-school youth ✓ Intermediaries, like parents and community 	<ul style="list-style-type: none"> ✓ Partners implement strategies to reach younger cohort (ages 10-16 years) and even children from Kindergarten on ✓ Mechanisms are in place to support individuals who face barriers in accessing youth-friendly services and comprehensive SRHR education and information ✓ Specific interventions to address local barriers and problems (e.g. FGM, LGBTQI youth, YPLHIV)

5.4. Self-assessment and baseline mapping

5.4.1. Self-assessment

Self-assessment is a regular part of monitoring and evaluation. It should help you to assess how well your programmes are performing in relation to the minimum standards (discussed above).

Core values

(Apply to all programmes areas and stages, below, as relevant)

- ✓ Do information and CSE programmes incorporate (contextually specific) indicators to promote diversity, gender-transformative interventions, meaningful youth participation and child protection?
- ✓ Does the programme encourage advocating for young people's rights?
- ✓ Are young people meaningfully involved in information and CSE programmes?
- ✓ Are young people meaningfully participating as peer educators?
- ✓ Is meaningful youth participation structurally integrated in our programme cycle? (e.g. youth representation, paid opportunities, training)
- ✓ Do we effectively support young people who are involved in information and CSE programme(s)? (e.g. reimbursing travel, planning around school schedules, etc.)
- ✓ Do young people have opportunities to build their skills and knowledge, in relation to information and CSE programmes?
- ✓ Are there resources allocated to support young people?
- ✓ Are staff members trained in values, capabilities and skills relating to the involvement of young people and facilitating CSE programmes?
- ✓ Are information and CSE programmes effectively utilizing youth structures in the organisation/alliance/wider community?
- ✓ Has the programme linked with SRHR and/or HIV organisations to enhance SRHR/HIV integration?

Planning

- ✓ Are programme interventions based on evidence (including lessons learned from other programmes, peer-reviewed research in the academic community, etc.)?
- ✓ Does the programme promote collaboration and partnerships with youth representatives and professionals from a variety of backgrounds (e.g. education, health, faith, academic, legal, social)?
- ✓ Does the programme respond to the information needs of young people within the community, particularly marginalised groups?
- ✓ Has the programme mapped challenges and opposition to delivering SRHR information to young people?
- ✓ Have community stakeholders (e.g. parents, teachers, relevant decision makers, community and faith leaders) been consulted in planning interventions and received information about the (implementation of) intervention(s)?
- ✓ Have facilitators and others involved in programme delivery received adequate support, training and supervision so they are able and willing to deliver the programme intervention(s)?
- ✓ Are objectives SMART (specific, measurable, achievable, realistic and time-bound) and is a well-designed PME system used?

Delivery

- ✓ Does the programme deliver clear and consistent messages?
- ✓ Do facilitators create a safe environment for young people and do they facilitate instead of teach?
- ✓ Are programmes linked up to youth-friendly services (supporting referral networks) so that young people can access any services they need?
- ✓ Do programmes promote communication with parents and other adults?
- ✓ Have peer models been considered for delivering interventions? (see Chapter 6, sections 6.1.3. and 6.3.2., for more on peer provision)
- ✓ Is information delivered through diverse outlets?
- ✓ Are selected delivery channels based on mapping (in planning stages) and not simply the same channels that have been used before?
- ✓ Are providers trained and signed onto a relevant child protection policy?

Content

Is information delivered/available on the following topics:

- ✓ Gender (gender and sex; gender roles; masculinity and femininity; evolving social norms and values; gender inequality)?
- ✓ Sexual and reproductive health (anatomy; sexuality; sexual response; understanding STIs and HIV; pregnancy and abortion; living with HIV; sexual harassment and abuse)?
- ✓ Sexual citizenship (human rights; policies, laws and structures; services and resources; participation; choice; protection)?
- ✓ Pleasure (sex should be enjoyable, safe and consensual; sex is more than intercourse; biology and emotions; masturbation; relationships and communication)?
- ✓ Violence (types; rights and laws; support options; community norms and myths about power and gender; prevention; referrals)?
- ✓ Diversity (the range of diversity, e.g., faith, culture, ethnicity, ability/disability, sexual orientation; gender, sexual identity, HIV status, discrimination)?
- ✓ Relationships (emotions; intimacy (emotional and physical), rights and responsibilities; power dynamics; coercion)?

Monitoring and evaluation

- ✓ Has an outcome evaluation been conducted, or is it planned?
- ✓ Has a process evaluation been conducted, or is it planned?

Referral networks

- ✓ Do information programmes promote and reinforce referral networks?

Check out

Specific tools you may use to assess your CSE curricula are the Planning and Support Tool of STOP AIDS NOW! and Rutgers, the SERAT Tool of UNESCO and the Inside and Out Tool of IPPF. Check Annex B for a link to these resources!

5.4.2. Baseline mapping

Baseline mapping can help you to determine how well your CSE and information programmes are reaching young people from a range of communities, reflecting their diverse identities and circumstances, and meeting their needs. Baseline mapping should enable you to highlight where the gaps are, and identify who is being left out. Baseline mapping should inform future planning and implementation (see section 5.4., below).

Through brainstorming and investigative research, put together a map of all sources of information on SRHR for young people in your target area. Consult colleagues, youth organisations and other contacts to make this an exhaustive compilation.

Consider, at least, the following channels and sources:

- ✓ Schools
- ✓ Youth Centres
- ✓ Health providers
- ✓ Helplines (phone and/or chat)
- ✓ School or community based programmes addressing life skills, prevention of HIV and sexual abuse, sexuality, gender and child rights

- ✓ Websites
- ✓ Government, (youth) CSOs or private campaigns (e.g. MTV)
- ✓ Media campaigns (Radio, newspapers and TV)
- ✓ Existing e & m initiatives like text-based services or apps
- ✓ Pharmacies, traditional healers
- ✓ Free Press Unlimited/Wereldomroep/BBC Sexwise
- ✓ Social media
- ✓ Employers
- ✓ Legal and social services

When you are confident you have a comprehensive list, ask the following questions of each different source of information:

- ✓ What is their reach?
- ✓ Do they meet young people's needs and rights?
- ✓ Which youth populations get left out?
- ✓ How progressive/comprehensive are these initiatives?
- ✓ How effective are these initiatives and how can we build upon lessons learnt?
- ✓ Do they meet our requirements in essential package on SRHR education and information?
- ✓ Are any of them linked to each other? (for example, the website referring to the helpline for further questions, etc.)
- ✓ Are they linked to YFS or services? How strong is this link?

Make sure to involve young people, from different communities, to answer these questions!

The answers to these questions will help you identify young people who are under-served in terms of access to comprehensive, quality, rights-based SRHR information and CSE and youth-friendly services. These young people, or a selection from among them, should form your target audience group.

Research your target audience

Now, get to know your target audience and their information needs. To research these young people, consult existing research, youth organisations, young people from the target group, educators and existing e- and m-health initiatives and collect statistics, data and reports on SRHR problems of young people. You may need to reach out to organisations and young people you have not engaged with before.

What are their particular needs for SRHR information?

To answer this question, partner(s) will need to do further research consult with young people from the target audience to get the most accurate and effective responses.

Knowledge:

- ✓ What are the most common misconceptions/perceptions?
- ✓ What questions do these young people tend to ask the most?
- ✓ Do they get accurate and appropriate answers to their questions?

Skills:

- ✓ What skills do young people lack? (e.g. negotiating safer sex, condom use, resisting peer pressure, assertiveness, communicating about sexuality)

Health service data:

- ✓ Do sexual health indicators tell us anything about their information needs?

What barriers, internal and external, do young people face to access more and better information and/or education?

- ✓ Cultural or religious barriers?
- ✓ Lack of access to technology or to the setting where the information/education is provided?
- ✓ Limited time to access information and education?
- ✓ Negative attitudes among adults towards comprehensive information and education on SRHR and on youth who are sexually active or perceived as such?
- ✓ Internal barriers: knowledge, risk perception, attitude, self-efficacy, skills, attitude, social norms?

What is the best channel to reach these young people?

- ✓ Schools and out-of-school settings such as youth centres/clubs and health centres?
- ✓ Events where many young people are together?
- ✓ Youth Magazines, Radio, Television?
- ✓ Websites, social media (Facebook or other network)?
- ✓ Mobile networks, including texting or smartphone applications?
- ✓ Sports leagues or teams?

What training or support do educators receive to deliver information to young people?

- ✓ Training in (openly) discussing sexuality, SRHR, facilitation and participatory methods?
- ✓ E-health or m-health technologies?
- ✓ Ongoing training?
- ✓ What is the quality of this support?
- ✓ Gaps in the content of training/support?

5.5. Planning and implementation

5.5.1. Planning and implementation CSE interventions

Like any project intervention, CSE interventions need good preparation and planning. The subsequent steps for project planning are described in box 'Planning your intervention' at the bottom of this page.

In addition to these steps, it is important to take into account the following in the planning and implementation process:

a. Make use of available knowledge and learn from your own experiences

In the preparation and planning process it is key to make good use of available knowledge on what makes CSE interventions successful and what the risks are. This knowledge can be found in scientific, peer-reviewed articles and the academic environment, as well as documents shared by national and international experts. Universities are possible good allies to get validated and trustworthy knowledge and information; for instance, through research we know that sexuality education does not cause young people to engage in sexual relations at a younger age, while in most cases it even contributes to a delay.

Besides, any experiences built up in the own organisation and projects need to be considered. Conscious reflection on these experiences and results will determine which success factors should be maintained, and what elements need rethinking or should even be dropped.

Both types of knowledge are necessary for a learning organisation that continuously intends to improve the implementation and results for the beneficiaries. This also underscores the need for continuous "operational research" or action research: are the interventions that we developed and implemented indeed effective and efficient? This might well be a longer process to gradually improve the intervention and to develop it further into a (cost) efficient intervention.

b. Various implementation settings

A good intervention starts with getting a full picture of the composition of the population at the target site and what its specific characteristics and needs are. The community population can be divided into various groups who are in need for CSE: young people in general (boys and girls), young unmarried mothers, married teenage mothers, school drop outs and street children, orphans and other vulnerable children, disabled young people and more. Different groups need different approaches and channels to reach them and deliver what they are in need for: open table talks for young people, female health educators to reach married teenage mothers, peer educators to reach young unmarried mothers, peer to peer discussion groups for young women, church services and gatherings for youth/women, income generating activities, and the like.

Reaching young people at school has a big advantage and opportunity. High numbers of young people can be reached in a structured way. But also keep in mind that, although the group of school attendants is more homogeneous, for the fact that they all attend school, there are still differences in characteristics like age, sex and gender, marital status, being a parent, being HIV+, coming from a stable or violent family background, living with parents or living independently with peers. These are just a few characteristics that determine the life of young people and hence their CSE needs.

c. Barriers and recommendations

Providing comprehensive sexuality education at school is subject to limitations, such as time constraints, limited budget, limited ability of teachers/educators to address all the topics and staff turnover. Similarly the school environment might not be conducive in terms of health and safety conditions; for instance, power relationships between teachers and students might prevent open discussion to take place and sanitary facilities might be lacking.

Young people are confronted with conflicting messages in the school environment, at home and in the community.

While not all the barriers can be addressed, a coherent approach is advised to ensure that students can access the best education possible. A possible approach is the Whole School Approach that considers the school as a community and acknowledges everybody's role to become successful in CSE and reach sustainable implementation.

The key principles to make this approach successful are:

- ✓ Ownership
- ✓ Participation of all stakeholders
- ✓ Participation as a teaching principle
- ✓ Process approach
- ✓ Sustainability
- ✓ Key role of teachers
- ✓ Cooperation between the school and health services

In countries where school attendance is low, and where school-based sexuality education is weak, significant knowledge gaps on sexual and reproductive health are very likely. Delivering CSE in non-formal settings can complement in-school programmes and offers similar as well as additional potential in terms of outcomes. CSE interventions that broadly encompass the comprehensive range of elements outlined above have the potential to achieve similar benefits and positive outcomes for young people who are outside the school system, and therefore by definition marginalized and vulnerable. The school as the vehicle of delivery can be either complemented or replaced by a number of alternative 'non-formal' vehicles.

Planning your intervention

- 1. Involvement:** Interventions are more likely to be effective when all stakeholders, including decision-makers, educators and young people, work together.
- 2. Needs assessment and situation analysis:** A thorough situation analysis should be conducted prior to starting any programme in order to understand the local context and identify young people's needs.
- 3. Objectives:** The programme objectives should be informed by the needs assessment and situation analysis. The objectives should be SMART (specific, measurable, achievable, realistic and time-bound). Partnerships with various stakeholders might be necessary to achieve all the objectives.
- 4. Theoretical orientation, evidence and interventions:** Interventions may consist of a number of different activities and should cover all the elements described in the essential or progressive standards.

5. Adoption and implementation: Educators should be thoroughly trained before they start implementing the programme.

6. Monitoring and evaluation: To assess the effectiveness of SRHR education, programmes must include both a process evaluation and an outcome evaluation. In a process evaluation, they evaluate the intervention's development and implementation. In an outcome evaluation, planners measure change among the target population as a result of the intervention.

5.5.2. Planning e- and m-health interventions

Young people appreciate the ability to use e- and m-health applications to access information. For example,

- ✓ young people share SRHR information through social media platforms such as Facebook and Twitter. They like the interactivity and trendiness of these platforms;
- ✓ for more private SRHR questions, young people prefer mobile health interventions (e.g. telephone helpline, SMS service). These channels offer more privacy than an interactive website.

E- and m-health platforms can complement information provided through traditional outlets, and young people are in favour of accessing and engaging with SRHR information through a mixture of traditional and new media.

However, not all young people use e- and m-health technologies, or not in the same ways. For instance young people living in rural areas may not have access to the Internet, and vulnerable young people may not have their own phone. Appropriate strategies should therefore be designed to reach out to all types of audience.

Planning

- ✓ Engage young people (including marginalised young people) in the development and testing phase of SRHR education and information activities to make sure the programmes are sensitive to the needs of different groups of young people.
- ✓ Engage young people (including marginalised young people) in the implementation of activities, including in the delivery of (peer) services, and in monitoring and evaluating them.
- ✓ Build capacity of partners to ensure that SRHR education and information programmes address existing myths on HIV and actively contribute to fighting stigma and discrimination and gender based inequality (challenging gender roles and stereotypes and raising awareness on harmful practices like early and forced marriage, for example). Taking these partners through a process of developing and implementing a HIV/SRHR/gender workplace policy is one way of doing this.
- ✓ Engage young people in the governing and/or advisory bodies of programmes or encourage them to take on coordination or management positions.

Check out

See Annex B for more useful resources on SRHR education and information!





Chapter 6: SRHR services for young people

- 6.1. Youth-friendly sexual and reproductive health services..... 49
- 6.2. Minimum and progressive service packages..... 50
- 6.3. Self-assessment and baseline mapping 56
- 6.4. Planning and implementation 61

Chapter 6: SRHR services for young people

6.1 Youth-friendly sexual and reproductive health services

6.1.1. What are youth-friendly sexual and reproductive health services?

Youth-friendly sexual and reproductive health services are services that deliver a comprehensive range of SRH services in ways that are responsive to the specific needs, vulnerabilities and desires of young people. They succeed in attracting and retaining young clients for continuing care.

The range of services should reflect those provided by any other good quality SRHR service provider, including prevention, diagnosis and management of sexual and reproductive problems, both physical and mental.

Specific services include:

- ✓ HIV testing, counselling and treatment
- ✓ STI testing and counselling
- ✓ Prescribing appropriate medications and health products
- ✓ Pregnancy testing
- ✓ Contraception counselling and provision (‘family planning’ services)
- ✓ Maternal health services
- ✓ Abortion related services and post-abortion care (within the extent of the law)
- ✓ Counselling services
 - Sexual abuse counselling
 - Relationship counselling
 - Counselling and psycho-social support relating to individual issues that undermine sexual health and well-being
 - Sexual and gender-based violence counselling
- ✓ Referral services (including outside of the health sector, such as legal and social services)

Remember:

- ✓ It is always legal to provide post-abortion care and counselling
- ✓ Abortion is almost always permissible under some circumstances, even in restrictive contexts. Service providers should seek to provide the abortion services that are permitted by law (as per WHO recommendations)

Youth-friendly services build on those offered by general SRHR service providers in that they recognise and respect the diversity of young people and their specific needs, promote gender equality and offer positive approaches to sexuality and relationships. They support young people to make informed choices about their health and sexuality according to the principle of the evolving capacity of the child.

Youth-friendly services should be accessible to all adolescents and young people irrespective of their age, marital status, HIV status, sexual orientation, gender identity, occupation, social status, geographical location or ability to pay. Services must be confidential, non-judgmental, stigma-free and private.

Youth-friendly services recognise the importance of the people and community groups that structure young people’s lives and their choices. Thus, services should involve and gain the support

of those important in the lives of young people, such as partners, parents, guardians, carers, faith organisations, community leaders and schools. At the same time, service providers must prioritise young people’s rights, including rights to privacy and confidentiality, and ensure that they do not compromise these rights by involving parents, guardians or others.

Youth-friendly service providers should work with programmes and schools providing comprehensive sexuality education and other youth sexual and reproductive health programmes to improve linkages between services, education and outreach.

Youth-friendly service providers aim to provide opportunities for adolescents and young people to be meaningfully involved in designing, implementing and evaluating services.

6.1.2. Service providing partners

Service providing partners may include government, NGO, for-profit and informal partners who provide services and supplies. Services include training, values clarification and technical support, and some partners may also be involved in health service delivery.

The minimum and progressive standards for youth-friendly services, outlined in this Essential Packages Manual, apply equally to service providing partners and to your organisation’s own service delivery facilities and personnel.

Many of these partners will already be providing services for adults, some or even many of the services contained in the essential package of services (see table below, in section 3.1.3), but will need support to extend their services to young people.

Check out

See Chapter 4 for more detail on working in partnership!

6.1.3. Peer provision

While young people have been involved in providing information, education and services to their peers for many years, until recently there has been an absence of rigorous research documenting the impact and usefulness of peer provision. IPPF has recently conducted some research into peer provision, incorporating a comprehensive literature review and investigation of models used by their members, and this has produced a stronger evidence base for where peer provision can be most effective⁴³. The content in this chapter on peer provision is based on IPPF’s research.

Peer provision is where an individual performs a health-related function for someone who belongs/shares similar characteristics as themselves (e.g. age, experience, status). In the context of youth peer provision, a similar age is often considered sufficient, but in fact the more similarities between the provider and the client, the more likely that the support and services provided will be effective.

43 IPPF (2015) Assessment of Peer Provider Models. Prepared by Marcela Rueda Gomez. London: IPPF.

Types of peer provision models

There are a number of different models of peer provision models, which vary according to: the extent and type of training that peer providers receive, in whether providers are paid staff members of a health care facility or are volunteers, in the method of peer provision and in the extent of the commitment by the peer provider.

Types include:

- ✓ Professional-led group that facilitates peer exchanges
- ✓ Face-to-face, peer-led self-management support groups (from unstructured to very structured)
- ✓ One-to-one peer coaching
- ✓ Community health workers
- ✓ One-to-one peer support through telephone, website or email

Peer providers often complement care provided by formal, paid health facilities, rather than replacing them. Thus, peer provision is often not a mechanism to address shortages of health providers. However, it can add different kinds of support to the health care package.

Contributions of peer provision models

A systematic academic literature review of peer provision models, using a number of medical databases⁴⁴, review papers and websites, produced the following findings.

Benefits for clients who receive peer provision services⁴⁵:

Attitude	Behaviour/health outcomes
<ul style="list-style-type: none"> ✓ Increased confidence ✓ Increased perceived social support ✓ Increased positive mood ✓ Increased understanding of self-care ✓ Increased sense of independence ✓ Increased sense of self-acceptance and empathy ✓ Clients feel more empowered 	<ul style="list-style-type: none"> ✓ Improved health behaviours ✓ Reduced hospital admissions rates ✓ Improved social functioning (social contact, integration) ✓ Improved employment opportunities as a result of a reduction in self-stigma

Interviews with IPPF members also suggested that peer provision resulted in increased access to (and/or increased uptake of) sexual and reproductive health services. One reason for this was that many young people receiving peer support were referred to clinical services. IPPF member Reproductive Health Uganda also suggested that for many young people, peer counselling was a first point of contact with SRH services, and it demonstrated to them the friendliness of the services and gave them the confidence to visit clinics.

In the Baseline Mapping section below, there are some guiding questions to assess whether to consider implementing a peer provision model as part of your service package.

6.1.4. Integrating HIV and SRHR

Comprehensive health services should include both SRHR and HIV youth-friendly services. This means that services are tailored to the needs of young people, including young people living HIV and from vulnerable or marginalised groups, and to the life circumstances of young people, and that they provide a comprehensive range of SRHR and HIV services at one site, regardless of HIV status.

Integration can allow for best use of limited health resources and improve health service delivery by preventing duplication and competition for resources.¹¹ By offering a 'one stop shop', integration can also reduce stigma and discrimination because it means people living with HIV no longer need to access HIV-specific clinics.

Linkages between core HIV services (such as prevention, treatment, care and support) and core SRH services (namely, family planning, maternal and child health, prevention and management of STIs, promotion of sexual health, prevention and management of gender based violence, prevention of unsafe abortion) generate important public health benefits and are crucial to all adolescents and young people living with HIV.

Integration can broaden the skills of health providers, and it can promote more welcoming and accepting attitudes among service providers towards young people living with HIV. All staff, particularly service providers, need to understand and accept that young people living with HIV have sexual lives and rights and need stigma-free information and services. This includes counselling and support around repeated disclosure, safely having children, support to HIV treatment adherence and dual protection (from both HIV and unwanted pregnancies), and having policies and mechanisms in place (such as referrals) for addressing intimate partner violence or violence in the home.

The following sections, including minimum and progressive standards for SRHR services for young people, baseline mapping and planning steps, incorporate important elements of integrated SRHR and HIV services to support organisations to deliver an inclusive, comprehensive package to young people.

6.2. Minimum and progressive service packages

An essential package of youth-friendly services implies not only a set of services and supplies that are available, but also a minimum standard of quality of care. The minimum standards are specific to the type of service outlet: a static service outlet, outreach service, including mobile clinics, and community-based, or peer distribution.

The following table shows the essential requirements for the essential service package. For some organisations, it may not be effective to provide particular services because government clinics or other partners already have coverage. In all cases, organisations that cannot provide a particular type of service included in the minimum package should be trained and able to provide referrals to an appropriate service provider who can.

⁴⁴ Medline, Cinhal and psych INFO databases

⁴⁵ For chronic diseases and mental health

See the following section (6.2.1) for the essential requirements for quality of care and accessibility.

		Minimum service package	Ideal service package (in addition to minimum package)
Static service outlets	Services	<ul style="list-style-type: none"> ✓ Counselling (sex and sexuality) ✓ Contraceptives supplies and counselling (oral contraceptive pills, male and female condoms, at least one emergency contraceptive method) ✓ Safe abortion care (incomplete abortion treatment or pre- and post-abortion counselling) ✓ STIs (testing, treatment and condoms) ✓ HIV pre- and post-test counselling, testing and ARVs ✓ PMTCT ✓ Pre- and postnatal care (confirmation of pregnancy) ✓ Sexual and gender-based violence (SGBV) (screening and referral for clinical, psycho-social and protection services and legal services) ✓ Gynaecology (puberty-related services) and PAP smears or other cervical cancer screening method 	<ul style="list-style-type: none"> ✓ Relationships counselling ✓ Contraceptives (injectables, at least one long-acting and reversible contraceptive device and at least one permanent method) ✓ Safe abortion care (incomplete abortion treatment, pre- and post-abortion counselling, induced surgical and medical abortion care) ✓ Pre- and post-natal care ✓ HPV vaccination ✓ SGBV (counselling and/or treatment for fistula, female genital mutilation, life-saving clinical services including STI presumptive treatment and HIV post-exposure prophylaxis)
	Referrals	<p>Referrals should be available to other youth-friendly clinics and legal and social services, and are essential for services in the minimum package that are not available by the service provider. Referral networks should be two-way, so that clients have appropriate follow-up services.</p> <p>Not all (private) youth-friendly facilities are able to provide ARVs to young people living with HIV due to the government system providing and distributing ARVs. In these cases, a referral system should be in place to refer young people living with HIV to a (government) facility where they can access ARVs and related services without being stigmatised.</p> <p>Ensure that young people do not need to visit more than two additional service providers to access all the services they need, including SRHR and HIV services. If this is not possible, managers and service providers should analyse why this is the case and take steps to address it.</p>	
	Supplies	<p>Clinics should have on hand necessary commodities for the minimum package of essential services, or be able to advise clients on how to obtain them at minimal cost and inconvenience.</p>	

		Minimum service package	Ideal service package (in addition to minimum package)
Outreach services, including mobile units	Services	<ul style="list-style-type: none"> ✓ Counselling (sex and sexuality) ✓ Contraceptives (counselling, condoms) ✓ Safe abortion care (pre- and post-abortion counselling) ✓ STIs (condoms) ✓ HIV pre- and post-test counselling, testing and ARVs ✓ Sexual and gender-based violence (SGBV) (screening and referral for clinical, psycho-social and protection services) ✓ Gynaecology (puberty-related services) ✓ Referrals for incomplete abortion treatment and induced surgical and medical abortion care 	<ul style="list-style-type: none"> ✓ Relationships counselling ✓ Contraceptives (at least one emergency contraceptive method, oral contraceptive pills, injectables and sub-dermal implants) ✓ STI testing and treatment ✓ Pre- and postnatal care ✓ HPV vaccination ✓ PAP smears or other cervical cancer screening method ✓ SGBV (STI presumptive treatment and HIV post-exposure prophylaxis)
	Referrals	Outreach workers must be able to refer clients to other clinical and psycho-social services. Outreach workers should be prepared with detailed knowledge of where and how to access other clinical services and specialist care in their target areas.	
	Supplies	Outreach workers and mobile clinics must be equipped with the commodities necessary to provide the minimum or ideal package of services, or be able to advise clients on how to obtain them at minimal cost and inconvenience.	

		Minimum service package	Ideal service package (in addition to minimum package)
Community-based and peer distribution	Services	<ul style="list-style-type: none"> ✓ Counselling (sex and sexuality and relationships) ✓ Contraceptives (counselling, condoms) ✓ STIs (condoms) ✓ HIV pre- and post-test counselling, testing and ARVs ✓ Sexual and gender-based violence (SGBV) (screening and referral for clinical, psycho-social and protection services) ✓ Gynaecology (puberty-related services) 	<ul style="list-style-type: none"> ✓ Contraceptives (at least one emergency contraceptive method, oral contraceptive pills) ✓ HIV rapid testing ✓ Referrals for pre- and post-abortion counselling, incomplete abortion treatment and induced surgical and medical abortion care) ✓ Be aware of HPV vaccine national policy. Where possible, service providers should provide the HPV service or referral for HPV.
	Referrals	<p>Outreach workers and peer educators must be able to refer clients to other clinical and psycho-social services, as well as specialist care and support.</p> <p>Peer educator training should focus primarily on rights-based and youth-friendly language, counselling and referrals in order to maximise outreach for young people.</p>	More experienced or qualified peer educators can provide basic commodities and services, such as condoms and rapid HIV testing, in accordance with a task optimisation approach.
	Supplies	Peer educators should have access to a small amount of commodities necessary to deliver the services they have been trained in. Alternatively, they must be able to advise clients how to obtain supplies at minimal cost and inconvenience.	

6.2.1. Quality of care and accessibility

To be youth-friendly, services must be accessible to all young people in the target area. This relates to location, affordability, opening hours and the sensitivity of staff (including receptionists, gatekeepers, laboratory staff, etc.) to young people's needs and concerns.

As above, these standards apply equally to service providing partners as to your organisation's own service delivery outlets.

	Price	Opening hours	Location
Static service outlets	Special attention should be made the economic situation and diversity of young people in your community. Cost should never be a barrier to services for young people. Prices for services should be kept within an attainable reach, and where possible commodities and services should either be free of charge or priced on a scale that allows for maximum accessibility.	Service centres and clinics should consider young people's time constraints, like school or work, and strive to provide youth-friendly, flexible opening hours, including some evenings and weekend hours. (What is appropriate and youth-friendly will vary according to context.)	Service centres and clinics should be placed in central locations, which are easy to access by local transport or by foot. Additionally, clinics providing YFS should be located so as not to draw attention to the young people accessing them (e.g. located in areas where young people commonly gather). Partners interested in setting up YFS programme should explore with local young people the best way to mark and advertise their services so as to best reach their targets.
Outreach services, including mobile units	Outreach services should be free or available at lowest cost possible to facilitate access for all young people.	Outreach times and locations should prioritise reaching the young people who cannot use the clinics during regular hours (e.g. on evenings and weekends, or in rural or disadvantaged communities without a health clinic). Alternatively, outreach and mobile clinics can target specific places or times where people are congregated, such as public holidays, allied or partner churches or schools, or public events. Partners should work with young people from local communities to determine a strategy for key times, locations, or events for maximum impact. Outreach services may include telephone lines to answer young people's questions on SRHR and HIV, to provide counselling and referrals.	
Community-based and peer distribution	Community and peer education services should be free to users.	Community and peer education services should strive to meet young people where they are, whether in schools, youth centres, churches or other places of worship, sports fields, or on their phones or social media. Programme planners and implementers should work with local young people to determine the best places and strategies for their context.	

6.2.2. Staff competencies and service delivery ethos

The philosophy underlying service provision is expressed through the quality of care that clients receive. This is why it is so important that a rights-based orientation is reflected throughout service design and delivery. Service providers must be completely committed to and supportive of young people's sexual and reproductive health and rights.

This means that in addition to providing clinical services, service providers must:

- ✓ Be trained and supported to provide non-judgemental, unbiased services to young people, including those living with HIV.
- ✓ Receive training on values clarification so they are fully informed and open to young people's sexuality, including those living with HIV.
- ✓ Be able to create a safe and welcoming environment for young people.
- ✓ Be capable of communicating, in youth-friendly language, about sexual and reproductive health issues.
- ✓ Respect young people's rights to confidentiality and privacy (within the fullest extent of age of consent laws or policies).
- ✓ Be committed to rights-based service provision that integrates SRHR and HIV services.
- ✓ Young people should evaluate services through client-satisfaction surveys and feedback mechanisms.

To further integrate SRH and HIV services, service providers should also aim to support young people living with HIV to provide services to their peers and help to monitor treatment outcomes.

Support staff at clinical service facilities, including receptionists, building maintenance staff, cleaning staff and others, should also be trained to treat young clients with respect, have a non-judgemental attitude and to uphold client confidentiality.

In addition, youth-friendly service outlets should provide a wide range of materials on sexual and reproductive health issues, including content on the particular needs of local marginalised young people. Materials should be available for clients with different needs and abilities, and they should be available in local languages.

Minimum and progressive standards

In order to successfully deliver care, support and services to young people, particularly those with complex needs, service providers and other staff must have a specific set of skills and knowledge. These skills and knowledge are diverse, and vary according to staff function.

This section outlines the core competencies – skills and knowledge – that service providers, outreach workers, peer educators, support workers, clinic managers and educators should have.

There are a number of excellent training manuals and resources to build staff and organisational capacity, which provide much more detail than is possible here. Please find a selection in the Resources section.

Service providers

Task: Assess the client for medical eligibility for services, perform physical examinations, tests and other medical procedures, and provide medications/prescriptions.

Minimum standard	Progressive standard
Knowledge of: <ul style="list-style-type: none"> ✓ Medical eligibility criteria and guidelines for sexual and reproductive health services ✓ Legal context for access to sexual and reproductive health services for young people, including relevant reporting guidelines ✓ Relevant confidentiality and privacy policies and child protection policies as they apply to young people, and considering the country context 	Knowledge of:
Ability to: <ul style="list-style-type: none"> ✓ Provide sexual and reproductive health and HIV information, counselling and services in an enabling, non-judgmental and unbiased manner ✓ Perform physical examinations and history-taking to assess health 	Ability to: <ul style="list-style-type: none"> ✓ Assess the capacity of adolescent clients to consent to services, in countries where service providers are supported to provide services to minors provided they can demonstrate capacity to make reasoned decisions.

Check out

Check out IPPF's Provide: A Self-Assessment Tool for Youth-Friendly Services. Full details can be found in Annex B.

Service providers, peer educators, community outreach workers and educators

Task: Provide basic sexual and reproductive health counselling and referrals to services.

Minimum standard	Progressive standard
<p>Knowledge of:</p> <ul style="list-style-type: none"> ✓ Young people's sexual and reproductive rights and key health concerns ✓ Range of available services and age of consent to sexual and reproductive health services ✓ Where and how young people can access services and information about their sexual and reproductive health rights ✓ The specific needs and rights of vulnerable groups, including young people with disabilities, sexual and gender minorities, etc. ✓ Signs and symptoms for sexual and gender-based violence and abuse, including harmful traditional practices (e.g. female genital mutilation, early marriage) reporting requirements and where to go for help ✓ Conditions that affect sexual and reproductive health (medical, social and individual circumstances), rumours and myths related to sexuality, gender, and sexual health ✓ Agency child protection policies and reporting mechanisms 	<p>Knowledge of:</p>
<p>Ability to:</p> <ul style="list-style-type: none"> ✓ Discuss sexuality and sexual health with young people, regardless of their HIV status, marital status, gender identity and sexual orientation, in a positive, empowering and non-judgmental tone 	<p>Ability to:</p> <ul style="list-style-type: none"> ✓ Provide a wide range of sexual and reproductive health services, including counselling, safe abortion and post-abortion care

Task: Provide correct information on sexual and reproductive health to individuals, couples and groups.

Minimum standard

Knowledge of:

- ✓ Basic understanding of human reproduction, sexuality, gender, and sexual health
- ✓ When and where to refer clients with special needs
- ✓ Where youth-friendly services can be obtained
- ✓ HIV myths and facts about transmission and treatment
- ✓ Contraceptive choices for young people, including young members of key vulnerable populations
- ✓ Appropriate response for sexual and gender-based violence (SGBV) and rape

Ability to:

- ✓ Provide tailored and personalized information to enable young people to make informed voluntary decisions

Task: Provide basic health and contraceptive commodities, including condoms (male and female), HIV-tests and other safer sex commodities.

Minimum standard	Progressive standard
<p>Knowledge of:</p> <ul style="list-style-type: none"> ✓ Contraceptive methods and protected or safer sex methods ✓ Contraceptive choices for young people, including young members of key vulnerable populations ✓ HIV myths and facts about transmission and treatment ✓ Relevant confidentiality and privacy policies and child protection policies as they apply to young people 	<p>Knowledge of:</p>
<p>Ability to:</p> <ul style="list-style-type: none"> ✓ Demonstrate male and female condom use, and partner negotiation skills ✓ Discuss protected and safer sex methods and techniques 	<p>Ability to:</p> <ul style="list-style-type: none"> ✓ Provide any method of contraception, including injectables, subdermal implants and IUDs.

Clinic managers, service providers, community outreach workers

Task: Assess satisfaction with youth-friendly services, helping dissatisfied clients to redress problems.

Minimum standard

Knowledge of:

- ✓ Interviewing and history-taking or survey methods or diary
- ✓ Dialogue between clients and providers
- ✓ Relevant reporting and follow-up mechanisms, such as referral (e.g. in case of rights violations)

Ability to:

- ✓ Interview and take history
- ✓ Follow up with relevant managers and reporting mechanisms



6.3. Self-assessment and baseline mapping

6.3.1. Self-assessment

Core values

- ✓ Do services incorporate (contextually specific) indicators to promote diversity, gender-transformative interventions, meaningful youth participation and child protection?
- ✓ Is meaningful youth participation structurally integrated in the programme cycle? (e.g. youth representation, paid opportunities, training)
- ✓ Do young people have opportunities to build their skills and knowledge?
- ✓ Are there resources allocated to support young people?
- ✓ Are staff members trained in values, capabilities and skills relating to the involvement of young people?
- ✓ Do services effectively utilize youth structures in the organisation/alliance/wider community?

Service delivery management

These questions should be applied to partner facilities and services as well as referral partners

- ✓ Are all delivery sites supported by training and management systems?
- ✓ Are clear systems in place to collect learning and feedback from staff and clients, including about quality of care?
- ✓ Are systems in place to collect and analyse information about project targets?
- ✓ Is staff response to learning, feedback and progress on targets to improve service delivery and systems, systematized and periodical?
- ✓ Do service managers and staff effectively support young people who are involved in service design/implementation/monitoring and evaluation? (e.g. reimbursing travel, planning around school schedules, etc.)
- ✓ Do facilities have communication strategies to publicise where, when and what youth-friendly services are available?
- ✓ Are up-to-date printed materials about services and support available for a diverse range of clients? Are they visible and accessible at service delivery points?
- ✓ Are outreach, community-based services and peer distribution offered often enough that populations served can access the service provider for follow-up services?

Service integration SRHR in HIV

- ✓ Does the service provide family planning services along with HIV-related services?
- ✓ Does the service provide abortion-related services along with HIV-related services?
- ✓ Does the service provide cervical cancer screening along with HIV-related services?
- ✓ Does the service provide antenatal, maternal and postnatal services along with HIV-related services?
- ✓ Does the service provide comprehensive SRHR information along with HIV-related services?
- ✓ Are service providers sensitive to the SRHR-needs of young people living with HIV?

Service integration HIV in SRHR

- ✓ Does the service provide voluntary HIV counselling and testing along with SRHR-related services?
- ✓ Does the service provide mothers with HIV treatment, to prevent vertical transmission of HIV, along with SRHR-related services?
- ✓ Does the service provide HIV-related psycho-social support along with SRHR-related services?

Services are youth-friendly

These questions should be applied to your organisation's own facilities and services as well as referral partners

- ✓ Have all staff been trained on youth-friendly service principles and a rights-based approach to young people's sexual and reproductive health?
- ✓ Are all providers trained and signed onto a relevant child protection policy?
- ✓ Do all counselling and IEC materials include rights-based, sex-positive messages about young people's health and sexuality?

- ✓ Does each clinic, youth centre, outreach service and mobile unit have a child protection policy in place?
- ✓ Are clinics open at hours and in locations that are convenient and accessible to young people, taking into consideration school hours and transport costs?
- ✓ Are youth-friendly services offered through channels that are appropriate to the locations and needs of target groups?
- ✓ Are peer educators and outreach workers trained on youth-friendly health services and empowered to provide basic commodities or referrals for services using a peer promoter model?
- ✓ Are young people involved in service design, monitoring and evaluation (including on how youth friendly a service is)?
- ✓ Do young people have opportunities to build their capacities and to increase their role in decision making?
- ✓ Are youth-adult partnerships positive, respectful and mutually fulfilling?
- ✓ Do young people and adults have opportunities for reflection and support to strengthen youth-adult partnerships?

Efficiencies and integration

- ✓ Does the organisation collect and respond to data on young people's access to HIV and SRHR services (disaggregated by age, gender, HIV status and other factors)?
- ✓ Are youth-friendly services linked to all provider activities, including peer education, community outreach, community counselling, educational programmes, and others?
- ✓ Are partner organisations linked to each other and to other health and social services for young people?
- ✓ Do service providers screen young people for other concerns related to SRHR (e.g. gender-based violence, risk of female genital mutilation, early marriage)?
- ✓ Are youth-friendly services integrated in the design and implementation of:
 - primary care?
 - pre- and post-abortion care?
 - pre- and post-natal care?
 - services related to sexually transmitted infections and HIV?
 - services related to gender-based violence?
 - pregnancy prevention and family planning?

Increasing access for those hard to reach

- ✓ Does the service provide tailored information about HIV for key populations?
- ✓ Are services friendly and accessible for young people from key populations (e.g. young people who engage in transactional sex, men who have sex with men, those who are LGBTQI or who use drugs)
- ✓ Are services friendly to young males and responsive to the SRHR needs of young men?

Commodities

- ✓ Are essential SRH and HIV commodities, and related medical instruments (e.g. HIV testing kits) always available and in date and match the needs of the target group, as established through participatory research and mapping with local young people?
- ✓ Are there effective forecasting and procurement systems in place?
- ✓ Are youth-friendly IEC and outreach materials about commodities (e.g. pamphlets, flyers) consistently available?

Referral networks

- ✓ Do referral partners collect data on the number of referrals in, the number of referrals out, reasons for referral, sources of referral and outcomes of referral?
- ✓ Are there systems in place to monitor and evaluate the quality of the referral system?

Quality

- ✓ Is service provision consistent with current service-specific and medical ethical protocol for the delivery of services?
- ✓ Do partner(s) collect and respond to information on service user satisfaction?
- ✓ Are end users of services involved in monitoring and evaluating the quality of services?
- ✓ Do partner(s) have working relationships with technical staff, concerned with quality improvement, at the Ministry of Health?

6.3.2 Self-assessment of staff capacity and competencies

Provider skills and training

- ✓ Are providers trained to provide services to young people?
- ✓ Do all health workers, outreach workers and peer providers receive high quality pre-service and in-service training and on-going values clarifications and support sessions?
- ✓ Do both the theoretical and the practical elements of training cover sexual rights framework and rights-based approach to young people's sexuality and sexual health?
- ✓ Does training for providers reflect the current legal and policy framework for young people's health choices?
- ✓ Does training for providers include strategies to enable young people to access services to the fullest extent of the law?
- ✓ Does pre-service and in-service training curricula reflect current international standards?
- ✓ Does training for providers include protected and safer sex techniques?⁴⁶
- ✓ Are providers able to provide care and support for the needs and rights of marginalised young people?
- ✓ Are providers informed on and able to promote young people's capacity to make sexual and reproductive health choices?
- ✓ Is there is an adequate supply of training materials?
- ✓ Are providers trained and signed onto a relevant child protection policy?
- ✓ Are resources available for providers to make referrals for clinical and mental health services and social and legal support as needed?
- ✓ Are in-service training and refresher trainings conducted periodically?
- ✓ Does the service check that clients are satisfied with the services offered (e.g. package, quality and youth-friendliness)?

Clinical records for youth-friendly services

- ✓ Do health professionals receive training on record-keeping?⁴⁷

Quality assurance and quality improvement

- ✓ Is there an efficient and effective supervision system in place at all levels of the health care system? (e.g. including community-based and mobile outreach services, if relevant)
- ✓ Are managers trained in:
 - facilitative supervision and staff support?
 - logistics, including supply management?
 - programme management?
 - analysing data and using it for decision making?
 - quality assurance and quality improvement?
 - community engagement?
 - client satisfaction?
 - involving young people in meaningful ways in all phases of service delivery?

⁴⁶ Providers recognize that safer sex includes feeling safe and at ease with your partner, trust, communication, well-being and happiness. Promoting safer sex therefore means that providers need to address sexual desire and pleasure.

⁴⁷ Which follows the requirements of the legal context and reflects relevant information about clients' sexual and reproductive health and needs over time.

6.3.2. Baseline mapping

Baseline mapping is a research exercise that will help your organisation to assess what the current situation is, including what services and reach other organisations are providing, what audiences are being left out and where the gaps are in terms of youth-friendly services. This will help your organisation to establish priorities for improving and/or expanding its work, and to determine how it could make the most impact for young people.

Mapping available service provision and audiences

Hold a brainstorm session, involving staff, service providers, young people (including those living with HIV) and other relevant stakeholders. Together, do a thorough mapping of your target area, asking the following questions:

- ✓ What SRHR services are currently available to young people?
- ✓ What services are available to the general public, but are not youth-friendly?
- ✓ What gaps exist in service access, delivery and approach?

Next, assess existing youth-friendly services to see how well they are meeting needs. You can do this by:

- ✓ Assessing your own organisation's facilities, as well as those of your partners, using the IPPF 'Provide' assessment tool (see Resources overview in Annex B for details).
- ✓ Mapping partner facilities against the minimum target for youth-friendly services.
- ✓ Independently evaluating other available youth services in the project area.
- ✓ Geographic mapping of available services and youth friendliness of services available to all project partners and target populations.
- ✓ Develop a list of potential clients, including hard-to-reach clients (e.g. sex workers, men who have sex with men, young people living with HIV, etc.).
- ✓ Map each hypothetical client's pathway to access services, tracking how many different service providers they will need to visit and assessing ease of access. This is especially important with regards to marginalised young people, who may have multiple and complex needs.
- ✓ Map structural and social determinants, including legal and policy frameworks and cultural practices, that can undermine uptake of services.

At this point, you should have a good idea of the state of youth-friendly services in the area. You should know:

- ✓ What initiatives are out there.
- ✓ What their reach is and which youth populations get left out.
- ✓ How youth-friendly and progressive existing initiatives are.
- ✓ Whether existing services meet the minimum package of youth-friendly SRHR services, as well as what progressive standards of youth-friendly services are being met.
- ✓ Whether existing initiatives are linked to each other (including whether different initiatives are aware of each other, whether they cooperate with each other, and through referrals).

This information should suggest where the gaps are and where you should focus your efforts.

Research priority needs and key barriers

Identify priority populations and a) their specific needs for SRHR and b) barriers they face to services, by gathering information from:

- ✓ Youth organisations
- ✓ Young people from the target groups
- ✓ Service providers
- ✓ Community organisations, including schools

To gather this information, your organisation could choose to host a partner workshop and invite the stakeholders mentioned above, as well as any other actors who should be involved. This could be an opportunity for all involved to share their work plans and key strategies, and it is an opportunity for you to share the results of your baseline mapping and to present the findings of your research in terms of priority needs and key barriers. Together, you and your partners may be able to come up with solutions to these priority needs and barriers.

Considerations for developing and implementing peer provision models:

Before deciding to develop and implement a peer provision model, you will need to address the following considerations.

- ✓ What are the specific needs of your target audience that you wish to address?
- ✓ Do any existing service providers deliver peer provision models that provide the same/similar/complementary care?
- ✓ What is the legal framework on task shifting/sharing? (Peer provision models generally need to be supported by an enabling regulatory framework, which sets out how individuals who are not professionally trained can be involved in health service delivery).
- ✓ Would peer provision be supported by the local context (socially, culturally, etc.)? Would young people and their parents be supportive? Would you need to do any sensitisation and social support before embarking on a peer provision model?
- ✓ Does your organisation have capacity to effectively support peer providers? Training, supervision and ongoing support are all necessary components of peer provision.

Stories from the field

Uganda: Feedback from young clients about services

Margaret Nannyombi of Family Life Education Program in Uganda explains: “Before using the ASK programme Essential Packages Manual, our service providers were focused on delivering interventions to young people, and were not so concerned about achieving any specific standards in terms of quality. However, after using the self-assessment tool in the *Essential Packages Manual* we decided that we should ask our service users how they felt about the services they were accessing through a client feedback questionnaire. We were also committed to improving the involvement of young people in evaluating and improving our service delivery.

We developed a client satisfaction survey for our young clients, which is administered after consultations. We also adopted another measure to improve the quality of our services: we invited peer educators to serve as quality of care monitors, or ‘gampe’ agents. The gampe agents attended consultations as ‘mystery clients’, presenting themselves as clients at service delivery points where they are not known. In this way, they were able to assess the extent to which service providers were youth friendly and client centred. For example, they assessed whether service providers were respectful and non-judgmental, and whether the services provided were done so ethically.

Each month we receive feedback from gampe agents and we communicate this feedback back to service providers for corrective action. Due to this initiative, the service facility is now more supportive of young people accessing services”.

6.4. Planning and implementation

6.4.1. Capacity building

At a minimum, capacity building will involve the following three activities:

1. Ongoing values clarification and joint learning sessions within your organisation, with all partners and with members of target groups.
2. Training on current policy and legal frameworks, so that practitioners and service providers are delivering SRHR programmes to young people within the full extent of the law (i.e. to ensure that service providers/practitioners are not avoiding certain topics/services because they are not clear about the law).
3. Establish and implement clear methodology for collecting data on quantity and quality of services provided, including reliable and confidential feedback mechanisms for clients.

Your organisation may also decide to build capacity in order to expand or improve service provision and/or referral networks. Plans to expand service provision and/or referral networks should focus on those services that require the most complicated referral pathway or which have the fewest existing youth-friendly

service providers. In this case, capacity-building activities may include:

- ✓ strengthening logistics and supply management;
- ✓ equipment refurbishment;
- ✓ mechanisms to manage client flow to reduce waiting times;
- ✓ engaging young people (particularly marginalized groups) in client-satisfaction feedback mechanisms;
- ✓ engaging young people in accountability structures at clinics (e.g. health advisory committees);
- ✓ improve communication structures and processes among health services (e.g. HIV sector, family planning, maternal health, STI prevention and treatment), and with the Ministry of Health at higher levels.

Consult the Resources section (Annex B) for tools and guidance on capacity building.

Your organisation may decide to expand a partnership with another provider, or to explore the possibility of establishing a new partnership, in order to expand service provision and meet the needs of under-served young people. Partnerships can be particularly useful for reaching marginalised young people. The following section will take you through some planning and research steps for developing an effective service delivery partnership.

6.4.2. Partnerships with private providers

What can we achieve through partnership?

Partnerships with not-for-profit and for-profit private service providers serve to improve young people’s access to high quality SRHR information and services.

Private providers may refer to for-profit (commercial) providers of preventative or curative SRHR health services or products. They may include:

- ✓ Individual private providers (e.g. doctors, nurses, midwives, traditional healers).
- ✓ Staff in for-profit facilities (e.g. private clinics, hospitals, nursing and maternity homes).
- ✓ Private pharmacists and drug sellers.
- ✓ For-profit diagnostic facilities (e.g. laboratories and radiology units, and legal and social services).

The private sector plays a significant role in delivering health care to people in developing countries. By some estimates, more than one-half of all health care – even to the poorest people – is provided by non-state actors. This reality creates problems and potential. For example, in private practice, providers are more likely to perceive patients as customers they need to satisfy and they may be more sensitive and responsive to patient expectations. This is positive but can be negative as well as private providers’ responses may deviate from best treatment if this will satisfy the patient or if it is associated with greater financial gain⁴⁸.

48 Centre for Global Development (2009) Partnerships with the Private Sector in Health: What the International Community Can Do to Strengthen Health Systems in Developing Countries.

In addition to direct provision, it may be useful to contract private providers for: training and capacity building, maintenance of facilities or equipment, medicine storage, supply management and forecasting, transportation, security, etc. (Partners should consider what services are provided by the government, for example supply management, before considering private partnership.)

Identifying partnership aims and needs, and potential partners, will be based on self-assessments of programmatic areas.

6.4.3. Strategies for working with private sector providers

The following table suggests ways of working with private providers⁷ to expand sexual and reproductive health services for young people.

<p>Increase COVERAGE of products and services with a public health benefit which are affordable for target groups</p>	<ul style="list-style-type: none"> ✓ Subsidise marketing of products with a public health benefit through retail networks ✓ Recruit private sector programmes (PSPs) into an accredited network for specific health services with a public health benefit ✓ Contract with PSPs for packages of essential health care and social franchising ✓ Strengthen referral and contra referrals between private sector providers, public providers and non-profit providers
<p>Improve QUALITY of care and eliminate harmful practices</p>	<ul style="list-style-type: none"> ✓ Provide training supports and incentives to private sector providers to conform to good practice norms, including supportive supervision
<p>Control treatment COSTS to users of private sector providers</p>	<ul style="list-style-type: none"> ✓ Finance private sector providers through prospective payment mechanisms

Improving private-for-profit services will require different strategies from those addressing public services. This is because in addition to being health providers, the providers are business owners or employees of a for-profit business. Unlike public sector providers, private providers forgo revenue when they are away from their practice. This directly influences the marketability of training (and quality improvement efforts in general) for private providers and underscores the need to have appropriate incentives in place to motivate private providers.

Baseline mapping

Assess the country situation with regards to private sector providers: the policy level, the scope and extent of private sector provision, and any specific challenges or advantages.

Questions to consider:

- ✓ What regulations exist with regards to SRHR information and services for young people?
- ✓ Are there illegal, as well as legal, private providers and what issues are associated with this kind of provision?
- ✓ Are pricing levels for SRHR services for young people set? What insurance systems or exemption schemes are in operation to keep services affordable?
- ✓ What are young people's preferred providers? Public? Private for-profit? Private not-for-profit? Why and what are the implications?
- ✓ Are there concerns about the quality of private for-profit services?

Planning

- ✓ Identify priority issues, based on the baseline mapping.
- ✓ Decide which type of private service provider to target.

Implementation

Implementation will depend on the partner and the aims of the partnership.

All partnerships should aim to achieve at least the following steps:

- ✓ All partners should discuss and be explicit about the aims of the partnership, and what each partner hopes to achieve through partnership (each partner may have different reasons and aims).
- ✓ Agree (ideally on paper, possibly through a Memorandum of Understanding):
 - the roles and responsibilities of each partner,
 - accountability framework for ensuring that these are met,
 - investment from each partner (time, money, resources, etc.),
 - any risks associated with the partnership,
 - how decisions will be made.

Some activities you may decide to implement: values clarification and joint learning with partners; developing collaborative relationships and creating memoranda of understanding (MOUs) with private sector partners to specify roles and responsibilities, and/or capacity building.

6.4.4 Self-assessment

While partnerships, both private and public, vary considerably in their aims, level of formality, extent and duration, there are some features that are consistent across most successful partnerships. The following tool should help your organization to assess its partnerships and strengthen them.

Build on comparative advantage

- ✓ Does the partnership leverage the comparative advantage of each partner in order to meet desired objectives?

Joint decision making

- ✓ Are power and decision-making shared among partners?
- ✓ Do individual partners lead on decisions that reflect their expertise and knowledge?

Risk sharing

- ✓ Does each partner bear the risk(s) that they are – in comparison with the other partner(s) – best able to manage and mitigate? (e.g. financial risk, political or reputational risk, performance risk)

Innovative interaction

- ✓ Is the partnership innovative and results-oriented?

Partnership cohesiveness

- ✓ Do partners value and trust each other? Are they invested and committed to making the partnership work?
- ✓ Are service providers trained and signed onto a relevant child protection policy?
- ✓ Is there transparency, among partners, in programme outputs, financial management and results?
- ✓ Are failures (as well as successes) shared? Do partners work together to solve problems?



Chapter 7: Creating an enabling environment

7.1.	What is advocacy?	65
7.2.	Awareness raising.....	68
7.3.	Minimum and progressive standards for advocacy and awareness raising	69
7.4.	Self-assessment.....	70
7.5.	Planning your advocacy.....	72

Chapter 7: Creating an enabling environment

Political, social, cultural and/or economic environments can enable or inhibit young people's access to and knowledge about SRHR services. In many countries realising young people's rights to sexual and reproductive health is still posing major challenges. Think of discriminatory laws and policies, like age of consent rules for SRHR services, criminalisation of HIV transmission and restrictive abortion policies. And the belief that young people should not be sexually active, which is still widespread in many countries, fuelling stigma and discrimination and hindering access to comprehensive information and services. Taking action to promote an enabling environment is therefore a central aspect to holistic SRHR programmes for young people.

Creating an enabling environment includes activities at multiple levels – community, district, national and international levels – and addresses structural as well as informal norms. Creating an enabling environment at the community level involves raising awareness about SRHR, strengthening capacities of grassroots organisations to reach out to the wider community and discuss sensitive SRHR topics, but also getting support from local influential people and institutions, holding local institutions to account for their responsibilities and commitments, supporting marginalised groups to raise their voices, and supporting a wide range of stakeholders to take action.

At the district level, advocates are involved in ensuring that district level authorities take responsibility for their duties, that they consult with grassroots stakeholders and community members, and that they listen and respond when marginalised groups raise their voices. At national and international levels, advocates are also creating space for the voices of local and district level practitioners, service providers, clients and community members to be heard, to ensure that national and international policies, goals and guidelines reflect the experiences and needs of people in even the most remote areas.

Building on the experiences of the ASK programme, this chapter will focus on advocacy and awareness-raising. Activities such as information, education and communication (IEC), and behaviour change communication can also contribute to an enabling environment; these activities are captured to some extent in chapter 5: Comprehensive Sexuality Education and SRHR information provision.

7.1. What is advocacy?

Advocacy is a broad, over-arching term used to describe the different ways that individuals and groups seek to build public, political and financial support for a given issue. Advocacy is a legitimate element of public health programmes, as noted in the 1986 Ottawa Charter for Health Promotion⁴⁹.

A good definition of advocacy is:

"an ongoing process aimed at changing attitudes, actions, policies and laws by influencing people and organizations with power, systems and structures at different levels for the betterment of people affected by the issue."⁵⁰

Advocacy always involves trying to bring about positive change or protecting existing rights and capabilities. While advocacy strategies may include activities to raise awareness of problems, awareness raising on its own is not advocacy.

Advocacy serves a number of purposes, including:

- ✓ Influencing public policy and practice
- ✓ Influencing corporate policy and practice
- ✓ Changing attitudes and behaviours
- ✓ Securing funding for services and programmes
- ✓ Influencing decision-making processes so that affected communities are involved
- ✓ Empowering communities or populations to influence decisions that affect them
- ✓ Building a movement for SRHR
- ✓ Safeguarding and protecting sexual and reproductive rights

Successful advocacy strategies usually include: specific advocacy goals; well-articulated arguments that are supported by reliable data; actions that target key audiences; and specific activities used to generate support for the desired change. Advocacy strategies are usually flexible to adapt to unexpected circumstances, and they do not stand on their own: advocacy strategies tend to be woven into a range of other activities that organisations are involved in⁵¹. Organisations may focus their efforts around one specific advocacy activity, or they might employ a number of different activities, targeting more than one key audience and potentially joining forces with groups and other organisations that have common goals in order to increase the effectiveness of their advocacy interventions.

7.1.1. Meaningful participation of young people in advocacy

The meaningful participation of young people in decision making that affects their lives is a human right. In advocating for the sexual and reproductive health and rights of young people it is important that young people are involved throughout the entire process. For example, it is very important to involve young people to identify the key problems relating to their sexual and reproductive health and rights, formulating solutions to address these problems, developing advocacy messages, speaking in their own right to decision makers and monitor and evaluate their advocacy efforts⁵².

Advocacy should directly involve affected groups of young people and other affected populations. The reasons for this include⁵³:

- ✓ It improves the relevance and appropriateness of public and organizational decision-making on youth issues by ensuring that those with the direct experience of a situation are able to have their voices heard.
- ✓ It brings specific benefits to the poorest and marginalized groups of youth, who even more than most youth, have often been excluded from the cultural, social, political and economic life of their communities and societies.

49 World Health Organization (1986) Ottawa Charter for Health Promotion, 1st International Conference on Health Promotion, Ottawa, WHO.

50 Indian HIV/AIDS Alliance (2002) cited in Asia Pacific Alliance, Evidence-based Advocacy: The Catalyst for Action, 2006, 8th Annual Conference and Workshop Series.

51 IPPF (2007) Act now! A reference guide for sexual and reproductive health and rights advocates. London, IPPF.

52 IPPF (2011) Want to change the world? Here's how...Young people as advocates: Your action for change toolkit. London, IPPF.

53 UNICEF. (2010). Children as advocates: Strengthening child and young people's participation in Advocacy Fora. New York, Adolescent Development and Participation (ADAP) Unit.

- ✓ It recognizes a shift in the perspective of youth as 'beneficiaries' of adult interventions towards young people who are 'rights holders' and are key influencers of their own destinies and that of their own societies.
- ✓ It provides young people the opportunity to be more actively included in their society as active and responsible citizens.
- ✓ It increases the visibility of youth issues and helps to improve the accountability of adult institutions of what happens to youth.
- ✓ The right to be heard is a basic human right.

Furthermore, by involving beneficiaries non-governmental organisations can improve their own accountability to the people that they serve and better demonstrate their contributions to democracy.

Check out

Want to change the world? Here's how... Young people as advocates: Your action for change toolkit, by IPPF, is a step-by-step guide for young people to bring about the change they want to see.

More details on this toolkit are available in Annex B.



Stories from the field

Kenya: Providing youth-friendly information to primary pupils

Delivering rights-based information about sexual and reproductive health to young people in primary schools was a huge challenge for the Kenyan partners in the ASK programme. It involved working closely with, and gaining consent from teachers and parents, some of whom initially did not agree with the programme objectives or principles.

A number of parents and teachers felt that pupils in primary schools were too young to be receiving information about SRH, including information about SRH services. The programme team realized that before they could implement the interventions, they would need to raise awareness and change attitudes and opinions about SRH information at the primary level. The programme team organized a meeting to train guidance and counselling teachers, as well as head teachers, on youth-friendly services. They also provided training on the challenges and risks facing young people, including sexual and gender-based violence, early pregnancy and drug abuse. The programme team provided reliable statistics – strong evidence of the need for the programmatic intervention – including the number of young people who were accessing sexual and reproductive health services at their clinics.

As a result, the teachers decided to host a focus group discussion with young people to learn more about their concerns related to sexual and reproductive health and rights. The young people raised a number of concerns, including a lack of information from schools about SRH issues, and the fear of being stigmatised and judged by teachers if they sought advice from them.

With parents' support, teachers invited service providers and peer educators to talk to pupils and offer services at the school. Having been trained on youth-friendly services, the teachers also began offering SRHR counselling to youth and referrals to youth-friendly clinics. Schools are now invited services providers to attend parents meetings, so they can talk about young people's issues with parents and gain their consent to provide youth-friendly services at the school.

As a result of these interventions, the programme team have seen an increase in the number of young people, aged 10 to 24 years, accessing services, often through self-referral. They are also seeing greater numbers of young people being active in their schools by training to become peer educators and providing support to their peers.

7.1.2. Advocacy at different levels

Advocacy takes place at many levels, from the realms of diplomatic circles and missions across national borders, to local, grassroots action. The following table identifies the different judiciary authorities that protect human rights – including sexual and reproductive rights – at different levels (column two), the

instruments or documents where human rights are written (column three), and the bodies or systems that monitor and protect human rights (column four). Column one suggests that regardless of the level at which advocacy takes place, claiming rights involves social and political questioning, and for groups in society, who are seeking to have their rights protected or recognised, to gain power and voice.

How do people claim their rights? ⁵⁴			
	What can be used to test or protect rights?	Where are they written?	Where are these discussed or debated?
Social and political questioning	International law	Human rights conventions and treaties	Monitored and implemented by the United Nations
	Regional law	Human rights apply to regional populations	International and regional bodies (e.g. regional courts of human rights)
	Constitutional law	National constitutions National populations	
	Statutory law	Statutory rights through national framework of law (e.g. criminal, commercial law)	National or local level (government may devolve to local government)
	Religious law	Religious rights or norms (usually at domestic or local level)	Religious systems of law work at different levels (global, local, sometimes state mechanisms)
Groups in society seek their rights: power is needed for this	Customary law	Customary rights – usually depends on family, race, ethnic/social/cultural group	Local level and usually only in colonial and post-colonial states with customary authority

7.1.3. Advocacy strategies

Within advocacy, there are a number of different strategies and approaches. There is no one best strategy; the most appropriate approach will depend on the issue, the context and the desired change.

Advocacy strategies include:

- ✓ **Social accountability:** Social accountability relates to mechanisms and approaches that are used by community, groups and citizens to make governments and service providers answerable and responsive to their responsibilities and commitments⁵⁵. Social accountability, including youth-led social accountability, often involves processes in which citizens monitor and appraise the quality of services and participate in decision-making processes about service delivery.
- ✓ **Campaigning:** Individuals, groups or organisations mobilise forces to influence others in order to effect an identified and desired social, economic, environmental or political change. Campaigning involves recruiting, sustaining and empowering supporters to achieve change⁵⁶.
- ✓ **Social mobilisation:** Engaging and motivating a wide range of groups and allies to demand change for a particular objective through dialogue. Members of different groups – including community networks, civic and religious groups,

service providers and others – work in a coordinated way to initiate dialogue with different decision makers and gatekeepers and deliver planned messages⁵⁷.

- ✓ **Lobbying:** Asking specific, key decision makers or elected officials to vote a certain way or take a particular position on a piece of legislation, government policy, guidance or rule. Lobbying involves face-to-face meetings with individuals to educate them about the issue and persuade them about the merits of a particular course of action⁵⁸.

There is some variation in how different organisations and individuals understand and define different advocacy approaches and strategies, but these definitions can help to create a common understanding and also help you to think through and articulate your own advocacy.

54 IPPF (2007) Act now! A reference guide for sexual and reproductive health and rights advocates. London, IPPF.

55 Plan (2011) Social accountability and community scorecards in Malawi. London, Plan.

57 NCVO and BOND (2010) Inspiring Supporter Action. London, NCVO and BOND.

58 UNICEF (nd) Communication for Development: Social mobilization. Available at: www.unicef.org/cbsc/index_42347.html. [Accessed 9 November 2015].

59 Center for Health and Gender Equity (nd) The Lobbying Process: Basics and How-To Guide. Washington, DC, USA, CHANGE.



7.2. Awareness raising

Awareness-raising is a set of activities intended to inform a particular target group about a problem, or about a solution to a problem. The purpose is often to support action, from within the community, to address the problem.

Raising awareness is not advocacy on its own, but it is closely connected. Raising awareness among target audiences, including family, peers or community members, may be part of the advocacy strategy.

Specific awareness-raising activities may include creating demand for information and services among priority target groups; publicising information about consumer rights and consumer protection laws; and publicising information about maximum prices for services or commodities.

Informing communities about your programme(s), including why and how they are implemented, is an important part of raising awareness about your work and SRHR issues in the community. This is often critical to gain support for the programme and its long-term sustainability.

Where the ultimate aim is policy or legislative change, but policy makers are inaccessible or it is too difficult to advocate directly, awareness-raising activities may include media campaigns or other activities that will put pressure on policy makers indirectly.

7.3. Minimum and progressive standards for advocacy and awareness raising

7.3.1. Minimum and progressive standards for advocacy

All organisations that strive to improve young people's access to sexual and reproductive health information, education and services, to support them to exercise their sexual and reproductive rights, should meet some basic standards in relation to advocacy, regardless of the organisation's primary function. Promoting and helping to create an enabling environment is critical to support young people's SRHR.

Beyond these basic standards, there is considerable variation in how organisations will choose to engage in advocacy. In addition, contexts vary dramatically in how open and responsive they are to young people's SRHR, so what may seem like modest advocacy ambitions in one place may be brave and progressive in another.

The following table includes minimum and progressive standards for advocacy. Some of these standards relate to staff skills and knowledge, while others relate specifically to advocacy practices, planning and implementation. All organisations working on young people's SRHR should fulfil the minimum standards, while the progressive standards are suitable for organisations that undertake advocacy as a key function.

Minimum standard	Progressive standard
<ul style="list-style-type: none"> ✓ Knowledgeable about, and able to inform others, about environmental concerns (e.g. policy, legislation, culture, social norms, geographic, etc.) that affect young people's SRHR, particularly under-served young people ✓ Working relationships and regular communication with local organisations and/or networks that advocate for young people's SRHR ✓ Regularly engage young people in dialogue to learn more about how their ability to access SRH services and exercise their rights is affected by the environment 	<ul style="list-style-type: none"> ✓ Political decision-making processes related to the desired policy/legislative change are fully mapped, including named decision makers and timelines ✓ The advocacy request, directed to policy makers, is specific and has clear implications for under-served groups ✓ Local partners and young people are engaged and mobilised in advocacy activities ✓ Changes in policy are monitored to ensure they reach implementation ✓ Progress and achievements are documented to monitor the impact of your advocacy ✓ Strategy is reviewed and adapted along the way to accommodate changes in the environment and in the people/institutions involved

7.3.2. Minimum and progressive standards for awareness raising

Minimum standard	Progressive standard
<ul style="list-style-type: none"> ✓ Awareness-raising activities are informed by a stakeholder analysis and reliable research or data about gaps in knowledge and how they present barriers to young people's SRHR ✓ Communications/information are tailored for a specific audience ✓ Support participants/audiences to think critically about the issue and actively process information (i.e. do not simply deliver information) ✓ Messages are based on reliable, verifiable evidence ✓ Provide information about opportunities/programmes for key audiences to learn more and get involved 	<ul style="list-style-type: none"> ✓ Awareness-raising activities are linked up with advocacy strategies

7.4. Self-assessment

The following tables highlight some key activities that form part of successful advocacy and awareness-raising strategies. Check whether your organisation is on track to advocate and/or raise awareness effectively.

7.4.1. Self-assessment for advocacy

Core values	
In advocacy design and planning:	
✓ Are young people involved in setting advocacy priorities and leading youth-led advocacy initiatives?	<input type="checkbox"/>
✓ Is the advocacy design informed by an analysis of harmful gender norms/practices that are creating negative SRHR outcomes in your context?	<input type="checkbox"/>
✓ Will the advocacy reinforce and emphasize positive norms?	<input type="checkbox"/>
In implementation:	
✓ Do community campaigns/social marketing strategies around gender norms support other pillars of the multi-component approach?	<input type="checkbox"/>
✓ Is gender transformative programming a topic in our advocacy? (e.g. lobby for budgets for men engagement in clinics, or for policies to be made gender transformative)	<input type="checkbox"/>
✓ Does the advocacy support youth advocates and work with young people to develop, implement, monitor and evaluate the advocacy agenda?	<input type="checkbox"/>
✓ Are/will young people be involved at critical moments, such as dialogues with decision makers?	<input type="checkbox"/>
Stakeholder analysis	
✓ Is the advocacy problem and potential solution(s) informed by a community level stakeholder analysis?	<input type="checkbox"/>
✓ Are plans for young people's involvement informed by the community level stakeholder analysis, to ensure that it will be meaningful?	<input type="checkbox"/>
Relationships with decision-makers	
✓ Have advocates established relationships with relevant decision-makers?	<input type="checkbox"/>
✓ Have advocates fostered ongoing dialogue on key issues related to the advocacy ask?	<input type="checkbox"/>
Building coalitions	
✓ Do advocates actively reach out to and collaborate with like-minded organisations? (e.g. local, national, regional and international organisations)	<input type="checkbox"/>

7.4.2. Self-assessment for awareness raising

Core values

- ✓ Are young people involved in designing, implementing, monitoring and evaluating awareness raising activities?
- ✓ Do activities reflect the gender-transformative approach?

Changing knowledge

- ✓ Do activities support participants to learn through discussion and interaction?
- ✓ Are activities and messages tailored to each specific audience?
- ✓ Do messages correct misconceptions and challenge myths?
- ✓ Are messages focused on challenging misconceptions and harmful norms, and improving understanding? (e.g. not simply information)

Changing attitudes

- ✓ Do messages incorporate persuasive and convincing arguments?
- ✓ Do activities address how proposed attitudes or behaviour change may counter existing cultural and social norms?
- ✓ Activities DO NOT tell people how they should think

Changing risk perception

- ✓ Do activities provide realistic, evidence-based information about personal risks?
- ✓ Do activities ALWAYS provide support to ensure that participants feel they can do something about the risks? (e.g. by providing information about skills training, increasing confidence)
- ✓ Activities DO NOT generate fear

Skills and self-efficacy training

- ✓ Do activities build skills through role play?
- ✓ Do activities promote positive experiences and positive feedback?
- ✓ Activities do not tell people about skills they should have without providing opportunities to develop those skills

Building social support and influence

- ✓ Do activities encourage participants to seek social support from peers, parents and others?
- ✓ Do activities correct misconceptions about social and peer norms that hinder safe behaviours?

7.5. Planning your advocacy

There are seven steps to planning and delivering an advocacy strategy. Different organisations may define and talk about them in different ways, but there is a general consensus about what is involved in planning and implementing advocacy, and the order in which these steps take place. These steps are⁵⁹:



While these steps comprise the building blocks for effective advocacy strategies, they are also useful for developing strategies for raising awareness. Some ideas are included below about how the particular activity might be adapted for awareness raising strategies.

The paragraphs below discuss each of these steps in more detail.

1. Identify and research the problem: What do you want to change?

The first step is selecting a specific problem related to young people's access to quality SRHR information or services, or their ability to express their sexuality or engage in sexual behaviour (e.g. a particular concern for young people living with HIV), that is related, at least in part, to a policy or legislative issue. It may relate to an absence in policy or legislation, a problem with existing policy or legislation, or the failure of government and other duty bearers to implement a good policy or piece of legislation.

Examples of problems that advocacy may address:

- ✓ Age-related restrictions on access to services, or requirements for parental consent (thus violating young people's right to privacy).
- ✓ Criminalisation of HIV transmission on the basis of HIV non-disclosure.
- ✓ Failures in policy implementation, particularly where duty bearers fail to deliver for marginalised young people.

Identification of the problem must be backed up by robust data. This information could be derived from earlier experiences and interventions, formative or baseline research (including mapping studies), or secondary data. Your organisation may need to conduct research in order to confirm your analysis about the SRHR problem and to ensure that your advocacy is based on a solid evidence base.

2. Identify the solution and desired outcome

Once you have identified an advocacy problem, you need to decide how it can be effectively addressed. There are often many ways to address a particular problem, but there are often one or two solutions that will be the most effective.

You may choose to use a 'problem tree analysis' to identify the most relevant solution⁶⁰. A problem tree supports advocates to brainstorm the problem's root causes and its branches, or effects. An analysis of these two areas can help advocates to identify the 'trunk' problem.

Check out

For more information about problem tree analysis, see the INTRAC Advocacy and Campaigning Course Toolkit (see Annex B for full details).

Awareness-raising strategies are not necessarily focused on achieving a social change beyond improving understanding and knowledge, but you may wish to consider what level of knowledge and understanding you seek to achieve and how you will measure your activities to know when/whether you have achieved what you set out to do.

This step of advocacy planning should include a stakeholder analysis at the community level that includes affected young people. The stakeholder analysis can also help to reveal how to involve young people in planning, implementing and evaluating your strategy, in ways that are meaningful for them.

Check out

Explore: Toolkit for involving young people as researchers in SRH programmes (RutgersWPF and IPPF).

www.rutgers.international/sites/rutgersorg/files/pdf/Explore-instructions_web.pdf

59 IPPF (2007) Act now! A reference guide for sexual and reproductive health and rights advocates. London, IPPF; NCVO and BOND (nd) Beneficiary Voice in Campaigning. London, NCVO and BOND; VSO (2009) Participatory Advocacy: A toolkit for VSO staff, volunteers and partners. London, VSO.

60 Development. London, ODI.

3. Define the goals, objectives and activities

Goals, objectives and activities are essential to any strategy. Deciding on these components involves outlining what you plan to achieve, how, with whom and by when.

There are some tools to help you decide on these components of your advocacy strategy. Mapping can be a useful activity to outline the decision-making process and structure, including key institutions and actors. At this stage, advocates should ask:

- ✓ Which institutions govern the policy or legislation you are concerned with?
- ✓ Are local, district, or national authorities responsible?
- ✓ Who has the power to bring about the change you want?
- ✓ What are the motivations and priorities of your key institutions/actors, and who can influence them?

In addition to the decision makers and gatekeepers, you may want to identify people close to them (colleagues, opinion leaders), who may help you analyse the situation and give you information that can inform your advocacy strategy.

Once you have made some decisions, look at them again using the SMART model. It proposes that all objectives must be specific, measurable, achievable, relevant and time-bound. Be ambitious, but reasonable.

After deciding on objectives, you will need to decide what kinds of activities you will need to engage in to deliver on each of your objectives, including indicators of achievement, means of verification, risks and assumptions. A logical framework may help you to think this through.

Awareness-raising activities should address gaps in the target group's information, knowledge and/or skills. The target group may include young people, and/or influential adults and gatekeepers (e.g. parents, teachers or service providers), and/or community leaders and policy makers. As above, the gap in knowledge, information and/or skills must be confirmed by reliable evidence.

Check out

For details on how to organize a gender-transformative campaign, see Program P (see Annex B for full details).

4. Assess capacity and resources against your initial plan

While you will probably have developed a plan with your organisation's expertise and resources in mind, now is the time to do a thorough assessment of whether your organisation has, and is willing to commit, the necessary capacity, resources and/or partnerships required to undertake each of the steps. Conduct an honest appraisal of your organisation's strengths and weaknesses to assess the ability of your organisation to deliver on the plan.

It is also worth assessing the level of support you are likely to need from within your organisation, for example from the chief of operations, financial director or others.

5. Identify needs for allies and support

What other support will you need to deliver your objective(s)? For example, do you need support or assistance from policy makers, the media, health workers, religious or community leaders, youth groups and/or the general public? How will you reach them and work with them?

6. Tactics, tools and timing

An advocacy tactic is a plan of action used to advance your strategy. Tactics include canvassing, letter writing, influencing of targeted decision makers, oral briefings, petitions, photography exhibitions, printed materials, public events and press conferences.

Advocacy tools are vital components of an advocacy strategy, they will help you deliver on your advocacy objective(s) but will also help you select the best tactics. Advocacy tools include: champions, coalitions, mapping, monitoring and evaluations, and networking.

Mapping, in particular, is an important tool to use in planning because it will help you to lay out the landscape in terms of key actors, threats, opportunities, existing/competing interests, the nature of the problem and its status among key decision makers, etc. Mapping can cover a wide range of angles related to your problem and your objective(s). For example, it may lead you to ask some of the following questions⁶¹:

- ✓ Is the issue a technical one, requiring more or better data and knowledge to come to a solution, or is it political, lacking support because of political positions and agendas?
- ✓ Is the debate polarized, with key stakeholders either opposed or against it, or is there a well-supported middle ground?
- ✓ Are there powerful actors with vested interests (e.g. financial or political) in a particular outcome, and how much influence do those actors have over the decision makers?
- ✓ How well understood is the issue?
- ✓ What capacity do you have to influence key audiences, particularly those at the centre of the decision-making process?
- ✓ Do you have any legal concerns associated with advocating and campaigning?

Mapping is also used to identify the individuals and groups with power to influence key decisions in relation to your advocacy issue, and important decision making processes and timelines.

The timing of advocacy is important because advocacy often seeks to influence processes that are pre-determined by other institutions. These include decision-making processes, reviews, consultations, meetings and so on, set by local, national, regional or international bodies, including governments.

61 Chandler, I. (2010) *Advocacy and campaigning: How to guide*. London, BOND.

7. Monitoring and evaluation

Monitoring and evaluation is often overlooked in advocacy, and there are a number of specific challenges associated with monitoring and evaluation in advocacy. These include lack of funding and support for advocacy monitoring and evaluation, difficulties in attributing change to your advocacy activities, reluctance to claim advocacy successes because of a desire for policy or decision makers to 'own' them, lack of flexibility to acknowledge unanticipated, welcome changes (that were not part of the plan), etc. However, developing a plan for monitoring your advocacy throughout implementation, and evaluating it periodically and at the end, is important so that you are prepared to adapt to changing circumstances and when your plan is not working as anticipated, and to learn for future efforts.

Stories from the field

From a scare-crow to an underground provider: The local imam

Sagnerigu District, Ghana, is a Muslim community with strict rules about sexual and reproductive behaviour. The community has a high prevalence of early and unwanted pregnancies, and yet there is limited access to contraceptives and poor uptake of sexual and reproductive health services.

The Planned Parenthood Association of Ghana, an ASK programme partner, responded by bringing services closer to young people through community outreach. After a few successful service delivery events, the team started observing a downward trend in attendance by young people, especially girls. The team could not identify the cause for this, until one day an imam approached the field officer to express his displeasure about the services provided. He claimed that his presence at the outreach ground was the reason that young people were no longer presenting for services. The imam decided to leave the grounds to prove his point, and it worked as he suggested: the young people came back when he was not around.

This was an important revelation for the project team and they decided to visit the imam the next day. The officer was surprised to find that the imam was soft spoken, open minded and willing to engage with him. The officer presented the rationale for the services and the principles underpinning the programme, and following this conversation the imam expressed support for young people to access services, and understood the difference the programme could and was already making in his community. He also understood the role he could play and agreed not to make an appearance at subsequent outreach events.

While the imam initially performed the role of a scarecrow, following some easy advocacy actions, conducted by the service providers, the imam has become not only a champion for young people's sexual and reproductive rights, but is now a service provider himself. He provides condoms and pills to close relations and colleague leaders at the mosque. He has become positive force for the programme.



Annex A: Key concepts and definitions

Advocacy is the deliberate and systematic process of influencing policies and practices, as well as the behaviour of targeted stakeholders that are most influential on the issue. (Definition from MDF Training and Consultancy)

Antenatal care is screening for health and socioeconomic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective; and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with them (WHO).

Awareness-raising is a set of activities intended to inform a particular target group about a problem, or about a solution to a problem.

Antenatal consultations are consultations that pregnant women have with medical professionals or skilled attendants before delivery. WHO recommends a minimum of four antenatal visits.

Capacity in health seeking behaviour is having the capacity to decide when, where and how to get SRHR and/or including HIV services and information.

Child protection includes preventing and responding to violence, exploitation and abuse against children. Harm and abuse include physical, sexual and emotional abuse, as well as neglect and exploitation, including commercial exploitation.

Contraceptives are methods or techniques used to prevent pregnancy as a consequence of sexual intercourse. Modern contraceptive methods include barrier methods, such as diaphragms and condoms (male/female), hormonal pills and injectables that prevent ovulation and/or fertilisation, intrauterine devices, which prevent fertilised ovum from implanting in the uterus, and sterilisation (male/female).

Comprehensive Sexuality Education (CSE) covers a broad range of issues relating to physical and biological aspects of sexuality, as well as the emotional and social aspects. It provides children and young people with age-appropriate, culturally relevant and scientifically accurate information.

E- and m-health refers to electronic and mobile applications in healthcare, including for client education and social and behaviour change communication programmes.

Gender-transformative programmes adopt approaches that seek to reshape gender relations to be more equitable, so that everyone has equal opportunities to make informed choices about their health and their lives, and to enjoy being part of their communities, regardless of their gender identity or sexuality.

Health facilities are structures in which health services are provided, including health posts, mobile health units, health centres (static clinics), and hospitals.

Indirect service providing partners are partners who are affiliated with your SRHR programme to collaborate in delivering information, services, awareness-raising or advocacy programmes.

Legislation is law which has been promulgated (or enacted) by a legislature or other governing body.

Meaningful Youth Participation (MYP) means that young people are empowered to take an active role in decision-making affecting their lives. MYP can take many forms and can be realized at various levels within an organization and within different stages of a programme.

Policy is a statement of intent of a government, political party, or organisation, intended to influence and determine decisions, actions, and other matters of that specific government, political party or organisation.

Private providers refer to for-profit (commercial) providers such as: individual private providers (e.g. doctors, nurses, midwives, and traditional healers), staff in private, for-profit facilities; pharmacists and drug sellers; private, for-profit diagnostic facilities and social and legal services.

Sex positive approaches celebrate sexuality as life-enhancing and support individuals to have fulfilling and ideal sexual experiences, rather than solely working to prevent negative experiences. Sex-positive approaches address risks and concerns associated with sexuality without reinforcing fear, shame or taboo.

Sexual and reproductive health and rights information refers to content made available to and delivered to young people to increase their comprehensive and correct knowledge on SRHR and HIV, as well as to increase their capacity to access services or seek their own information.

Sexual and reproductive health services deal with prevention, diagnosis and management of sexual and reproductive problems, both physical and mental; information, support, counselling and health care; for all people including those who are not sexually active.

Skilled attendant is "an accredited health professional, such as a midwife, doctor or nurse, who has been educated and trained to proficiency in the skills needed to manage (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and new-borns". (WHO 2004)

Task optimisation, also called task shifting, is when different level (usually lower) cadre health providers are equipped and trained to deliver interventions that are normally delivered by other health providers. This makes a wider range of services and interventions available to a wider population, it can be cost effective and it reduces pressure on specialist health providers, who may be in high demand.

Under-served young people are young people who currently do not have access to high quality sexual and reproductive health and rights information and services. Their access may be restricted for a range of reasons, including lack of knowledge about services that are available, barriers to access (such as financial, geographical, physical, cultural, opportunities, etc.) or the lack of high quality information and services available.

Young people/youth is on definition used in a specific country or programme. The ASK programme's target group was people aged 10 to 24 years old.

Youth-centred approach is when young people are systematically placed at the centre of programmes and organisations and are recognised as diverse and autonomous rights-holders.

Youth-friendly services are able to attract adolescents, responsively meet their needs, and succeed in retaining these young clients for continuing care. Youth-friendly services should offer a wide range of sexual and reproductive health services relevant to adolescents' needs, while ensuring confidentiality, respecting young people's evolving capacity, celebrating diversity, and adopting a sex-positive and rights-based approach to youth sexual health and rights.

Annex B: Tools and resources

Sexual and reproductive rights and core values		
Sexual rights: an IPPF declaration	IPPF 2008	Sexual rights are an evolving set of entitlements related to sexuality that contribute to the freedom, equality and dignity of all people. This document articulates how existing human rights can be interpreted as 10 specific sexual rights, along with 10 relevant principles. http://bit.ly/1xkz1h1
Exclaim! Young people's guide to 'Sexual rights: an IPPF declaration'	IPPF 2011	This youth guide explores what sexual rights are and how they relate to young people. It examines strategies to translate sexual rights into actions for and by young people. http://bit.ly/1E6eBva
Practice Matters: Act for Youth Center of Excellence	Cornell University, 2014	See chapter by Roller et. al. 'Gender Transformative Programming in Adolescent Reproductive and Sexual Health: Definitions, Strategies, and Resources' http://bit.ly/1jJQ3nV
Program P	M enCare partners	Program P provides a direct and targeted response to the need for concrete strategies to engage men in active fatherhood from prenatal care through delivery, childbirth, and their children's early years. http://bit.ly/1dk6Qep
Sexual Diversity. Building Bridges. Towards mainstreaming of sexual and gender diversity in SRHR organisations. Lessons learned in Africa and Asia.	SRHR Alliance, 2016	http://bit.ly/1UVxEUK
Keys to youth-friendly services: Celebrating diversity	IPPF, 2011	A short guide to understanding and responding to diversity, in the context of sexual and reproductive rights. http://bit.ly/1lwKwHH
Creating a safe environment for children and young people in IPPF	IPPF, 2009	This document was designed to support IPPF members to design and implement their own child protection policies, to protect the children and young people they work with and for. It may be useful for many other organisations too. http://bit.ly/1R1xBFR
Examples of child protection policies		CMB (Christian Blind Mission), 2014 http://bit.ly/1XWgbJL Plan International, 2015 http://bit.ly/1IA6ejC ECPAT (End Child Prostitution, Child Pornography and Child Trafficking) International, 2006 http://bit.ly/1Ne3rJD
Meaningful youth participation and youth empowerment		
Flower of participation	CHOICE	This guide is for assessing and illustrating levels of meaningful youth participation. http://bit.ly/1RzAxsH
Participate: The voice of young people in programmes and policies	IPPF, 2008	The guide introduces youth participation in decision making and brings out some of the recent definitions and debates on participation. It notes that youth participation should be seen as a continuous process which provides for flexibility and innovation. It covers four major areas of working with young people: shared values; organizational capacity; selection and recruitment, and sustaining youth participation; and responsibilities and roles of all involved. http://bit.ly/1TSTyFB
Setting standards for youth participation	IPPF	Self-assessment guide for governments and programmes http://bit.ly/1QaraQx

Youth-Led Organizations and SRHR: A step by step guide to creating sustainable youth-led organizations working on SRHR	Youth Coalition and CHOICE, 2009	The Youth Guide is a useful tool for anyone interested in developing sustainable youth-led organisations. http://bit.ly/1InJRDM
The GIYP A Roadmap: Supporting Young People Living with HIV to be Meaningfully Involved in the HIV Response	Global Network of People Living with HIV (GNP+), 2012	GNP+ conducted research among 350 young people living with HIV, and among over 175 youth led organisations and networks living with HIV, to identify the key barriers faced by YPLHIV to engaging more meaningfully in the HIV response. The findings from this research led to the development of this tool. http://bit.ly/1QqVdCi
Explore: Toolkit for involving young people as researchers in sexual and reproductive health programmes	Rutgers WPF and IPPF	This Explore toolkit is designed to support organisations and professionals in their efforts to build youth-adult partnerships and involve young people in monitoring, evaluation (M&E) and research of sexual and reproductive health and rights (SRHR) programmes that target them. http://bit.ly/1Q8olyO
Youth Participation Guide: Assessment, Planning and Implementation	Family Health International and Advocates for Youth, 2008	The Youth Participation Guide is designed for senior and middle management, programme managers, implementation staff and youth. It intends to foster greater commitment to meaningful youth participation, at individual and institutional levels. It includes a conceptual overview of youth participation, an institutional assessment and planning tool, and a youth-adult partnership training curriculum. http://bit.ly/1QmTrIE
Young at Heart. How to be youth-centred in the 21st century. An introduction.	IPPF, 2016	This document is an introduction for decision makers, service providers and youth leaders on how IPPF can build on its legacy and transition to a youth-centred approach. It addresses the questions: what does this new thinking include? What does it mean in practice? How should we implement it? How should we measure progress? It includes a conceptual framework, an explanation of the youth-centred model and progress markers. http://bit.ly/24USKqK
IPPF induction training on the youth-centred approach	IPPF, 2016	Expected online in 2016 on www.ippf.org
Photovoice Manual	Rutgers, 2016	PhotoVoice gives individuals the opportunity to speak out, to generate data for research, advocacy or communication purposes. The manual helps you to organise a PhotoVoice training and provides clear insight in the method. http://bit.ly/222QRcy

Partnerships

Partnering Step by Step	The Partnering Initiative, 2009	A guide to partnering at the grassroots level, written in response to demand from people working in many parts of the world on local level partnerships for sustainable development. http://bit.ly/1SCAb5C
Partnerships: Frameworks for working together	Compassion Capital Fund National Resource Center	A helpful guidebook for any organisation or coalition of organisations that wants to know more about establishing and maintaining partnerships. Includes useful templates, worksheets and checklists http://bit.ly/1pzn8Xg
Best practices in training private providers	USAID, 2008	Training health providers in SRHR, focusing specifically on private provision. http://bit.ly/1QqUAIX
Working with Private Sector Providers for Better Health Care: An Introductory Guide	WHO	Read about 13 strategies of working with policy-makers, providers, users and communities to increase coverage, limit harmful practises, improve quality of care and control treatment costs. http://bit.ly/1RzAxZv

Comprehensive Sexuality Education and SRHR information provision

Tools to develop, implement and monitor programmes

Evidence and rights based planning and support tool for SRHR/HIV interventions for youth	STOP AIDS NOW! and Rutgers WPF	Developed for organisations that want to analyse existing SRHR information programmes, as well as those developing new programmes. Based on research of effective SRHR education programmes. http://bit.ly/1XOYls1
SERAT tool	IPPF and UNESCO East Africa	This tool supports organisations to prioritise areas of CSE that require urgent intervention, to identify good practices, to assess the capacity of educators and to address contextual challenges. http://bit.ly/1PPRAHw
Workbook Are You On The Right Track?	STOP AIDS NOW! and Rutgers WPF	Hands-on instruction manual for developing a tailor-made, context-specific monitoring and evaluation plan for SRHR education and HIV prevention programmes for young people. http://bit.ly/1OPFwmv
Included, Involved, Inspired	IPPF	This tool discusses management, content and monitoring and evaluation of peer education programmes using a rights-based framework. http://bit.ly/1HQb8sK

Examples of direct, web-based, delivery of information

MYX City: Promoting sexual rights and critical thinking skills	IPPF	Online interactive education tool. Web resource for SRHR information for youth. Secondary target audiences are teachers and parents (with their subsection) and young people without internet access, by providing youth with internet access with training materials they can use for peer education. myx.ippf.org/
Love Matters		A web resource for SRHR information for youth. Love Matters provides easy-to-access information and news on sexuality and sexual health for teenagers and young adults around the world. www.lovematters.info/

Rights-based messaging

Youth Messaging Guidelines Checklist	IPPF, 2011	Guidance on key messages, rights-based language, images and design for the production of new IEC materials and e- and m-health tools. It can also be used as a tool to assess the quality of existing materials and tools. http://bit.ly/1Q8haWu
How to talk about abortion: A guide to rights-based messaging	IPPF, 2015	This tool provides useful tips and advice on what to consider when developing materials relating to abortion. The content includes examples of positive, rights-based messages, and how to avoid using stigmatizing language and images. Target audiences are educators, advocates, programmers, health professionals and policy makers. http://bit.ly/1PK1dHp

Guidelines on comprehensive sexuality education

International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators Volume I: The rationale for sexuality education	UNESCO, 2009	An evidence-based and rights-based platform for age-appropriate, school-based sexuality education. Target audiences include education and health sector decision-makers and professionals. http://bit.ly/1qvNsj1
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Standards for Sexuality Education (different editions available for different contexts and languages) and Guidance for Implementation	WHO Collaborating Centre for Sexual and Reproductive Health	A framework for policy makers, educational and health authorities and specialists are meant to serve as a guide to increase the scope of information provided in the ASK programme and ensure all relevant topics are covered. http://bit.ly/1oiV41R
Inside & Out: A Comprehensive Sexuality Education (CSE) assessment tool	IPPF, 2015	Developed in partnership with UNESCO, this tool enables civil society organisations to assess the quality and comprehensiveness of their CSE programmes so that they can deliver high-quality rights-based CSE to adolescents and young people, especially in non-formal education settings. It includes analysis of language and messaging, programme development, educator training, interventions and national level health, demographic and social data, with a strong gender focus. http://bit.ly/1ImvxFE
IPPF Framework for Comprehensive Sexuality Education	IPPF, 2010	Outlines rights-based principles for CSE and essential topics that should be included in any CSE programme. Includes guidelines for programme design and evaluation. http://bit.ly/1vh5WC

Examples of lesson packages

The World Starts with Me	Rutgers WPF	Comprehensive computer-based CSE package, evidence-based and widely used in eight countries. Can be used by individuals or groups. http://bit.ly/1MZmlyg
It's All One Curriculum	IPPF, Population Council, and other SRHR organisations	Resource for curriculum developers, teachers and community educators responsible for education in the areas of sexuality/ sexual health (including HIV) and civics or social studies. http://bit.ly/1MPZXz0

Youth-friendly service provision

Guidelines and clinical protocols

Global Standards for quality health care services for adolescents	WHO, 2015	WHO/UNAIDS Global Standards for quality health care services for adolescents aim to assist policy-makers and health service planners in improving the quality of health-care services so that adolescents find it easier to obtain the health services that they need to promote, protect and improve their health and well-being. http://bit.ly/1Po8f4E
Adolescent Job Aid	WHO, 2011	The Adolescent Job Aid is a handy desk reference tool for health workers (trained and registered doctors, nurses and clinical officers) who provide services to children, adolescents and adults. It aims to help these health workers respond to their adolescent patients more effectively and with greater sensitivity. http://bit.ly/1Oq74Ar
Strengthening the adolescent component of HIV/AIDS and reproductive health programmes: A training course for public health managers	WHO, 2011	Training course on programme planning and management. http://bit.ly/1Oq7dDX
Keys to Youth-Friendly Services series Titles: Adopting a sex-positive approach Celebrating diversity Ensuring confidentiality Evolving capacity Obtaining informed consent	IPPF, 2012	The Keys to Youth-Friendly Services series defines which essential sexual and reproductive health services, celebrates human sexuality as a starting point for sex-positive service delivery, describes key concepts that underpin youth-friendly services, links to the seven guiding principles of 'Sexual Rights: an IPPF Declaration', and includes practical steps to improve services for young people. http://bit.ly/1PVU0nE

Assessment and Standards		
Provide: Strengthening youth-friendly services	IPPF, 2015 (second edition)	Provide is a self-assessment tool for service providers to evaluate how 'youth friendly' their services are. It is designed for services providers to improve the quality of their services, including respecting confidentiality, giving choices and raising awareness of rights. http://bit.ly/1PVU2fw
Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services	WHO, 2012	This guidebook sets out the public health rationale for making it easier for adolescents to obtain the health services that they need to protect and improve their health and well-being, including sexual and reproductive health services. It defines 'adolescent-friendly health services' from the perspective of quality, and provides step-by-step guidance on developing quality standards for health service provision to adolescents. http://bit.ly/1Llvs3
Youth-friendly counselling		
Counselling skills training in adolescent sexuality and reproductive health: A facilitator's guide	WHO, 2001	Counsellor and provider training resource http://bit.ly/1lviBYO
Youth-friendly Services: A manual for service providers	Engender Health, 2002	http://bit.ly/1YD8pGX
Service-specific resources		
Family Planning: A Global Handbook for Providers	WHO, 2011	Contraceptive methods http://bit.ly/1OKwfOf
Abortion care for young women: A training toolkit	IPAS, 2011	Safe abortion care http://bit.ly/1Tvy8xq
Sexually transmitted infections: Issues in adolescent health and development	WHO, 2004	Strategies for managing the provision of preventative and curative care for reproductive tract infections (RTIs) and sexually transmitted infections (STIs) among young people http://bit.ly/1lzBNKb
Healthy, Happy and Hot	IPPF, 2010	A young person's guide to their rights, sexuality and living with HIV http://bit.ly/1LYvaMk
Improving the health sector response to gender-based violence	IPPF WHR (Western Hemisphere Region), 2010	A resource manual of tools and strategies to address gender-based violence, for health care professionals in developing countries. http://bit.ly/1qr8i59
Strengthening the medico-legal response to sexual violence	WHO and United Nations Office on Drugs and Crime, 2015	This toolkit is practitioner focused and addresses key knowledge gaps within and between sectors, to help support service provision and coordination in low-resource settings. http://bit.ly/1TeybOG
Creating an enabling environment		
Designing an Advocacy Plan on Youth and Sexuality: Handbook	Rutgers Nisso Groep – Youth Incentives, 2009	A guidebook for developing an advocacy strategy, from identifying advocacy issues to monitoring and evaluation.
Advocacy and campaigning: How To guide	BOND, 2010	This guide gives a short overview of what advocacy and campaigning are and some of the key issues
From evidence to action: Advocating for comprehensive sexuality education	IPPF, 2009	This tool is designed to help service providers, programme planners, policy makers and young people to critically analyse sexuality education in their country, and to support them to promote rights-based, gender-sensitive and sex-positive comprehensive sexuality education.

Advocacy and Campaigning Course Toolkit	INTRAC (International NGO Training and Research Centre), 2008	This toolkit is suitable for beginners and for people with some experience of advocacy and campaigning who want to reflect on how to increase their impact or about creating advocacy and campaigning strategies. It provides a mix of theoretical inputs and practical exercises that will enable participants to build their skills and understanding. http://bit.ly/1NY4bSI
A Toolkit for Young Leaders: Respecting, protecting and fulfilling our sexual and reproductive health and rights	Women Deliver, 2015	This toolkit aims to provide young people with information and guidance to become impactful, expert young leaders for SRHR. Whether you have been involved in the field of SRHR for years or are a relative newcomer, this toolkit highlights important aspects of SRHR and provides resources to build your knowledge and capacity to take action. http://bit.ly/19DV0uh
Want to change the world? Here's how... Young people as advocates: Your action for change toolkit	IPPF, 2011	This toolkit offers a step-by-step guide to plan, implement or improve advocacy initiatives on young people's sexual and reproductive health and rights. This toolkit can be used by young advocates, programme designers, coordinators and others who work with young people, and will be helpful to build the capacity of young advocates to promote sexual and reproductive health and rights. http://bit.ly/1Xuz3Vs
Advocacy strategy toolkit for young people	UNAIDS 2015	A practical toolkit for young people who are passionate about advancing Sexual and Reproductive Health and Rights and HIV/AIDS through national advocacy in the post-2015 agenda.

HIV and SRHR integration

Planning and support tool for SRHR/HIV interventions for young people	STOP AIDS NOW! and Rutgers WPF, 2009	Evidence of effective SRHR and HIV prevention programmes for youth and a tool to plan new interventions or analyse existing interventions. www.stopaidsnow.org/planning-support-tool Also available in French and Portuguese.
Addressing the Needs of Young People Living with HIV	STOP AIDS NOW! and organisations in Zimbabwe	This guide addresses the information and education needs of HIV-positive youth, and explains how educational activities can be adjusted to provide HIV-positive youth with skills to cope with their status and lead a fulfilling life. www.stopaidsnow.org/addressing-needs
The Big Picture: A guide for implementing HIV prevention that empowers women and girls	STOP AIDS NOW!	This guide supports non-governmental organisations, community-based organisations, and individuals in developing countries to develop HIV prevention strategies and activities for women and girls that promote gender equality and women's rights. It provides 'how-to' information for developing a 'transformative approach' to HIV prevention for women and girls. Such an approach addresses key root causes of vulnerability to HIV and seeks to reshape the beliefs, attitudes and behaviours of individuals and communities in favour of women and girls and gender equality. www.stopaidsnow.org/big-picture
Healthy Women, Healthy Man, Healthy Family	STOP AIDS NOW!	This toolkit contains guidelines and exercises for working on HIV, while promoting gender equality and women's rights. Target audience: community educators working on health and life-skills with groups of various levels of education and understanding. Training modules include: awareness raising on cultural and social attitudes and practices; understanding HIV, human rights (including sexual reproductive health and rights), gender and power, negotiating safer sex. http://bit.ly/1InLkTI

Managing HIV in the Workplace: A Guide for CSOs	STOP AIDS NOW!	This guide presents seven steps to develop a (comprehensive) SRHR and/or HIV policy for your workplace. This will have a positive effect on management and staff of your organization, including improved knowledge, more positive attitudes and a decrease in stigma and discrimination. http://bit.ly/1TSOgtJ
The integration of HIV and Sexual and Reproductive Health and Rights Good Practice Guide	International HIV/AIDS Alliance, 2010	This guide describes 11 standards for SRHR and HIV integration. It contains information, strategies and resources for programme officers. http://bit.ly/1N6hgfh
A handbook for integrating sexual and reproductive health and rights into HIV programmes	SAfAIDS, 2009	This handbook offers a step-by-step approach to support HIV organisations to integrate SRHR in existing programmes. http://bit.ly/1OdDdXs
Healthy, Happy and Hot	IPPF, 2010	A guide for young people living with HIV to help them understand their sexual rights, and live healthy, happy and sexually fulfilling lives. http://bit.ly/1LYvaMk
What do I do if I'm living with HIV?	IPPF, 2011	Questions raised by young women living with HIV about dating, relationships, sexuality and parenthood. It offers guidance and information. http://bit.ly/1SIQLQy
SRH and HIV linkages resource pack	Inter-Agency Working Group (IAWG) on SRH and HIV Linkages, 2012	A resource website of over 100 SRH and HIV linkages resources. www.srhivlinkages.org
Rapid assessment tool for sexual and reproductive health and HIV linkages: A generic guide	GNP+, IPPF, UNFPA, WHO, UNAIDS, 2009	The tool covers a broad range of linkages issues, such as policy, systems and services. By design, it aims to provide a guide for assessing linkages that can be adapted as needed to regional and national contexts based on a number of actors. http://bit.ly/1N6hyme
Advancing the Sexual and reproductive Health and Human Rights of People Living with HIV	GNP+, ICW, Young Positives, Engender Health, IPPF, UNAIDS, 2009	This Guidance Package is intended to help anyone concerned with public health and human rights etc. http://bit.ly/1YU0NQw

Colophon

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