Reducing age-related barriers to sexual health services

Learning to change policy toolkit

For civil society organisations, youth activists, parliamentarians and journalists

unicef

SAT
Southern African AIDS Trust

ACKNOWLEDGEMENTS

CONTENTS

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AoC	Age of Consent
ART	Antiretroviral treatment
ARV	Antiretroviral
ASRHRS	Adolescent sexual and reproductive health and rights services
CD4	CD4 cells or T-helper cells are a type of white blood cells that fight infection, and their count indicates the stage of HIV or AIDS in a patient
ESA	Eastern and Southern Africa
EVA	Especially vulnerable adolescents
FSW	Female Sex Worker
GDP	Gross Domestic Product
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HTC	HIV/AIDS testing and counselling
IDU	Injecting drug users
LGBTI	Lesbian, gay, bisexual, transgender, intersexual
MARA	Most at Risk Adolescents
MSM	Men who have sex with men
NGO	Non-governmental Organisation
PEP	Post-exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
PLHA	People Living with HIV/AIDS

PLWHIV	People Living with HIV
PrEP	Pre-exposure Prophylaxis
STI	Sexually transmitted infections
SRHR	Sexual and reproductive health and rights
SRHRS	Sexual and reproductive health and rights services
SRHS	Sexual and reproductive healthcare services
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WSW	Women who have sex with women
YFS	Youth-friendly services

GLOSSARY

Abortion or termination of pregnancy – the medical process of ending a **pregnancy** so that it does not result in the birth of a baby. Depending on how many weeks you have been **pregnant**, the **pregnancy** is ended either by taking medication or by having a surgical procedure.

Antenatal care – care received by a pregnant woman during her pregnancy.

Adolescent – the United Nations and its agencies define an "adolescent" as an individual in their second decade of life (between 10 and 19 years of age), with a "young adolescent" being defined as one aged 10-14 and an "older adolescent" aged 15-19.

Age of consent – Age of Consent in this document is used both to talk about age of consent to sex and to medical treatment, including access to contraceptives; HIV counselling and testing, termination of pregnancy.

Awareness raising – increasing people's recognition that a problem exists or familiarity with a policy proposal.

Bisexual – romantic attraction, sexual attraction, or sexual behaviour toward both males and females, or romantic or sexual attraction to people of any sex or gender identity. It also refers to a person that experiences such attraction.

Briefings/presentations – making an advocacy case in person through one-on-one, group meetings or conferences.

Communication campaigns (also public communication campaigns) – communication to influence the knowledge, attitudes and behaviour of people. Such campaigns may have positive political, social, environmental, and health outcomes[1].

Constituency or support-base growth – increasing the number of individuals who can be counted on for sustained advocacy or action on an issue.

Culture – the beliefs, customs, arts, etc. of a particular society, group, place, or time[2].

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[1]Ronald Rice and Charles K. Atkin, *Communication Campaigns*, 23 February 2011
<http://www.oxfordbibliographies.com/display/id/obo-9780199756841-0055> [accessed 5 September 2016].
[2]'Definition of CULTURE' <http://www.merriam-webster.com/dictionary/culture> [accessed 5 September 2016].

Custom – a traditional and widely accepted way of behaving or doing something that is specific to a particular society, place, or time[3].

Ethics – in this text, ethics is guided by considering actions, policies and practices that cause the least harm. It is the basis of human rights.

Gay – refers to a homosexual person or the trait of being homosexual. The term is usually used to apply to men but can apply to women as a synonym to homosexual.

Gender – is the expectations and perceptions people have about how people should act based on their biological sex.

Hack – a trick, shortcut, skill, or way of doing something more quickly and better("Lifehack," 2016)

Homosexual – someone who feels sexually attracted to someone of the same sex.

Human rights – a set of principles that are "internationally agreed upon by governments that are contained in treaties, conventions, declarations, resolutions, guidelines and recommendations at the international and regional levels. Modern human rights instruments have their source in the 1948 Universal Declaration of Human Rights (see Chapter 4). Although this instrument is not legally binding on countries, it carries considerable moral authority"[4].

Intersexual – refers to someone whose sexual characteristics or hormonal profile is neither typically female or male.

Lesbian – is a female homosexual; a female who experiences romantic love or sexual attraction to other females.

Litigation or legal advocacy – using the judicial system to move policy by filing lawsuits, civil actions and other legal actions.

Lobbying – trying to persuade a politician, the government, or an official group that a particular thing should or should not happen, or that a law should be changed[5].

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[3]'Custom - Definition of Custom in English from the Oxford Dictionary'
<https://www.oxforddictionaries.com/definition/english/custom> [accessed 5 September 2016].
[4]J. Singh, 'Global Health Governance and Ethics', in *An Introduction to Global Health Ethics*, ed. by Andrew D. Pinto and Ross Upshur (Abingdon, Oxon: Routledge, 2013).
[5]'Lobby Meaning in the Cambridge English Dictionary' <http://dictionary.cambridge.org/dictionary/english/lobby>
[accessed 5 September 2016].

Mass mobilisation (also known as social or popular mobilisation) – organising citizens to become active in, or vocal around, a particular issue.

Media coverage – quantity and/or quality of coverage generated in print, broadcast or electronic media.

Media partnerships – getting a media company to agree to promote a cause through its communications channels and programming

Media relations – developing a relationship with journalists to have content published and broadcasted[6].

Morals – in this guide, morals refer to a set of social beliefs that should be applied to everyone.

Polling – surveying people in person, via phone or online to collect data for use in advocacy messages.

Sero-discordant couple – this is a couple where one is HIV positive and the other negative

Sex — the biological sex of someone, or their primary sexual characteristics.

Social media campaign – a coordinated marketing effort to reinforce or assist with a business goal using one or more social media platforms. Campaigns differ from everyday social media efforts because of their increased focus, targeting, and measurability.

Stakeholders –those who have a stake in, or are concerned about, the work or issue you are talking about.

Strategy – a plan of action or game plan designed to achieve a long-term or overall aim.

Transgender (an umbrella term) – in addition to including people whose gender identity is the opposite of their assigned sex (trans men and trans women), it may include people who are not exclusively masculine or feminine (people who are genderqueer, e.g. bigender, pangender, gender fluid, or a gender).

Youth – "The United Nations, for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years"(United Nations, n.d.) But it varies between countries and regions, for instance, youth extends to 35 in much of Africa.

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[6]'Media Relations'.

WHY THIS GUIDE?

Research shows that several legal and human rights barriers discourage adolescents' access to, and the uptake of, Sexual and Reproductive Health Services (SRHS). The key among these barriers are Age of Consent (AoC) legislation and policies. Five percent of all people living with HIV and AIDS (PLHA) are adolescents (those aged between 10 and 19). This amounts to two million adolescents. Of these, 1.6 million adolescents are in sub-Saharan Africa[7].

Adolescents need to be specifically provided with reproductive and health services to ensure that they are able to lead long lives and fulfil their potential. If they are not provided with testing and treatment, they may become infected with sexually transmitted infections (STIs), get an HIV infection or have unwanted pregnancies. This means that they are less likely to finish school and become productive contributors to society. It also makes economic sense to protect adolescents' health as poor health, as poor health has long term medical costs and means that individuals are unable to contribute to the economy like they otherwise would have.

ALL IN to **#EndAdolescentAIDS** was launched as a global platform to take action and collaborate for social change in February 2015 by global leaders and civil society partners. This global agenda provides an opportunity to ensure that programmes for HIV prevention, treatment and care, are keeping the needs of young people in mind.

This follows a number of guidelines from the World Health Organisation (WHO) – for example, the 2012 guides on pre-exposure oral prophylaxis (PrEP) for couples, where one partner is HIV-positive and the other, negative (called sero-discordant couples); men and transgender women who have sex with men at a high risk of HIV; as well as the 2013 guidelines for HIV testing, counselling and care for adolescents living with HIV(WHO, 2013); and the 2014 guidelines for key populations(WHO, n.d.-a).

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[7]'UNICEF STATISTICS' <http://data.unicef.org/hiv-aids/adolescents-young-people.html> [accessed 15 September 2016].

Southern African AIDS Trust (SAT), in collaboration with UNICEF, participating local law firms, a consultant and Every1Mobile conducted the AoC research. Documents by SAT, UNICEF and other partners are available at http://allintoendadolescentaids.org/.

AGE OF CONSENT LEGAL REVIEW IN 22 COUNTRIES

To find out about the different laws and policies allowing or preventing adolescents' access to SRHS, SAT looked at what age adolescents could legally access:

- HIV testing without parental consent, and whether the adolescent's status would be reported to her/his parents;
- Modern contraceptives (with and without parental consent);
- Emergency contraceptives (with and without parental consent);
- Pre-exposure prophylaxis (PrEP), (with and without parental consent);
- Post-exposure prophylaxis (PEP) (with and without parental consent);
- Safe abortions and post-abortion care (with and without parental consent);
- Antenatal Care (ANC) (with and without parental consent); and
- The HPV vaccine, and cervical cancer screening and treatment (with and without parental consent).

Sometimes testing, treatment and care are linked to the AoC of sexual intercourse (including the age for statutory rape), and this was also explored in the legal review.

ETHICAL, SOCIAL, CULTURAL (ESC) DESKTOP REVIEW

Laws often reflect culture, and SAT looked at ethical, social and cultural factors that play into AoC laws and practices that hinder or facilitate adolescents' access to reproductive health and HIV-related services.

To understand these factors, they looked at the AoC for sexual intercourse and what circumstances adolescents are allowed to engage in sexual intercourse/activities (some countries only allow sex in marriage or heterosexual sex). Also, sometimes heterosexual sex has a different AoC from homosexual or gay sex.

There are also cultural expectations linked to adolescent homosexuality, transgender expression and whether adolescents should get contraception or access to sexual and reproductive health services, including HIV testing.

BARRIERS PREVENTING ADOLESCENTS' ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRHS)

This report provides the results of a survey of youths on AoC to identify the barriers that adolescents face when accessing SRHR services and supplies, and specifically how this is linked to the AoC. This report reflects the opinions of adolescents in South Africa and Zimbabwe, who felt that the stigmatised accessing SRHRS services. This may make adolescents avoid such services.

THE REDUCING AGE-RELATED BARRIERS TO SEXUAL HEALTH SERVICES: LEARNING TO CHANGE POLICY TOOLKIT

This guide is the fourth part of research by SAT, in collaboration with UNICEF. The research done by SAT and other global partners are useful to understand the problems that exist, and how adolescents feel about SRHS. However, it does not help to solve them.

What's needed is to change the situation is consistent advocacy. This toolkit is designed to help you think about the issues in your country to improve advocacy efforts. Through showing you a systems thinking approach to planning interventions to reduce age-related barriers to accessing sexual and reproductive health services.

It does this by taking you through a series of exercises and activities to explore consent to medical treatment and testing in your country. This should help you identify where the problem is, consider who can change it, who to involve in changing this and how to improve your capacity to advocate. It also offers practical advice for advocacy activities.

SOME OTHER GREAT RESOURCES BY ALL IN TO #EndAdolescentAIDS PARTNERS

UNFPA HARMONISATION OF THE LEGAL ENVIRONMENT ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN EAST AND SOUTHERN AFRICA

This report presents an analysis of the legal environment that affects adolescent sexual and reproductive health and rights (ASRHR) in Eastern and Southern Africa (ESA) to assess if they create an enabling

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environment for adolescent adolescent sexual and reproductive health and rights services (ASRHRS). The study measures the legal provisions of the ESA countries against the international and regional treaties and commitments and argues for domestic laws and policies to align to such commitments. Recommendations from this study are used in this guide to help readers understand what a good approach to AoC and access to SRHR is in this learning toolkit.

PACT ADVOCACY PACK

This is a great handbook to help people advocate around issues of AoC and should be read in tandem with this guide to help young activists understand the different international agreements. There are also some great case studies in the pack on these issues.

WHO SHOULD USE THIS GUIDE?

This guide is designed for youth or social society activists, members of parliament and journalists who want to learn how to advocate for, or report on, access for adolescents to reproductive and health services to reduce HIV infection rates, teenage pregnancy, and other risks that adolescents face.

Civil society organisations, young people and parliamentarians all over the world are getting involved in ensuring the provision of youth-friendly services (YFS) by designing and implementing their own advocacy strategies. This guide will help you find out where the problems are, as well as help you plan to overcome them.

HOW TO USE THE GUIDE

This guide is designed to help you look at your context to create your own advocacy strategy around access to medical treatment and testing for adolescents so that they can maintain their own sexual and reproductive health. It will have you thinking about who you should be working with, what the avenues to advocate are and how to influence policy in your country.

It follows four different learning journeys that are denoted by different coloured paths. Follow the path that fits you best. But remember, this is your learning journey, so feel free to concentrate on the things that interest or matter to you.

Look out for these colours and symbols for the group that best describes you:

Journalist (symbol)
Youth Activists (symbol)
Civil Society Organisations (symbol)
MPs (symbol)

The toolkit is divided into five main sections and includes advocacy tools at the end for you to read more. This toolkit draws on the latest information we have on AoC laws and cultural understanding of youth sexuality issues from around the world to help you work through tackling this issue in your country or community.

It is structured as follows:

Module 1. Starting your Learning Journey. This module will help you understand what advocacy is and how it is a valuable opportunity to learn.

Module 2. AoC, youth services and treatment. This module will walk you through the issues related to AoC and how legislation and practices can lead to increased HIV and other STI infections and unwanted pregnancies.

Module 3. Understanding AoC legislation in your Country. This module will help you map the problems in your country and find the right people to work with to change it. Journalists will be able to identify story ideas on the issue.

Module 4. Prioritising responses to improve AoC legislation. This module will help you plan how to tackle the problem with examples from all over the world of what others have done.

Module 5. Implementing and monitoring the project/ monitoring government implementation. It is in this module where you can consider what you learned from the process and how to improve interventions in future. Journalists will consider how they can hold government and other stakeholders to account.

Module 6. Evaluating success and reprioritising

Advocacy Tools is a list of resources to help you develop your own strategy.

Look out for these symbols:

 Discussions

 Facts

 Exercise

 Case study

 Something to think about

Module 1.   STARTING YOUR LEARNING JOURNEY

WHAT WILL BE COVERED IN THIS MODULE?

1. What is advocacy?
2. How youth activists, civil society, parliamentarians and journalists can contribute to advocacy initiatives
3. Advocacy as a learning activity

WHAT IS ADVOCACY?

UNICEF (2010: 3) defines advocacy as:

> *the deliberate process, based on demonstrated evidence, to directly and indirectly influence decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of children's and women's rights.*

In the United Nations (UN) system, adolescence is generally recognised as the stage of life between puberty and adulthood. The UN and its agencies, define an "adolescent" as an individual in their second decade of life (between the ages of 10 and 19), with a "young adolescent" being defined as one aged from 10-14 and an "older adolescent" as 15-19 years old.

In other words, UNICEF sees advocacy as a way to inform those who make decisions, stakeholders and/or those who influence them, and provide recommendations based on evidence and research. Advocacy is a means of seeking change in governance, attitudes, power, social relations, and institutional functions. It supports actions which are taken to scale, and which address deeper, underlying barriers to the fulfilment of children's rights.

> *The goal of advocacy can be to **address imbalances, inequity and disparities**, **promote human rights**, social justice, a healthy environment, or to **further the opportunities for democracy** by promoting children's and women's participation. Advocacy requires **organizing** and **organization**. It represents a **set of strategic actions** and, at its most vibrant, will influence the decisions, practices and policies of others (UNICEF, 2010: 3, emphasis added)*

> **Advocacy** is an activity by an individual or group, which aims to influence decisions within political, economic, and social systems and institutions.

Advocacy often takes place over the long term and involves communication with many people who are also concerned with the issue (termed stakeholders). Often you can break one advocacy goal into lots of little goals that are approached in different ways. You need to engage different stakeholders in different ways. Multiple goals and stakeholders make advocacy projects very complex. And while you are undertaking your project, people's views and the conditions (legal, social, economic and political) can change. You need to be flexible and adjust your plan if you are going to achieve the ends you want.

[Journalists]   Advocacy for Journalists?

Some journalists will have their mind rebel at the thought of doing advocacy, others acknowledge that story choice introduces already introduces bias into the process of news reporting, but that this bias is a healthy approach.

As a journalist who cares about the health issues, you may want to change the conditions for those you report on. You are unlikely to do this through advocacy activities as such, but you can do this through good reporting, but you can also do this through holding government and other stakeholders to account for the delivery that they have promised. This is part of the watchdog function of media.

Journalists have a role to play to inform audiences about policy processes underway and the voices of civil society organisations and activists who are trying to challenge legislation that does not serve the needs of the people.

This is why only some of the content of this guide will be relevant to you. Look out for your learner journey and read other sections only if they interest you.

[MPs]

Members of parliament have hands-on access to issues critical to public health, whether it is participating in debates or voting for bills under discussion, even in oppressive environments, there are options here for parliamentarians to serve their constituency.

If you do want to change policy related to Sexual and Reproductive Health Services, there are a number of economic, and social arguments that can be made in support of youth-friendly services. This guide may help you think about the issues and where to get information on the issue in your country.

[Civil society]

Civil society organisations often drive issues of public interest and have the voice to do this, sometimes representing a broader group or groups in a country. This should

[Youth activists]

Issues related to AoC are sometimes best addressed by youth activists who are aware of the experiences of adolescents and can speak on their behalf.

ADVOCACY ACTIVITIES

There is no fixed list of advocacy activities. It depends on who is advocating and what the intension is. But, here are some things you could consider:

Awareness raising – this is just making sure people know about something, it could be an online campaign or a sporting event.

Mass mobilisation – mobilising popular support behind your issue. This could include having people attend protests or sign petitions.

Media relations – this involves managing your relationship with the media to ensure your message gets out.

Legal advocacy or litigation – this is taking the issue to court to change government policy or practices.

All these things can have opportunities and risks, but your decision what to do should not be based on what you enjoy, but what is needed and where the problem is.

ADVOCACY AS A LEARNING ACTIVITY

Advocacy takes place in a real world complex environment. Yet, frequently it is conceived and implemented as if it were a relatively simple thing to undertake, leading to unintended consequences. The same intervention can be the perfect solution in one context and lead to the exact opposite of what you hope for in another.

> "The most effective people are those who can "hold" their vision while remaining committed to seeing current reality clearly" (Senge, 2010).

This guide draws on the work of Peter Senge (2010) to help youth activists, civil society organisations, media practitioners and parliamentarians conceive of how different systems are related. He discussed the need for balance between advocacy and inquiry in developing and using mental models, which are essential for successful advocacy. Social activists, parliamentarians and journalists who are passionate about the issue they want to change often have experience solving problems and can be good at seeing what needs to be done. However, the real world in which advocacy projects happen are full of people, situations, and more research than one person is likely to understand.

By developing the skills to enquire and learn, by opening your thinking open to others and considering the problem from multiple sides, your advocacy projects will be stronger, and you will be able to learn much more and adapt projects in future. Advocacy without inquiry tends to cause people to become more rigid in their opinions and can cause an escalation as different parties advocating for different points of view become more polarised and are vehemently defended. This means that there will just be an escalation of hostility.
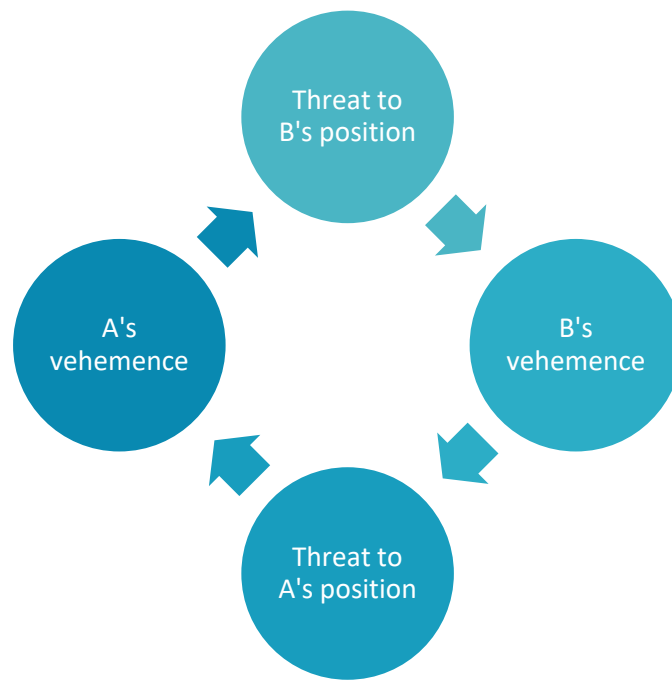
On the other hand, you need not only to ask questions and conduct endless research. This is often disingenuous, as you are hiding your position. To undestandr the best solution you and everyone else should voice their opinions in a way to improve understanding and listen to others with a view to finding the best solution.

Think about the way you communicate[8]. How frequently do you ask these questions, in conversations?:

What do you think?

What led you to that conclusion/ action?

Can you please tell me more about...

Why?

For advocacy to be effective, it needs to consider stakeholder views and often means decisions are made together with other people that you generally do not work with. This also means communicating with

[8] Inspired by West African Health Organization (nd.)

project partners so that there is no confusion or conflict. These are essential to creating positive change based on a shared vision (Flowers & Goyal, 2003).

Successful advocacy is based on a flexible partnership in where people work together in making and implementing decisions. Advocacy is more likely to be successful when leaders share power with team members, make an effort to discuss matters and build people's trust.

WLP says effective campaigns are initiated by citizens and centre on their interests:

> *It seeks to create change by drawing attention to a problem and directing policy-makers to a solution using participatory, transparent, and accountable decision-making processes, successful advocacy brings about a change in the policy decisions that affect people's lives.*

You, as an advocate, are likely well positioned to create change in your society and country if you speak out on AoC issues and have a plan to create that change.

Its not only about advocacy

Carol Dweck is a psychologist who has done extensive research about learning. Many of us live in societies that emphasise measures of achievement, such as marks in school, rather than learning. Focusing on achievement rather than learning over the long term makes people more closed minded and fragile in the wake of challenges. Based on over 40 years of research, she found that it is important to develop a growth mindset in order to keep learning throughout life.

Advocacy projects and activities can help you improve your skills and capacity by practising both the hard skills (such as participating in legal processes and submitting comments to proposed legislation) and soft skills (such as working with multiple stakeholders). I can also be a critical part of lifelong learning.

CHECK YOU UNDERSTAND KEY PARTS OF THIS MODULE

1. How would you define advocacy?
2. Name two types of advocacy activities mentioned in the module
3. Advocacy is always more important than inquiry when trying to change policy. True or false?
4. Advocacy projects can improve your _____ and _____ skills

Module 2.   UNDERSTANDING AoC, YOUTH FRIENDLY SERVICES AND TREATMENT

Journalists
Youth Activists
Civil Society Organisations
MPs

WHAT WILL BE COVERED IN THIS MODULE?

1. Adolescents, sex and health – understanding the links
2. Mapping different kinds of HIV epidemics and most at-risk youths
3. The age of consent to sex
4. The age of consent to access medical treatment and testing

ADOLESCENTS AND SEX

Adolescence is an important period in someone's life in terms of health. In this stage, good habits, such as eating properly and having safe sex are learned, or risky choices made, these decisions affect how long and how well somebody is likely to live.

Most adolescents undergo puberty in adolescence, and after puberty, the body is ready to have sex. Adolescence is also the period when people who have begun romantic and sexual relationships, start taking risks and want to fit in with their peers (UNESCO, 2013) It is normal for adolescents to start having sex, whatever the cultural expectations are, and the concern for lawmakers and public health advocates is that sex is consensual and that it will not have long-term negative impacts on an adolescent's life.

In almost all countries, the AoC to sexual intercourse is clearly prescribed by law. However, in some countries, there are contradictory indications due to different laws(SAT, 2016b). There are cultural, religious, and moral factors that influence what people think about younger people having sex. Some of these functions can delay sexual debut, while others encourage risky sexual behaviour.

For instance, in Brazil, sex is considered normal among young people, and there is an expectation that some will engage in or have sex because it is manly (SAT, 2016a, p. 76). In Jamaica, virginity is prized, so

some adolescents rather practice oral or anal sex in order to preserve virginity (SAT, 2016a, p. 68). Anal sex is often riskier in terms of HIV infection (Tong, 2010).

If adolescents are able to access sexual and reproductive health services (SRHS), it can improve the chances of a long and productive life (SAT, 2016a). However, there are a lot of barriers which make it difficult to access SRHS.

THE MOST AT RISK ADOLESCENTS (MARA) IN YOUR COUNTRY

There are, in any country, some factors that make HIV infection, early pregnancy and poor health more likely for certain adolescents. Using and broadening the by World Health Organisation (WHO) and UNAIDS classifications of HIV epidemics may help consider who is at risk in your country:

LOW-LEVEL EPIDEMICS: Low levels of HIV and teenage pregnancy throughout the country, with higher numbers in populations who practice high-risk sexual activities, but not more than 5% in high-risk groups.

CONCENTRATED EPIDEMICS: HIV infection is concentrated in certain populations such as sex workers and men who have sex with men. The HIV infection rate is constantly more than 5% in these groups.

GENERALISED EPIDEMICS: HIV is well-established throughout the population and over 1% of the entire population is HIV positive. In contexts like this, all adolescents are at risk.

Class your country as a low, concentrated or generalised epidemic country based on HIV statistics.

Socioeconomic conditions in different countries make the epidemic more likely to be generalised than in others. These conditions include widespread poverty, unequal relationships between the sexes, high rates of gender-based violence and poor legal and policy frameworks. The diagram below illustrates the multiple links between poverty, poor nutrition, ill health and exposure to health risks. This acts only in the life course of individuals but has a generational impact.

Picture of multiple factors influencing health of individuals ("Lecture 1C," n.d.)

Poverty

Exposure to health risks

Poor nutrition

Ill health
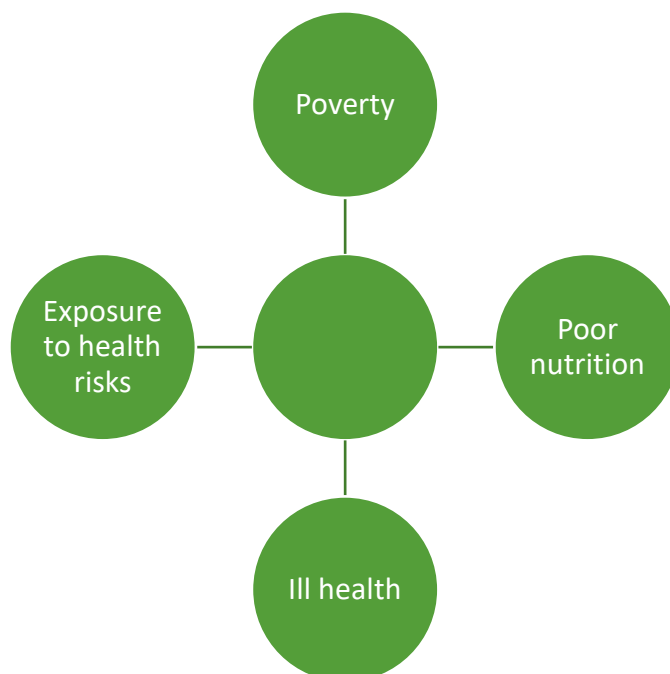
Holding image: Image to be designed to show all the links

In some countries, HIV infections cluster in some groups (called key populations). In sub-Saharan Africa, which commonly have generalised epidemics, both HIV and other social problems disproportionally affect girls and women. In this region, girls are often trapped in poverty, making it more likely that they engage in risky sexual activities such as unprotected sex with older men, or are more likely to face gender-based violence (#EndAdolescentAIDS, n.d., p. 6). This means they are more likely to become HIV positive or fall pregnant. Having a child at a young age makes both them and their children more likely to be or stay poor.

Teenage pregnancy (Christofides et al., 2014), early or child marriage and gender-based violence are all linked to increased risk for HIV. Providing adolescents with youth-friendly services to access testing and treatment, supported by appropriate legal frameworks can help young women be safe from HIV in the long term (#EndAdolescentAIDS, n.d., p. 13).

Girls also bear the stigma and consequences associated with teenage pregnancy. They often have to miss or drop out of school if they become pregnant (WHO, 2014) Girls are often permanently damaged because their bodies are not ready to have children. In fact, pregnancy and childbirth are top causes of death for adolescents in low-income countries (#EndAdolescentAIDS, n.d., p. 9). It is girls who most need youth-friendly services that are accessible and makes girls feel comfortable using the services.

Not ensuring reliable health services for adolescents today means continuing the cycle of poverty, poor education, limited income as the children of teenage mothers are often ill-equipped to make good life decisions for themselves, and are not as well-nourished or educated as children born to adult women (WHO, 2014).

In some countries, HIV transmission is mostly heterosexual. In others, it is likely to be homosexual. Problems in accessing these services are particularly difficult for key populations, particularly people who do not conform to established ideas of what a "woman" or a "man" is, or are gay or engage in homosexual sexual contact (even if they do not consider themselves gay) (WHO, n.d.-a). Therefore, lesbians, gays, bisexuals, transgender and intersexual (LGBTI) people are often excluded from testing and treatment.

There are a lot of people from different societies who are either gay or have gay sex. This can be men who have sex with men (MSM), women who have sex with women (WSW), or a person who has sex with either men or women, which is termed bisexual. A transgender person has a gender identity that is different from his or her sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance).

It is important to understand the difference between "sex" (which relates to biology) and "gender" (which relates to how somebody is perceived or behaves). Gender is the set of cultural expectations and perceptions that people have about how people should act based on their biological sex. For example, a woman may become a mother based on her potential inherent in her biology, but motherhood comes with a range of socially-constructed norms, customs, and values. Such expectations differ in various countries and cultures.

How does gender, sex and gender identity shape the HIV epidemic in your country?

AGE OF CONSENT (AoC) LAW AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRHS)

Now that you have thought about the way HIV impacts people in your country, we will unpack some of the issues related to sexual activity and sexual and reproductive health services (SRHS). The SAT legal reviews will provide you with an in-depth understanding of laws in the 22 countries surveyed.

> Remember services do not only have exist, but they must be accessible for adolescents given that some adolescents are restricted in terms of their movement and income and they need to be welcoming, not stigmatizing of adolescents.

WHAT IS LAW?

Before we look at AoC and access to SRHS, it is important to understand what law is. It may seem obvious, but there are in fact four types of **law** recognised by courts in most countries (Singh, 2011, p. 8):

- **Constitutional law** (if applicable) is the constitution that guides the formation of all other laws in the country. This does not apply to the countries like the United Kingdom that do not have a constitution.
- **Statutory law** is written down in Acts and Bills and is the over-arching law that guides all interpretation in a country.
- **Common law** is the interpretation of statutory law and can be overridden if another court finds that it does not align with statutory law. This is the same as case law in many countries.
- **Customary law** exists in many countries as a rule that recognises and formalises traditional practices, such as Hindu marriage in India ("Custom (law)," 2016). Like common law, customary law should be in line with statutory law.

Policies should be developed in line with statutory law and international commitments, but this is not always the case, and this can lead to services not being available. Policies should also serve to remove practical barriers to access and make it easy for adolescents to access. Services should also not exclude adolescents by stigmatising adolescents.

The SAT study concentrated on statutory law, but noted areas where customary law contradicts it.

SEXUAL ACTIVITY

The Age of Consent (AoC) is the age that people are legally considered able to consent to have sex (AVERT, n.d.). The AoC can be different for girls and boys. AoC in many countries is the same as the age for statutory rape. In other words, if the AoC is 15, having sex with somebody younger than 15 is statutory rape. There are provisions made in some countries if the older person did not know or was deceived about the age of the younger one or if the parties are of a similar age.

In Malawi, Tanzania and Swaziland, there are AoC's set for girls only. In Ukraine, there is no AoC prescribed by law.

MARRYING

There are contradictions in many countries regarding the AoC to marry and the AoC to have sex. Some countries allow for marriage at younger ages than what is allowed for sex.

This is the case for Indonesia, Kenya, and Zambia. Other countries have the age of statutory rape lower than the AoC. In England, the AoC is 16, but sex with a person who is under 13 years of age is recognised as statutory rape (although practice, consensual sex between minors of the same or similar age who engage in consensual sex are unlikely to be prosecuted). In Ukraine, it is illegal to have sex with someone who has not hit puberty.

This affects girls more than boys who enter marriage as child brides and often marry older men (UNFPA, 2012). One in three girls in developing countries (excluding China) marries before the age of 18[9]. Early marriage is clearly not in the best interest of a child, as it disrupts the psychological development of an adolescent.[10] It means that an early sexual debut (wanted or not)[11] has an impact on their health, as they are more likely to become HIV-positive than their unmarried peers. Also, they may experience pressure to have children, and they are still children themselves which can lead to medical problems or death.

Early marriage is accounted for in law, which excludes marital sex from statutory rape regulations. For example, in India and Tanzania, if the bride is older than 15 they sex between spouses is not statutory rape (in Tanzania, the bride does not have to give consent to sex).

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[9]UNFPA, *Marrying Too Young* (New York: United Nations Population Fund, 2012) <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf> [accessed 16 August 2016].
[10]UNFPA, *Marrying Too Young*.
[11]UNFPA, *Marrying Too Young*.

Countries have different rules for straight and gay sex, and many countries consider gay sex illegal. In Indonesia, the AoC for gay sex between men is 21, and for straight sex, it is 15. In Zimbabwe and Jamaica, gay sex between men is illegal, but not for women. India, Tanzania, Swaziland and many other countries prohibit or criminalise gay sex for both sexes.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRHS)

SRHS are medical services related to the reproductive system. Good SRHS allows people "…have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so" (Guidelines on Reproductive Health, n.d.).

To maintain one's sexual and reproductive health, people need access to testing, accurate information, and safe, effective, affordable and acceptable contraception method(s) of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections (STIs). And when they decide to have children, women must have access to services that can help them have a good pregnancy, safe delivery, and healthy baby.

WHAT ARE SEXUAL AND REPRODUCTIVE SERVICES?
Sexual and reproductive services are called family planning services in some countries. These services allow people to decide if they want to have a child because they are sexually active and when. They also provide:

- Antenatal Care (ANC)
- Contraception provision (both modern and emergency)
- HIV testing and counselling (HTC)
- HPV vaccine, and cervical cancer screening and treatment
- Post Exposure Prophylaxis (PEP)
- Safe abortions and post-abortion care

ACCESS TO MODERN CONTRACEPTIVES

Whether adolescents choose to engage in sex or not, they need to be able to access contraception to keep themselves safe from STIs, HIV and unwanted pregnancies. Contraception includes condoms and hormonal contraception, such as the contraceptive pill or patch.

A pregnancy too early in life, before a girl's body is fully mature, is a major risk to both the mother and baby. Complications of pregnancy and childbirth are the main causes of death among adolescent girls aged 15-19 years old in developing countries. Among the disabilities associated with early childbirth, is obstetric fistula - an injury which leaves girls

in constant pain, vulnerable to infection, incontinent, and often shunned by their

husbands, families and communities. [12]

Many countries do not have guidelines on this, but other legal provisions inform it. For instance, in Cote d'Ivoire, the absence of guidelines and the AoC for sex makes the *de facto* AoC 21. Sometimes, it is not a legal provision, but may be due to practices within health departments and ministries, such as Zambia, where the health ministry issued guidelines stating that healthcare providers could not treat those under 16. Other countries have different rules for barrier and other methods, like England and Wales and Zimbabwe, which allow barrier methods (such as condoms) earlier.

It may also be difficult, despite the lack of legal prohibitions for adolescents, to access contraception, because of the attitudes and treatment of them. There may be discrimination or ill-treatment of those who do not subscribe to a normal gender identity or seem gay in some countries.

EMERGENCY CONTRACEPTIVES

This is referred to as the morning-after pill and is taken to avoid getting pregnant once sex has already taken place. In Ukraine - those younger than 14 - and in England and Wales - those younger than 13 - need parental consent (SAT, 2016b).

HIV TESTING AND COUNSELLING

HIV testing is advised for all people who are sexually active. Testing should be conducted after pre-test counselling to prepare someone for the test and explain the implications of potential results. Testing is followed by post-test counselling to discuss the result and emphasise safe sex practices. This is why it is termed HIV testing and counselling (HTC).

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[12]UNFPA, *Marrying Too Young*.

There are five C's that should always be practised with HIV testing: Consent, Confidentiality, Counselling, Correct results, and Connection, according to WHO.

CONSENT – those receiving HIV testing should give informed consent to testing and should be able to decline.

CONFIDENTIALITY – the results of the test should be confidential, but counsellors should discuss whom the person coming for testing may want to inform.

COUNSELLING – the person coming for testing should receive pre-test and post-test counselling. Post-test counselling should be in-depth and based on the result.

CORRECT RESULTS – results should be correct, and those who get an HIV-positive result should be retested to confirm the result.

CONNECTION – linking people to prevention, treatment, and care services.

> The basic principle for access to sexual and reproductive health services (SRHS) is that *NO ADOLESCENT SHOULD BE TURNED AWAY.*

ART, PEP AND PREP

Laws that govern a child's capacity to consent to medical treatment may inhibit them from being able to get these treatments.

ANTI-RETROVIRAL TREATMENT (ART) is a combination of drugs that help the body maintain a healthier immune system (or higher CD4 count). This means that people with HIV can live longer.

POST-EXPOSURE PROPHYLAXIS (PEP) is a short-term course of ART to reduce the likelihood of HIV infection after potential exposure, either through work or sexual intercourse (WHO, nd).

PRE-EXPOSURE PROPHYLAXIS (PREP) prevents HIV infection through a daily pill. It is for people who are particularly at risk of HIV infection, like someone who has an HIV-positive sexual partner. Provision of this is low in many countries and is likely to be low for adolescents, regardless of age-specific laws (WHO, n.d.-b).

HUMAN PAPILLOMAVIRUS (HPV) VACCINE, AND CERVICAL CANCER SCREENING AND TREATMENT

Another important protective measure is the human papillomavirus (HPV) vaccine. HPV is the most common STI, infecting most of the world's population at some point. It has many strains; about 12 of them are linked with an increased risk of cervical and other cancers. The vaccine is most effective against the

more common strains if it is administered before sexual debut between the ages of nine and 13 years old[13]. This vaccine was not available in many countries in the SAT legal review.

Girls and women who are HIV-positive should also have cervical screening, even though those with an uncompromised immune system are far more at risk over 30 years of age. This is most commonly done through a pap smear (WHO, 2013).

ABORTION AND ANTENATAL CARE

Termination of pregnancy is not available upon request in all countries. Some countries only allow it if the mother's life is in danger or under other severe conditions, while in some countries it is not legally available at all. In environments like this, abortion is especially difficult for adolescents, especially vulnerable adolescents, to access.

> In Sweden, it is the decision of the attending physician to provide termination of pregnancy to those younger than 18. In Vietnam, abortion is available for adolescents from the age of 10, as they make all decisions about their sexual and reproductive health.

Antenatal Care (ANC) is the care that pregnant women and girls get. Adolescent pregnancies are often high risk. Teenagers may not access ANC because they do not have the knowledge that older mothers have and find clinics and healthcare staff unfriendly towards them (Chaibva, *et al.,* 2009; Rukundo, *et al.,* 2015).

📝 Put yourself in someone else's shoes

There was a time when you had never been into a bank; when you didn't know how to do all the things that are routine for you now. Remember, you would have limited knowledge and means to travel and pay. Now, think about how difficult it would be to:

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[13]'Human Papillomavirus Infection', *Wikipedia, the Free Encyclopedia*, 2016 <https://en.wikipedia.org/w/index.php?title=Human_papillomavirus_infection&oldid=736555140> [accessed 31 August 2016].

Get contraception. Barrier contraception, like condoms, is often easy, but what about the pill or the morning after pill?

Get an HIV test

Get antiretroviral treatment

Have a baby – what would you do, how would you pick up your studies?

CHECK YOU UNDERSTAND KEY PARTS OF THIS MODULE, WHAT DO THE FOLLOWING ACRONYMS STAND FOR:

1. What are some of the long-term impacts of services that are not accessible or friendly to adolescents?
2. What kind of long-term economic costs can this lead to?
3. What different types of HIV epidemics are there?
4. Name four types of SRHS

Module 3.   UNDERSTANDING THE PROBLEM TO DEVELOP A STRATEGY

WHAT WILL BE COVERED IN THIS MODULE

1. Who are the best people to involve in developing the strategy?
2. What is the problem we are trying to solve? Using systems thinking for a holistic picture
3. C causal loop diagrams
4. Developing story ideas (journalists)

Youth activists
Civil society

WHO ARE THE PEOPLE TO INVOLVE?

Civil society advocacy is often more successful when it is done together with other people and MPs can be more successful in their efforts through strategic partnerships. Civil society actors also have the expertise you can tap into.

You will want to reach out to any existing contacts and find others that are appropriate for the campaign. To ensure that you involve all the relevant people, think about these questions[14]:

1. Who do we currently have relationships with - are these people appropriate or not?
2. What organisations or individuals do we know that work in this focus area?
3. Who do we know within our target audience?
4. What other international interest groups and organisations can influence the situation?
5. What are people saying about the issue on social media - how can you get those people involved?
6. Who is currently affected by the issue?
7. Who is likely to gain from the proposed changes?
8. Who might be adversely affected?
9. Who has the power to make the changes happen?
10. Who can influence those that can produce change?
11. Who complains about the issue?
12. Who are the vulnerable groups affected?
13. Who has or should have rights in terms of your issue and who are those with the duty to deliver these rights?
14. What are the relationships between the individuals, groups and institutions listed in the questions above?

> A unique relationship develops among team members who enter into dialogue regularly. They develop a deep trust that cannot help but carry over to discussions (Senge, 2010)

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[14] Includes UNICEF stakeholder questions from the Advocacy Toolkit

You can also think of this by identifying people based on these groups. Not all of them will apply to every campaign:

1. Government departments/ministries
2. Provincial/state and local government or municipality
3. NGOs and civil society organisations working in related areas
4. International NGOs undertaking similar campaigns
5. Religious leaders
6. UN agencies
7. Traditional leaders
8. Politicians that have been vocal on this issue
9. Community-based organisations or umbrella bodies
10. Educational organisations and schools

You need to think about all of these stakeholders, and how they can influence your campaign[15].

Who are the people to involve in your campaign?

Stakeholders	Attitude of the stakeholder	Importance of the issue to the stakeholder	Influence of the stakeholder over your issue

In dealing with people, you want to, at best, get them on your side - at worst, make sure that they don't become a problem for the campaign later on[16].

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[15]Save the Children, *Tool 12: Stakeholder Analysis* (London: Save the Children, nd)
<https://www.savethechildren.org.uk/sites/default/files/images/Toolkits_tool_12.pdf> [accessed 30 August 2016].
[16]From Act!2015.

Based on the exercise above, you should be able to identify the stakeholders based on their level of interest and their attitude towards SRHS for adolescents.

Now that you've thought about the stakeholders, plot them onto the graph below based on their levels of interest and their attitude to your position.
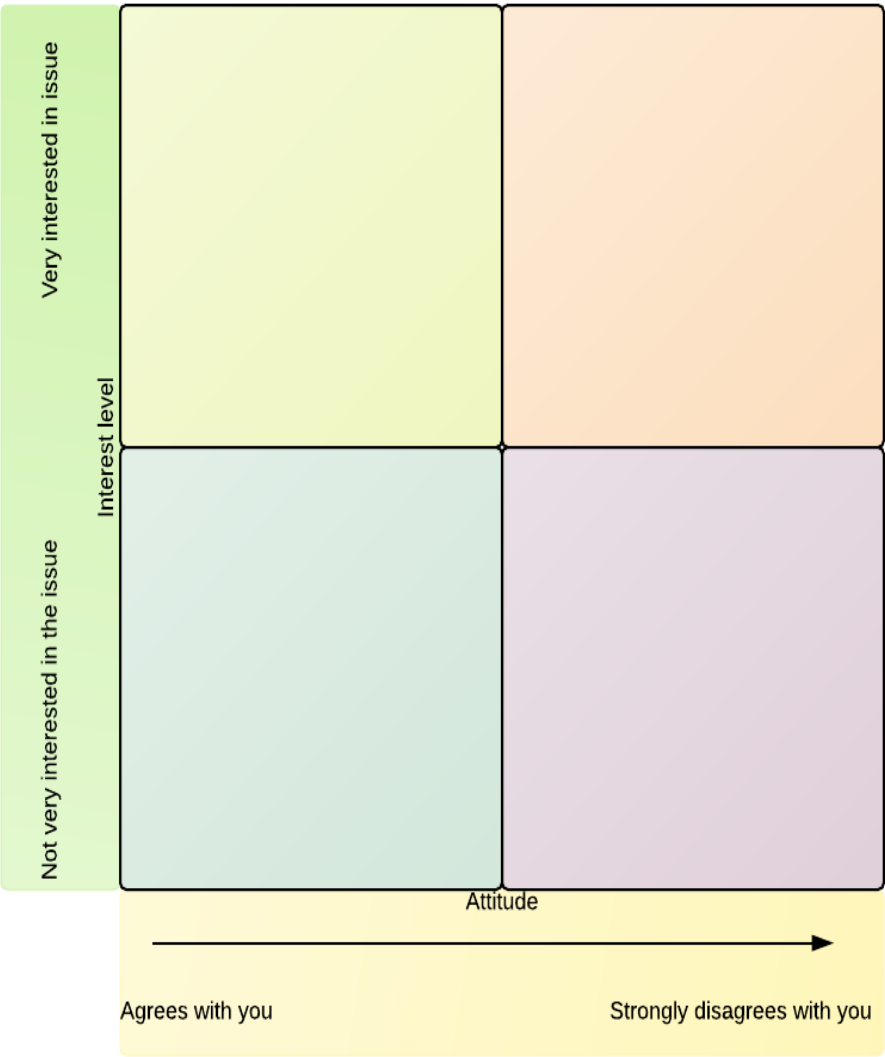
PARTNER: If a person or organisation agrees with you and is very interested in the issue. As a youth activist, you may wish to partner with a bigger organisation, an NGO, an academic institution or department or even government departments or structures (like a local government healthcare clinic). Remember, partnerships include compromise. In involving others, you need to make sure that even if your goal may change, your vision will not be compromised.

ENGAGE: If a person or organisation agrees with you and is very interested in the issue, but you do not want to partner with them, make sure to include them in the campaign, if possible, engage them in your campaign. The more people talk about reducing barriers to adolescents accessing SRHS, the more people will hear about it.

PERSUADE: There will be lots of people who could be good allies but are not particularly interested in SRHS for adolescents. These people need to be persuaded about the issue. In your stakeholder analysis, you may have found some people who are on the fence that are very powerful. These people need to be prioritised for persuading, or they may later be convinced of the opposite position and threaten your campaign. If you are successful in persuading them, they may be very useful to persuade others.

MONITOR: If influential people don't appear to care about your issue, but could become a threat if they cared, you may want to keep an eye on them. They can be great allies, but most importantly, you want to make sure that they do not hurt your cause.

NEUTRALISE: Consider people or organisations that are a threat to your campaign, do not agree with you, and have a lot of power, but have an interest in the issue. See what you can do to neutralise their influence, but be careful. The campaign is not about this person or organisation. If possible, see if they can be convinced of your position with facts and figures.

These become your broad goals for dealing with stakeholders.

Things to consider: As advocacy programmes happen over time, it is important to remember that power dynamics change. Someone who is influential today may not be influential tomorrow. Institutions, individuals, and communities may increase or decrease in influence. For example, communities garner additional influence during election cycles.

Engagement may also have primary and secondary audiences with some audiences who may have direct impact and influence, while others may need to be kept informed for future alliances. Be careful of alienating stakeholders.

Involving the right people: Traditionally sanctioned rape in Malawi

Consider the tradition of "cleansing" at puberty in Malawi. When girls hit puberty, there is a man paid to have sex with them. This tradition enjoys wide support, particularly in the rural areas. This is not considered rape.

Now, imagine that you are trying to challenge this practice, as the girls are below the age of consent for sex in Malawi. You have the law on your side and need to convince people who think this is a good custom, to change their minds.

Goal: Undermine the hyena practice
Target audience: People in rural Malawi
Who would you involve?
It would need to be someone that has:
1.   Access to rural areas
2.   The attention of people in rural areas
3.   Authority on traditional matters

Because this is a traditional practice, rather than a health service-related issue, the people to target would be traditional leaders.

In Malawi, a chief, Theresa Kachindamoto, is talking to her people about the practice and trying to stop it. She is also approaching other chiefs to end it.

If you were spearheading a campaign about the issue, you may go to chiefs like Theresa and talk about the issue.

You may also publicise a recent story about the health risks of this practice. For instance, in 2016, a man who was hired to do this, was arrested as he was exposing girls to HIV through this practice. Read the story here. Stories like this may convince people who otherwise didn't care, to act on the issue.

While public awareness may help stem the practice, it would also be essential that national law is in line with such attempts.

Write down the people that you will need to partner with:

WHEN DEALING WITH STAKEHOLDERS – FASTER IS SLOWER. IT TAKES TIMES TO DEVELOP TRUST AND RELATIONSHIPS[17].

Journalist
Youth Activists
Civil Society Organisations
MPs

UNDERSTANDING THE COMPLEXITY BY SYSTEMS USING SYSTEMS THINKING

Any problem may have many parts to it, but for your advocacy strategy to be successful, you need to find out what the core problem is and consider the situation holistically.

17

It could lie in the **laws** of a country, in **policies** (like a health policy), in **regulations** (that may have been developed in one department of the government) and **guidelines** (possibly developed for use in one department or ministry in the government - for example, healthcare practitioners).

The better you understand the problem, the better your strategy will be. The Internet is your friend here. You can find information on laws online so that you can tell if it is a law, a department policy, a guideline or practice that does not have any document supporting it.

These are some potential sources of information about the problem:

If you are still struggling to find the relevant legislation in your country, have a look at the PACT Advocacy Pack (pp 23-30) which has guidelines that will help you understand what laws look like and where you may find applicable laws.

1. Published information and research about the issue.
2. The text of laws - in most countries, the laws are available online to read. Rather read it yourself or consult a law expert, than relying on second-hand information.
3. Witness accounts (for example, people who have experience of trying to use public health services).
4. Expert advice – these can be academics, media professionals, or specialist consultants. Check that you have more than one source saying the same thing.
5. Census data or population studies – most countries collect a great deal of information about the people in the country, this may not include things like HIV infection rates that are available elsewhere. Be careful, though, different countries collect data in different ways, so it is not always comparable.
6. Experiences of other organisations or people working in the field, including government employees, such as healthcare professionals.

International organisations such as UN agencies often also collect data that you may find useful.

THE MORE RELEVANT INFORMATION YOU COLLECT BEFORE YOU START ADVOCATING, THE BETTER YOUR STRATEGY WILL BE AND THE BETTER YOU CAN MEASURE YOUR IMPACT.

SYSTEMS THINKING

It is possible that you have identified the problem, but it is also important to make sure you understand the scale of the problem and how changing one thing can impact others. An excellent tool to use here is systems thinking. To understand what a system is, think about a family. You can see who all the key players are, and even if they have the best intentions, members' actions may produce consequences that nobody wants – unintended consequences.

Systems thinking

is a conceptual framework, a body of knowledge and tools… to make the full patterns

clearer, and to help us see how to change them effectively (Senge 2010).

It is a way of looking at how **things are related, the political, the social, the economic systems all intersect.**
By thinking about systems, rather than problems, you can better understand a situation. It acknowledges
that people work better together – "get different people, from different points of view, who are seeing
different parts of the system to come together and collectively start to see something that individually
none of them see."

To understand the systems involved in a problem such as age-related barriers to accessing SRHS, you
need to consider all the factors that may be impacting the issue. This involves using divergent thinking
and dialogues, these are not to identify key problems but a "richer grasp of complex issues" (Senge 2010).

Thinking about systems:

It may be difficult to conceptualise how systems interact, and how unanticipated consequences
happen if everyone means to do the right thing. Consider the example in the video Cats in Borneo
https://www.youtube.com/watch?v=17BP9n6g1F0

1. What was the problem?
2. What was the action to address the problem?
3. What did the action cause?

You should see that there is are causal relationships between the action and the results of the
action.

You should see from the options above that spraying DDT led to a number of consequences. We say that the spraying of DDT caused these variables. The same year, Albert Einstein warned that the hydrogen bomb was a technological possibility and could wipe out all life on earth. Is this part of the system you need to understand the situation in Borneo?

> "Business and human endeavors are systems…we tend to focus on snapshots of isolated parts of the system. And wonder why our deepest problems never get solved." – Senge, 2010

No. Spraying DDT in Borneo did not cause the technical advances to create the technical advances that led to the hydrogen bomb, nor do you need to understand technical advances related to the hydrogen bomb to explain what happened in Borneo.

The way we use the word system in systems thinking does not mean things like the legal system or the health system, it refers to these and other social systems **and how people behave within them.**

There are many spurious events that happen even in the same context that may be related but are not. We are only interested in facts that can be directly linked by careful evidence. We say that **correlation is not causation**, for instance, the number of HIV-infected people may have gradually increased in the last 20 years, but so has the population. HIV incidence has not caused population growth.

Systems thinking can be done in a range of fun group exercises that can assist in building relationships amongst partners who would like to see change.

WHAT ARE THE VARIABLES?

There are some rules we can apply to identifying variables according to Daniel Kim (1992):

1. When identifying variables, use nouns rather than verbs (mosquitoes, infections, etc.).
2. Use variables that represent quantities that can vary over time (number, size, incidence, etc.) or expressed in such a way that it can be increased or decreased, for example, happiness can increase or decrease over time, but state of mind cannot.
3. Chose positive senses of a variable item (growth rather than contraction, demand, quality, etc.)

4. Include proposed behaviours in the list of variables.
5. Include possible unintended consequences in the variable list too.

Youth Activists
Civil Society Organisations

Together with people you've identified as important to work with, identifying variables impacting adolescents not having access to SRHS. Invite, if possible, the people identified to partner with.

Facilitator:

You will need a facilitator to guide people through the exercise if there are multiple groups, one facilitator per group preferably. All groups must discuss their findings

Supplies:

1. A flip chart
2. Markers
3. Coloured cardboard or large post-its
4. Flip-chart paper
5. Tape, drawing pins or sticky tack

Preparation:

1. All facilitators need to understand the principles in identifying variables
2. All facilitators are to read Hill's article (Guidelines for Drawing Causal Loop Diagrams)
3. Write the theme for the discussion on the board or paper
4. Facilitators to send the country report by SAT and other related research to participants prior to meeting for reading
5. Facilitator to read SAT reports for country and other related materials

Time necessary for the session: 60 minutes (depending on group size)

Group size: 4 to 6 people, if you have more, break up the group into smaller groups

Activity: Identify variables and write them on cards.

Guiding questions:

1. What is the central theme we want to examine?
2. What is the behaviour we what to focus on and whose? For instance, health practitioners behaviour towards youths or adolescents taking appropriate contraceptives if they are sexually active.
3. What are the variables related to this behaviour?
4. What scale are we considering the problem? Is it for a single hospital? A district? A school? Nationally? Regionally?
5. What are the legal barriers? What are the cultural factors to consider? What are the barriers in terms of the provision of services? Are there policies needed? Are their poor policies in place?
6. For each variable discussed with the group to ensure that it is:
   a. Phrased correctly
   b. Stated holistically
   c. Understood by everyone present
7. Participants need to identify whether the all the related variables are exhausted

Before finishing the meeting, if there is still time, try to sort the variables into groups that go together.

From the above exercise, you may have identified many many factors. This is good, the idea is to think outside the box, to consider how actions that take place in advocacy may have impacts that we did not expect.

Causal loop diagrams

"Reality is made up of circles but we see straight lines." (Senge, 2010)

The risk when we think of linear relationships between variables is that it can lead to inappropriate interventions and advocacy. Causal loop diagrams are a visual way to conceive the inter-relationships between variables.

Taking a complex, dynamic, and circular world and linearizing it into a set of snapshots may make things seem simpler, but we may totally misread the very reality we were seeking to understand. Making such inappropriate simplifications "is like putting on your brakes and then looking at your speedometer to see how fast you were going" says Bill Isaacs of the MIT Center for Organizational Learning. Articulating Reality Causal loop diagrams provide a language for articulating our understanding of the dynamic, interconnected nature of our world (Kim, 1992).

The above activities were to get you to a place where you can consider the relationships between different variables and how one variable can lead to an increase or decrease in another, how they are related to each other.

Causal loop diagrams are a visual language for expressing the relationships between different variables and have a grammar or set of symbols you need to understand. Variables are connected together into loops that are arranged to form a causal loop diagram.

Symbols in causal loop diagrams:

Symbol	Name	Description
	Node	A node is one of the variables you have identified as relevant to your question
(Link)	Link / Arrow	A link joins two nodes, the arrow represents the direction of causality
⧧	Delay mark	A delay mark indicates that there is a time delay between cause and effect
+ or S	Same direction	Same direction meaning as one variable increases so does the linked variable
- or O	Opposite direction	Opposite direction meaning that as one variable increases, the other decreases
R	Reinforcing loop	This means that variables reinforce each other, for instance, good quality of care will improve people's quality of life
B	Balancing loop	Balancing loops are goal-seeking processes, for instance, if quality of care increases, actions to improve quality of care will decrease a

Number of youths
attending clinic

+

B

Perceptions of friendly
and accessible services

+

-

Quality of care
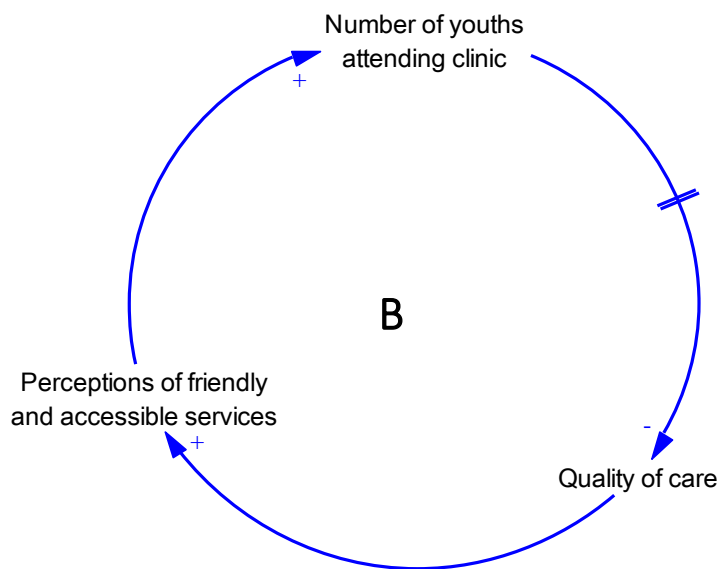
If the goal is to increase the number of youths attending a clinic, the local government authorities may try to improve the perceptions of youth-friendly services through an information campaign. Even if the services were good at the clinic initially, they would deteriorate unless the increased patient load was accounted for. There is always a goal that is driving the action. Here the goal may have been to improve access to SRHS in a community, it is not reflected in the causal loop but is the underpinning for

Notice also the delay mark in the quality of care link, as the clinic initially copes with the increased load, but over time it deteriorates.

Think about it: Is this the only place that there should be a delay mark?

If we were to tell this story in a different language, Sam hears in school that the local clinic is youth-friendly and serve teenagers without judging. This is part of a campaign by the local government authorities. She starts going regularly for contraception and HTC, as other people hear they also start coming. After some months the staff of two cannot cope with the number of people coming, and there are long queues. Those who go don't think that it is friendly to youths anymore as the clinic has not made provision for the increased case load. As people start to think that the quality is falling, they stop going. This means that waiting lines are shorter, but ultimately the campaign to increase access SRHS through to the clinic in the long term is not as successful as it may have been.

Reinforcing loops may be positive or negative in terms of their impact. Factors act in such a way to reinforce each other. For instance, if there is a neighbourhood where there is a high level of volunteerism, people living there may consider it a good neighbourhood. People will want to contribute to the improvement of the neighbourhood, which will lead to more volunteerism. Similarly, if there is no volunteerism in a community, people will not consider it a good neighbourhood and will be less likely to contribute.
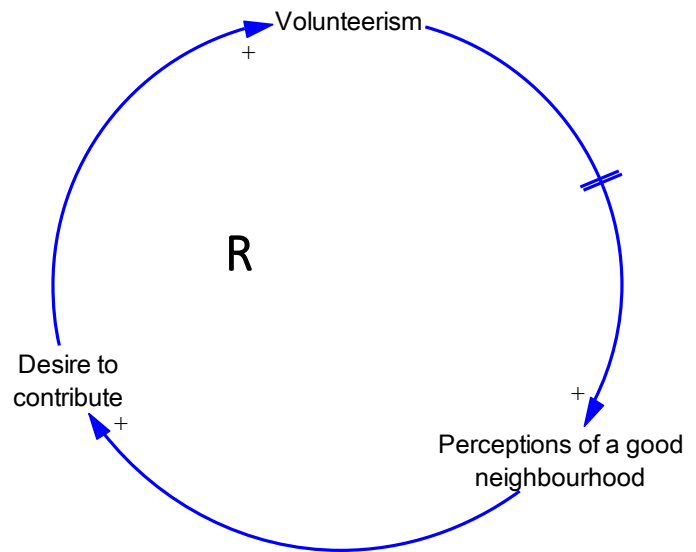
You'll see how one loop does not make up a system in the example above. Perceptions of a good neighbourhood can increase the cost of housing which will mean that people will move in who don't have the time to volunteer, which will cause volunteerism to decrease.

This would be drawn like this:
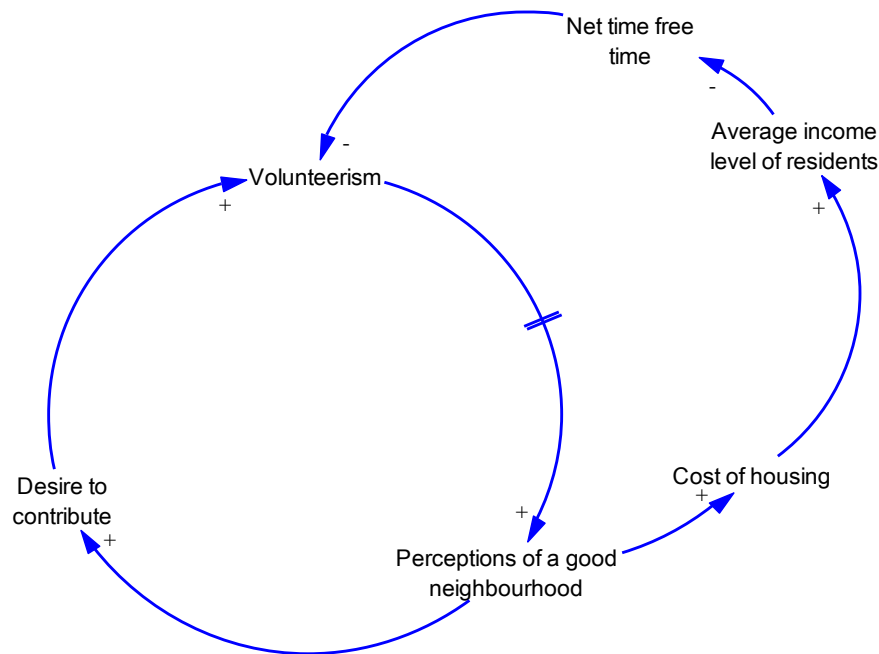
There may be many reasons that families of higher Living Standards Measure (LSM) may have fewer hours net time, such as smaller family size, dual incomes and other factors. This is a boundary issue, including too may variable may not add anything to the system in terms of understanding it, in fact, it may detract. **It all depends on the focus of the diagram.** If the focus is LSMs and volunteering, then net free time may be central and worth exploring in more detail.

In constructing a causal loop diagram, it is essential that you (Kim, 1992):

1) Focus on one theme, for instance, if we introduce a needle exchange in a particular neighbourhood, what will happen?
2) Determine a time horizon, the time horizon should be long enough to see the dynamics play out, but not so long as to introduce relationships that are not in line with your theme. For instance, if you are looking at the long-term socioeconomic impacts of poor delivery of SHRS to adolescents your time horizon can extend to generations, but if you want to see what a new policy on youth-friendly health services will do, it can be a matter of months. A very long time horizon can; however, may include environmental changes that you won't spot.
3) Considering how behaviour changes over time is the first step, consider what structure will produce this projected behaviour.
4) Explore all possible consequences of each variable.

(?) As a team[18]: identifying variables impacting adolescents not having access to SRHS. Invite, if possible, with the same people that identified the variables.

Facilitator:

You will need a facilitator to guide people through the exercise.

Supplies:

1. A flip chart
2. Markers
3. Coloured cardboard or large post-its
4. Flip-chart paper
5. Tape, drawing pins or sticky tack

Preparation:

1. All facilitators need to understand the principles and symbols of causal loop diagrams
2. All facilitators are to read Hill's article (Guidelines for Drawing Causal Loop Diagrams)
3. Write the theme for the discussion on the board or paper
4. Stick two (or more) pieces of flip-chart paper on the wall

Time necessary for the session: 120 minutes (depending on group size)

Group size: 4 to 6 people, if you have more, break up the group into smaller groups

Activity: Draw a causal loop diagram

Steps:

1. Make the theme or problem explicit and remind everyone.
2. If the variables are not sorted as per things that should go together, do so now.
3. Ask participants which variable is a cause for changes to the problem
4. When someone makes a suggestion, check that everyone agrees that this variable will change the problem if not discuss and agree. If the discussion is continuing to long, put the variable to the side and ask participants to suggest another.
5. Put the card with the variable on the flip-chart paper

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[18] Adapted from Hovmand et al. (2013)

6. Ask participants what variables cause or are caused by this variable in line with the problem you are considering
7. Decide if the relationship is direct or changes in the same way or indirect
8. Continue and when all variables that form a loop are identified note whether it is a reinforcing or balancing loop by drawing the relevant symbols.
9. Identify associated variables and form loops
10. Do this for all the variables identified, parking those that people no longer feel fit in the diagram and changing variables as people agree to.
11. Decide together to remove or keep parked variables.
12. Before finishing check the feedback loops again.
13. Write some conclusions that are revealed through the exercise, so that is available for reporting and distribution.

WHAT IS THE PROBLEM? – IN ZAMBIA, BARRIERS DO NOT LIE IN THE LAW, BUT IN A HEALTH MINISTRY POLICY

By Namakando Simamuna

The Centre for Reproductive Health and Education (CRHE) in Zambia had been engaging health practitioners for over three years now, to encourage them to adopt youth-friendly services.

The Zambia Reproductive Health policy assures access for all who need reproductive health services, but the service provider guidelines has AoC at 16 years for family planning services, hence adolescents are still being denied access to these critical services.

CRHE has challenged this policy and contributed to a policy brief calling for the revision of the service provider guidelines to enable health practitioners to give young men and women the services they need in order for them to avoid pregnancy and STI infections.

By talking to health practitioners, such as nurses, CRHE was able to identify the root of the problem in order to address it.

In the example above, you, as a youth activist, may have thought that the issue is with healthcare practitioners not doing their job properly. If you had developed a campaign to "name and shame" healthcare practitioners who had turned under-16-year-olds away, think about the consequences. You could have permanently damaged your relationship with healthcare practitioners and the ministry of health.

Journalists

A SYSTEMS APPROACH TO JOURNALISM

Good investigative journalists often think in terms of systems. Often it is something they have internalised over the years. This makes it possible to link seemingly unconnected phenomena and get to the underlying story through the spin.

> "It is not enough for journalists to see themselves as mere messengers without understanding the hidden agendas of the message and the myths that surround it." – John Pilger

While narrative-based approaches can be useful, the 140-character nature of soundbites can serve to disguise underlying systems and perpetuate the discussion on the same level. But there are many layers of context that you can tap into to create unique stories that educate and inform readers. The principles of systems thinking and causal loop diagrams can also help you think about stories and come up with fresh, newsworthy stories. It can also help you plan a series of stories on the topic.

The skills needed to cover adolescents and sexual and reproductive health services and find stories on this are similar to basic reporting skills. If you are in one of the countries covered by the Ethical, Social and Cultural (ESC) review by SAT, go here to read it.

Think about your audience. Do you think the ESC is reflective of them? What are perceptions on adolescents and SRHS? Are the opinions more conservative or less so? Are there misunderstandings that you can help clarify? How can you report on this to inform and assist the public rather than become a platform for opinions?

Knowing your audience and considering them when writing will ensure that limited resources are allocated to meaningful stories that add value rather than fill space and build your audience.

GENERATING STORY IDEAS

The same divergent thinking that helps understand complex and interconnected systems can help you generate good story ideas.

> Health service delivery are underscored by the kind of complex structures that benefit from systems thinking, making better journalism

A good news diary is borne out of strong general knowledge, a nose for news and good contacts on the ground. While some journalists are able to come up with stories almost instinctively, you can improve your story generation by taking a systems thinking approach to activities normally associated with generating story ideas.

1. **Media mining**. Review stories in other media to find gaps or items to follow-up. Begin to prioritise the urgent items and store less urgent items for future use. Think broadly, are there factors that they have overlooked by focusing on the micro and neglecting the macro?
2. **Mining press releases**. Press releases can be a good source of ideas and contacts. Consider a system for keeping them. Think about how the content of the press release is linked to bigger systems. There also may be a flurry of similar press releases at a particular time, is there a bigger story here that you can pick up on?
3. **Brainstorming.** Depending on the culture of your newsroom, regular formal or informal brainstorming sessions can lead to much better stories. Senge notes that Newsrooms should consider regular brainstorming sessions to come up with story ideas generated by the group as a whole.

As the world becomes more interconnected and business becomes more complex and dynamic, work must become more "learningful." It is no longer sufficient to have one person learning for the organization…. It's just not possible any longer to "figure it out" from the top, and have everyone else following the orders of the "grand strategist." The organizations that will truly excel in the future will be the organizations that discover how to tap people's commitment and capacity to learn at all levels in an organization

In ever-changing media environments, it is essential for all media practitioners to learn on their feet and adapt, creating better practices.

4. **Debriefing.** A review session on the publication or bulletin helps consider the learning gained in every story and leads to improved story angles and coverage in future.
5. **Future planning.** Identifying and planning upcoming news events (such as national days, annual events or big conferences, etc.) can generate unusual angles. Expanding out from a particular article or programme, are there other stories that you can tell that are linked you can bank for the future.
6. **Contacts and social media.** You may identify story ideas from conversations with previous sources and by following social media accounts that are not those of other media practitioners. Cultivating your contacts from each story you can have a network of informers that will let you know about stories on the ground that you would not hear of otherwise.

Upcoming news events. Think about what development days or conferences are coming up that can be used to publish good stories. Is this the best strategy? Will there be a flood of similar stories?

Journalists can use the concepts of systems thinking to identify how different variables affect something you've seen.

CHECK YOU UNDERSTAND KEY PARTS OF THIS MODULE:

1. What is a system in terms of systems thinking?
2. Name five symbols found in causal loop diagrams?
3. How do Are we ready to look for solutions?
4. (Journalists) How can systems thinking be applied to journalism?

Module 4. PRIORITISING RESPONSES TO IMPROVE SRHS ACCESS FOR ADOLESCENTS

WHAT WILL BE COVERED IN THIS MODULE

1. What should the legislative landscape of AoC look like?
2. Deciding on the goal of the campaign should be
3. Thinking though implementation
4. Examples of advocacy activities
5. (journalists) Source mapping

Journalist
Youth Activists
Civil Society Organisations
MPs

WHAT DOES THE IDEAL AOC LEGISLATIVE ENVIRONMENT LOOK LIKE?

CONTEXTS DIFFER, BUT BEST PRACTICE AGE OF CONSENT LEGISLATION SHOULD PROVIDE FOR THE REALITIES OF ADOLESCENTS' EXPERIENCE. LOOK AT THE RELATIVE AGES FOR AOC TO SEX AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

The ages are to be removed with the trees just showing relative age

WHAT DOES YOUR COUNTRY'S AoC LEGISLATION LANDSCAPE LOOK LIKE?
THE IDEAL ACCORDING TO BEST PRACTICE

STATUTORY LAW, CUSTOMARY LAW AND GOVERNMENT POLICIES SHOULD LINE UP

AGE OF CONSENT TO MEDICAL SERVICES

Access to SRHS should be:
- based on adolescents' capacity to decide risks and benefits
- available for people with without exception
- available without restriction from 16yrs
- extended to abortion
- without parental consent
- confidential

12–16 YRS

AGE OF CONSENT TO SEX

Age of consent to sex law should be:
- non-punitive for adolescents who have sex with adolescents of a similar age
- the same for everyone
- clearly defined as more than penetration

16 YRS
(recommended age)

AGE OF CONSENT TO MARRY

Marriage consent law should:
- be the same age for girls and boys
- ensure that only those getting married are able to consent

18 YRS

MAKE YOUTH-FRIENDLY SERVICES AVAILABLE

DON'T PUNISH ADOLESCENTS FOR HAVING SEX

MARRIAGE CONSENT LAW SHOULD KEEP CHILDREN OUT OF MARRIAGE

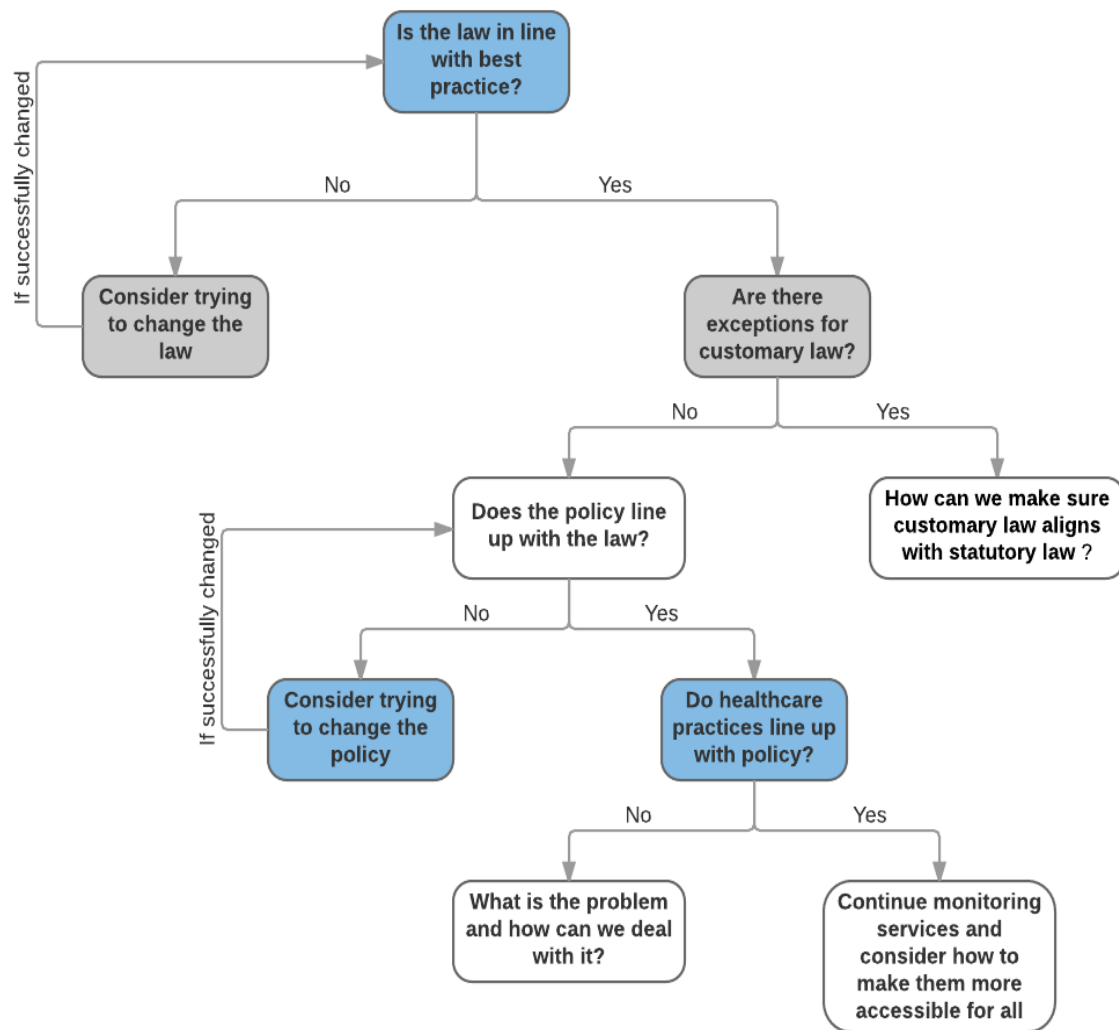|				
Educate adolescents, parents & communities on normative sexual development	LGBTI prejudice reduction education in schools* *UK country report	Make policies to manage learner pregnancy and education re-entry non punitive & disclosure to school should be voluntary	Departmental & ministerial co-operation will be needed to implement youth friendly services	Comprehensive sexual education in schools in line with international commitments

WHAT IS THE GOAL?

Now that you have considered the systems involved in your problem through systems thinking, we will narrow down and decide the goal of your advocacy project. Systems thinking is divergent thinking, goal setting is convergent. It is important to ensure that the solution addresses the problem. Look at the diagram below:
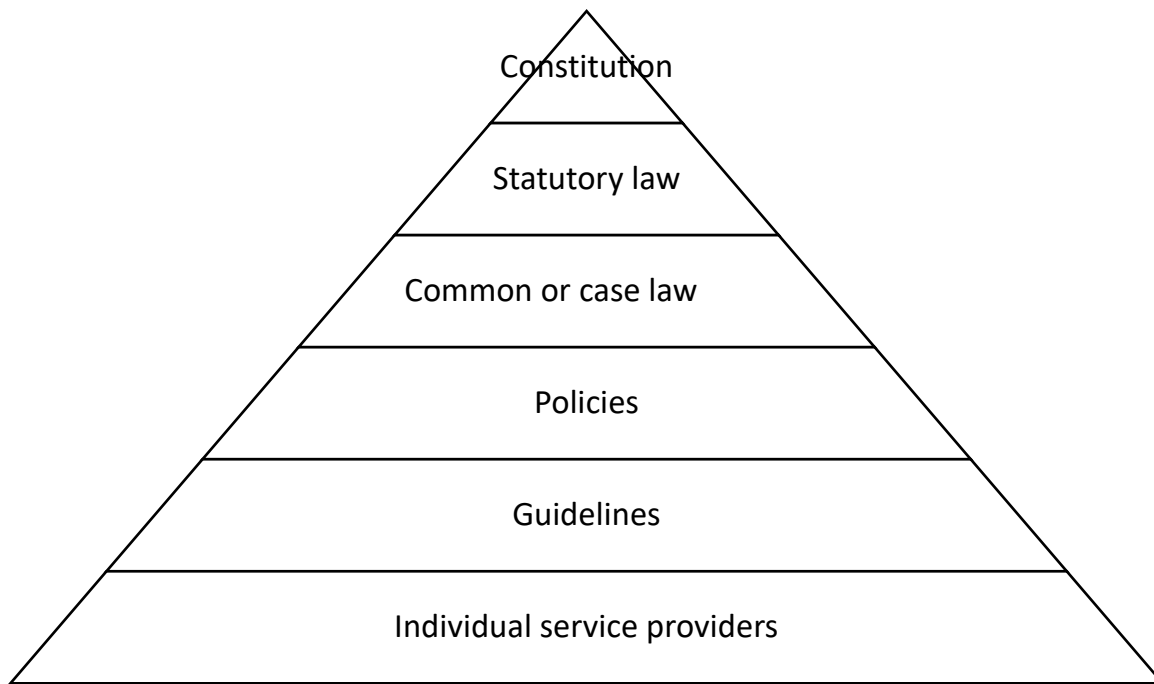
In most countries, there is a constitution. This is the ultimate authority. Statutory law should line up with the constitution and is set at national level, these are called Bills and acts, common or case law should line up with statutory law, if law develops on this level that is not in line with the constitution, it may be necessary to introduce a statutory law. Policies are often set at department or ministry level and interpret statutory law. Finally, guidelines are documents that are developed to make the policies practical for implementation. The problem may lie at any of these levels. It can also be that individuals working in positions are able to act as gatekeepers to access to services because of their own viewpoints. Even if healthcare practitioners deliver the services as they are supposed to, they may express opinions or be callous in their treatment of people, which may discourage people to return.

If the problem was not identified through systems thinking, consider:

Is the law in line with best practice?

If successfully changed

No → **Consider trying to change the law**

Yes → **Are there exceptions for customary law?**

No → **Does the policy line up with the law?**

Yes → **How can we make sure customary law aligns with statutory law ?**

If successfully changed

Does the policy line up with the law?

No → **Consider trying to change the policy**

Yes → **Do healthcare practices line up with policy?**

No → **What is the problem and how can we deal with it?**

Yes → **Continue monitoring services and consider how to make them more accessible for all**

The problem may seem much bigger than you hoped to tackle, but your goal for this project can start the process. In terms of advocacy, often the outcomes of the project are out of control of those implementing it, as per the diagram below. This makes it difficult to set specific aims for what you'd like to do.
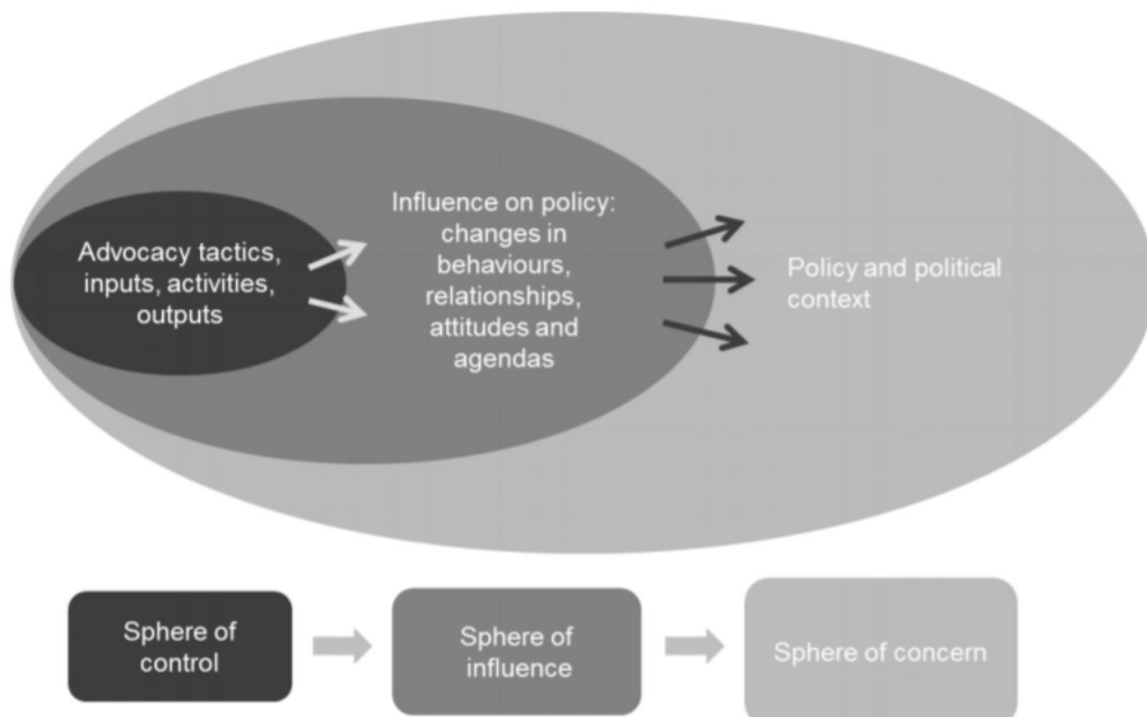
Image to be redesigned

Figure 1: : The three spheres of control and their relationship to policy influence / advocacy (Tsui, Hearn, & Young, 2014)

In planning advocacy programmes and projects, you need to articulate just how you can create change from the sphere you control to the sphere of concern. You can do this using the Advocacy Strategy Framework, or a logframe. It is important to break down your goal into indicators so you can measure progress for your project. This will be covered in the next Module, but for the moment, try to make your goal SMART. **SMART** stands for:

Specific: A goal should be specific rather than vague. A vague goal is to improve access to contraception for adolescents at a local clinic. A specific goal is to educate healthcare providers (particularly nurses) about the laws that make it necessary for them to provide contraception to youths.

Measurable: A project's impact should be measurable. This is sometimes difficult with civil society work, but the success of your initiative to educate nurses about the law could be measured if you had the data from the clinic. Your indicator could, for instance, be the number of adolescents who are supplied with contraceptives by the clinic.

Attainable: The goal is realistic but ambitious. Your goal should stretch your capacity (both as an individual and an organisation, but be achievable). This project can challenge you and your organisation to do something that you are not necessarily comfortable with.

Relevant: Having analysed the problem, you should be in a position to ensure that the goal is relevant to the problem.

Time-bound: This goal should be achievable in a fixed time frame.

Test and refine your goal by talking it through with your team. Consider if it is Specific, Measurable, Attainable, Relevant, and Time-bound.

Specific	Measurable	Attainable	Relevant	Time-bound

WHY ARE YOU DOING ALL THIS WORK NOW?

One of the biggest risks to your campaign is that you lose focus. There are a lot of other social issues that can take your time and energy. You need to, as a youth or civil society activist, decide what you will compromise on and what you won't.

Your goal, you may find during the campaign, is not focused correctly, or there is another problem that needs to be addressed before you can reach your goal. But you should not compromise on your vision

WHAT RESOURCES DO YOU NEED?

Resources are the money and people you will need for this project. The resources you need will depend on the project or campaign.

As a youth activist, you may get these resources yourself, or you may partner with an established organisation. An established organisation can provide both physical resources (a desk, telephone, computer, etc.) and networks that you don't have.

You need to take an honest look at what resources you have available. Both the financial resources and the resources in terms of capacity, skills and time. You can also consider how partnering with other organisations and people can increase your available resources.

Every additional "piece" you add onto your campaign will have definite costs. For this reason, you need to consider how best to make use of the resources available.

WHAT IS THE TIME FRAME?

All projects need some time to set up and plan. This, you will have done by the end of this module. Timelines for advocacy projects can be particularly difficult to confirm.

The time frame will, to some extent, be dependent on outside factors. Governments work on their own time frames. If you work with them, you will have to understand them. Even partnering for an awareness campaign may slow things down more than you expect.

But, for most projects, you need to report on the progress made to funders, or at least a partner will have to. You will have to be able to say you did what you said you would.

Your time frame will consist of events and activities:

- **Events** – such as meetings, or conferences, or announcements. They are often more fixed in that they cannot be moved.
- **Activities** – such as drafting a press release or conducting research. They need to be planned around events.
- **Deadlines** – these are the due dates for project activities.

Gantt charts are useful in planning projects, and there are online tools to assist, or simply writing it on a calendar or wall chart.

Plan your project by filling in important dates and what needs to happen before and after them

To draft a time frame, consider:

- What dates are fixed? e.g. Parliamentary sessions, launch dates, World Aids Day, national budget speech.
- What dates are not possible? e.g. public holidays and times when partners will not be available or on leave.
- What activities have you committed to do for external stakeholders and when should this happen?
- What dates are not fixed? e.g. public meetings, government announcements.
- For important dates, it is imperative that you know about these in advance. Otherwise, you may miss an important date because you have other plans and forgot about it.
- What can be moved forward? (think about important parts of the project – high risk and high impact activities)

Three rules with project planning for advocacy:
1. Things change quickly. Follow the news and listen to what people are saying and you won't be caught off guard.
2. Most activities take longer than you think they will – be practical.
3. Learning and growth take place when you are under pressure and policy changing needs courage - be ambitious.

Your timeline will not be finalised without consulting partners and other stakeholders, but by writing it down, this will prevent you from missing important dates or over-running your deadline unnecessarily.

WHAT CAN WE USE AS GROUNDS TO ADVOCATE?

Journalists
Youth activists
Civil society
MPs

The grounds you use will depend on who you want to target. There are many grounds – public health concerns, UN conventions, Sustainable Development Goals (SDGs), and law. These laws, policy frameworks and international commitments need to be in line.
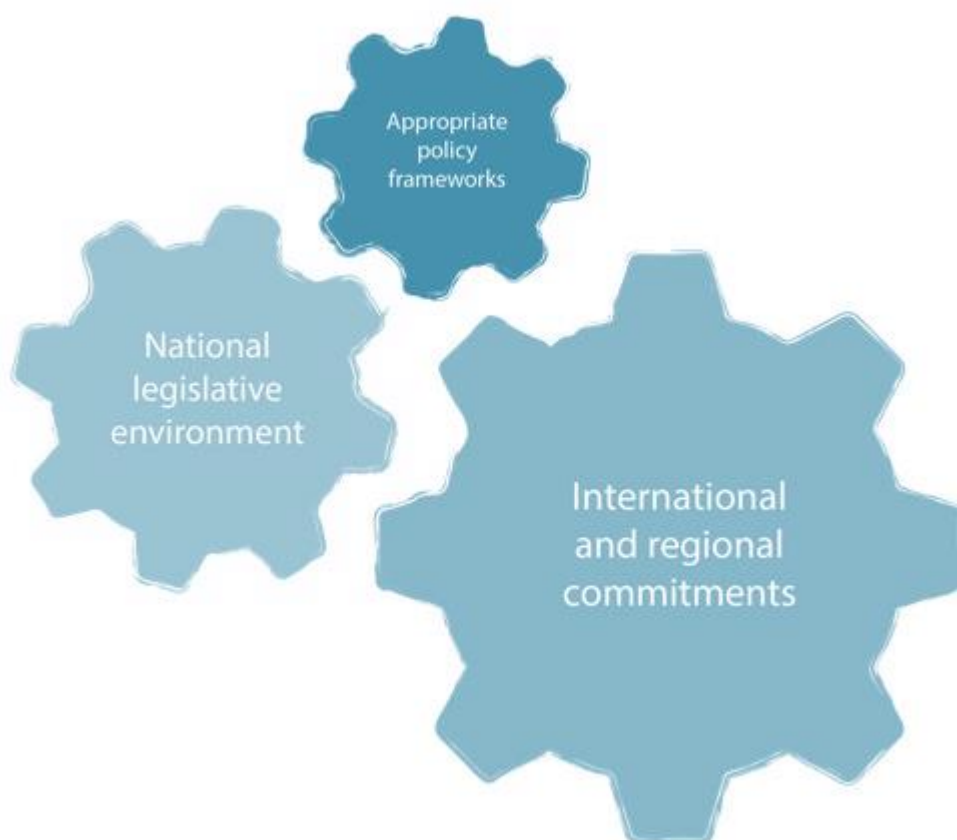
National laws and policies need to work to achieve a country's international commitments

National laws should align with international commitments and other laws and policies. Where national laws don't align with international commitments, you have grounds to advocate. Policies should align to law. Where they don't, there is a gap to advocate. Practices should align with policies and law. If government practices are out of sync, you can hold them accountable. If they are practices by people, however, you need to raise awareness.

It is often in the gaps between the international obligations and the national law, and the national law to implementation that the story lies. It is on implementation level that the human aspect comes in. In understanding how the bigger picture should fit together, you can link the micro and macro pictures.

For instance, your country may have agreed to the SDGs or regional initiatives that include access to sexual and reproductive health. However, the law is not in line. Then, you can advocate for changing the law. If the law is in line, you need to see if there is a policy that is preventing it from happening. If there are no policies that are preventing adolescents accessing these services, are there practices that either restrict access or could be improved?

| Youth activists |
| Civil society |
| MPs |

How is law developed in your country? How can you influence it?

Remember, there are informal and formal ways to influence policy:

- Donors can influence policies more than parliament or senates in some countries.
- The public can be very influential in changing policies.
- In many secular democracies, civil society can draft a legislation together with the government.

Ways to influence a policy will differ based on the issues at stake. For example, a financial policy is more likely to be closed and less open to influence versus a health policy, which is more open to influence. You may choose to influence a health policy to change how money is spent in your country, rather than trying to influence a financial policy.

CONSIDER POSSIBLE GROUNDS TO ADVOCATE, IF THERE ARE NO ESTABLISHED LAWS:

1. Public national health concerns
2. Research findings
3. SDGs, particularly three – Good Health, Wellbeing and Gender Equality
4. AIDS Accountability International scorecards http://www.aidsaccountability.org/?page_id=1067
5. 2016 High-Level Meeting on Ending AIDS http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2016highlevelmeeting onaids
6. Member state agreements, including the Universal Declaration of Human Rights or the Convention on the Rights of the Child

7. UN Commissions, such as International Commission on Population Development and the International Commission on the Status of Women

The PACT Advocacy Pack has good explanations of international conventions to look at.

It is important to remember when designing the strategy that there is always three parts to advocacy: sender, message, and receiver.

WHAT MESSAGE DO YOU NEED TO GET ACROSS TO CREATE THE CHANGE YOU'D LIKE TO SEE?

Messages to different target audiences should have a common truth, but be tailored to your audience. This is where a good knowledge of the audiences helps. Advocacy messages generally have two basic components:

1. An appeal to what is right.

2. An appeal to the audience's self-interest[19].

Armed with the knowledge of your audience and context, you can consider what the message should be.

Crafting the best message for your target audience requires you to know and understand your target audience. You need to be able to answer the following questions:

1. What motivates your target audience?
2. On what basis have they made decisions in the past? How have they justified decisions?
3. What agenda is reflected in their communication?
4. What will your target audience gain from acting the way you want him/her to?
5. What is likely to prevent the target audience acting on the message?
6. What are the conflicts between what we want and what the target audience wants?
7. What is your target audience most afraid of?
8. How can they be motivated to take action?

Your message is a combination of what is right, what your audience needs to hear and what you want

DEVELOPING YOUR PRIMARY MESSAGE

The primary message should include the following[20]:

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[19]Adapted from (UNICEF, 2010)
[20] Ibid.

Statement + evidence + example + goal + action desired

The **statement** is the central idea in the message. It outlines why the change is important.

The **evidence** is easily understood facts and figures and supports the statement.

An **example** will add a human face when communicating the message.

The **goal** highlights what we want to achieve. It is the result (or partial result) of the action desired.

The **action desired** is what you want to happen.

There are often good economic arguments to make about the benefits of allowing adolescents access to prevention and treatment. If your target audience is particularly interested in this, this will be the core of your message. If your target audience is responsible for delivery against social targets, this can be central to your message. Your target audience may also be motivated by political motivations - for instance, a minister needs to deliver well to ensure her/his political future.

Your message will evolve with your context during the campaign

Youth activists
Civil society

WHO ARE THE PEOPLE TO TARGET?

The systems thinking exercises above should have got you thinking about all the different people involved in SHRS services for adolescents. The people who you target with your advocacy are those who are able to make the changes needed. Think about it - if you need to change a national law and you are targeting the local government; you won't meet your goal. However, involving local government can create change on the national level over the long term.

> Look at the causal loop diagram from the last module in the situation of SHRS for adolescents in your country. Who are the people to target in order to make the biggest change?
>
> Remember that advocacy projects can often be too ambitious.

If you have identified what the core problem is, you should be able to identify your primary target audience. Your target audience can be an institution, a person or group.

By thinking about who has the most influence, may help you decide who to target. Where are the centres of influence?

- Parliament
- Executives
- Donors
- Public
- Civil society
- Politicians
- Political parties

PRIMARY TARGET AUDIENCE

To figure out who your primary target audience is, ask yourself:

Is it legislation?

If it is legislation, who has the ability to change it? Is a legal challenge based on the Bill of Rights possible?

Is it a policy?

Whose policy is it? That would be your primary target audience.

Is it a guideline?

Whose guideline is it? That will be your primary target audience.

Remember, civil society actors often have more knowledge on UN conventions and international agreements than government officials. This is an excellent opportunity to partner with and educate them.

SECONDARY TARGET AUDIENCES

1. Who else has a stake in making things change?
2. Who has an influence on your primary target?
3. Who will be responsible for making the change?

Identify the stakeholders (individuals, groups, and institutions) by answering these questions:

1. Who is likely to gain from the proposed changes?
2. Who might be negatively affected?
3. Who has the power to make the changes happen?
4. Who complains about the issue?
5. Who does research on the issue and reviews the policy needs?
6. Who are the vulnerable groups that may be affected by the project?

7. Who needs to implement the plan?

Whom to target: Child Marriage in Trinidad and Tobago

Trinidad and Tobago has a complicated law on ages for the consent to marry, while only allowing sexual intercourse at the age of 18, people can marry as young as twelve.

Civil society organisations have banded together to have the law changed, while the Inter-Religious Organisation (IRO) defended child marriages.

Civil society, academics, business and religious organisations opposed the statement by IRO and presented a submission to government to make the law more consistent.

The campaign has targeted both government in requesting amendments to the current legislation while gaining worldwide support through social media and online petitions.

The campaign has been successful, and the Senate is currently passing the law, thereafter the bill will go to the house of representatives.

Note that the target audience was government, rather than IRO, despite their support of child marriages. It is important to keep your campaign focused and not get distracted, even when you get angry. But you can use the opportunity when others are angry to remind them about your issue.

Sometimes, the problem is not with legal provisions, but rather the lack of awareness of them. In this case, your target audience would be the public[21]. "The public" is a big group. Can you break it down a little further? What age group is at risk? What populations are most at risk, e.g. drug addicts, the rural poor, etc.

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[21]UNFPA, *Improving Access of Young People to Education and Services for Sexual and Reproductive Health, HIV and Gender: Promising Practices in Indonesia, Thailand and Vietnam*, 2009 <http://www.icomp.org.my/pub/improve_access.pdf>.

THE MORE YOU KNOW ABOUT YOUR TARGET AUDIENCE, THE MORE EFFECTIVE YOUR ADVOCACY STRATEGY WILL BE.

Make sure that you are targeting the right people and consider their needs by answering these questions:

1. Who is the person/department responsible for the relevant guideline, policy or law?

2. What are their priorities?

3. What commitments do they have that will make the timing of our relationship either good or bad?
   1.

MPs

Parliamentarians wishing to get a bill passed will need to follow the processes in their country. If the bill relates to SRHS, it may need to go through a parliamentary committee on health. It may be necessary to hold bilateral negotiations to convince other parties of the merit of your bill. Lobbying parliamentarians from other parties can be a risky proposition, leading to the bill being put aside. And direct action can be more effective.

Keep in mind the rules for how long a bill can stand before lapsing if they exist and follow the appropriate steps to avoid lapsing before a decision has been made on it.

SOURCE MAPPING

For you as a journalist, using a systems thinking approach can also help you find alternative sources to ones you often use and help you make sense of things when sources contradict each other. Start by asking who the people in the systems are:

1) **The end users:** the people who need the services or use the services. These are often first-hand witnesses of health systems.
2) **Professionals:** Health professionals, as well as education professionals, are often well placed to talk about SRHS and the fallout in terms of education. This includes hospital management.
3) **Professional bodies:** If professional bodies may be a good source if professionals are concerned with quality or other systemic issues.
4) **Businesses**: Following the money can often reveal the source of bottlenecks. For example, the cost of ARVs prevented many countries from rolling out ARV provision programmes. Currently HPV costs are preventing wider-scale administration.
5) **Spin doctors or spokespeople**: While printing what spokespeople say without consulting other sources is dangerous, what is said and not itself can lead you to further discovery.
6) **Civil society organisations**: Civil society, non-governmental and religious organisations often can give you solid research and first-hand experience.
7) **Researchers:** Often research findings do not make their way into the public domain, if you do not approach specialists in a field, your audience would not be aware of the findings of studies or studies that contradict previous studies. Such researchers may be at your local university. Researchers can also refer you to specialists doing related studies.
8) **Publishers:** Can also give you information on their expert authors who may be difficult to find otherwise.
9) **Informants:** In the relevant departments or ministries, you may find people who are prepared to talk about the issue. However, if you use unnamed sources make sure you can back it up with other sources.

For a story, you would like to cover, think about relevant sources by considering what systems are involved:

Journalist
Youth Activists
Civil Society Organisations
MPs

What change do you want to see with your primary target audience? What is likely to motivate them to make the change?

Write down the message for your primary target audience. Together with your team and other stakeholders, consider questions above and how to refine it so that it speaks to them. The message should be simple and make clear what action you expect from your audience.

Secondary messages are based on your primary message but changed slightly for secondary audiences. Think about your secondary audiences. These can include donors, decision-makers (government ministers, legislators, administrators, corporation heads), journalists, other civil society organisations, the general public, traditional, local and religious leaders. They have different information needs and different attitudes.

Develop secondary messages based on your primary message and the needs of different stakeholders.

Stakeholder	What is your goal with them?	What do you need them to do?	What would convince them? (evidence and example)

Write down messages for other stakeholders by stakeholder group.

TEST THE MESSAGE

Polling is the process of testing what people think and can also be used to refine your message. This is very useful, as many people will not know everything that you do.

Through polling, you can see what biases, interests, language and understanding people have – both your primary and secondary audiences. You can also consider focus groups or surveys, but realise that these will involve more time and resources.

Journalist
Youth Activists
Civil Society Organisations

WHAT ARE THE BEST CHANNELS FOR COMMUNICATION

Think about your target audience - what is the best way to talk to them, in line with the resources that you have available?

One way is a **public method**, which generally means mobilising broad support from the government and/or the public through highly visible activities (such as publicity and media stunts, or online campaigning).

Compare this to a **private method**, which involves working quietly with a few key partners to make changes behind the scenes.

Think about your stakeholders and how they may get their information. Try to be as specific as possible:

Stakeholders	What information they need	Where they might get information

The approach would depend on your target audience - how they are likely to react, the technology and your available resources.

Before planning the actual activities, the problem, goal, target audiences, partners and grounds, must all be well understood, in your context. You can't take someone else's strategy and just apply it in a different context. The same is true when undertaking advocacy activities. Different activities have different potential results and are better suited to different target audiences.

SOME ACTIVITIES THAT CAN BE INCLUDED IN CAMPAIGNS INCLUDE:

1. **Awareness raising** – increasing people's knowledge that a problem exists or provide familiarity with a policy proposal.
2. **Briefings/presentations** – making an advocacy case in person through one-on-one or group meetings.
3. **Communication campaigns** – communication to influence the knowledge, attitudes, and behaviour of people. Such campaigns may have positive political, social, environmental, and health outcomes.
4. **Litigation or legal advocacy** – using the judicial system to move a policy by filing lawsuits, civil actions, and other advocacy tactics.
5. **Lobbying** – trying to persuade a politician, the government, or an official group, that a particular thing should or should not happen, or that a law should be changed[22].
6. **Mass mobilisation** (also known as social or popular mobilisation) – organising citizens around a particular issue.
7. **Media partnerships** – getting a media company to agree to promote a cause through its communication channels and programming.
8. **Media relations** – developing a relationship with journalists to have content published and broadcasted[23].
9. **Social media campaign** – a coordinated effort to reinforce a message or assist with meeting the goal of your advocacy goal using one or more social media platforms. Campaigns differ from everyday social media efforts because of their increased focus, targeting, and measurability.

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[22]'Lobby Meaning in the Cambridge English Dictionary'.
[23]'Media Relations'.

Think about the activities above. Notice that they can complement each other and that they are often not completely separate. For instance, in mobilising the masses, using social media is often central. Identify what activities might be included in your campaign and whether they would be appropriate. Remember to keep the partners for your campaign in mind and their strengths

Advocacy Activity	How to use it to influence	Who it influences	How can we track its impact
E.g. Media Relations	*Generate public discussion on advocacy issue…*	*From general public to more targeted audiences depending on media selected*	

14.

MEDIA RELATIONS

The media serves as both a target audience and a channel to other audiences. So, it is not the newspaper, the editor or the reporter who is important - it's the **reader, the listener, and the viewer**. It is, therefore, essential to remember the target audience.

What do we mean by media?

In this case, we are referring to mass communication mediums that specialise in news (newspapers, radio and television) and online news websites.

IT IS IMPORTANT TO UNDERSTAND WHAT MEDIA NEEDS WHEN WORKING WITH THEM.

1. Radio, television and print journalists are all looking for the same end result - *a good story* - but they need different things to be effective and to interest their target audiences.
2.
3.

You need to understand how media works to get your message across

What the public hears

How media works

Your message
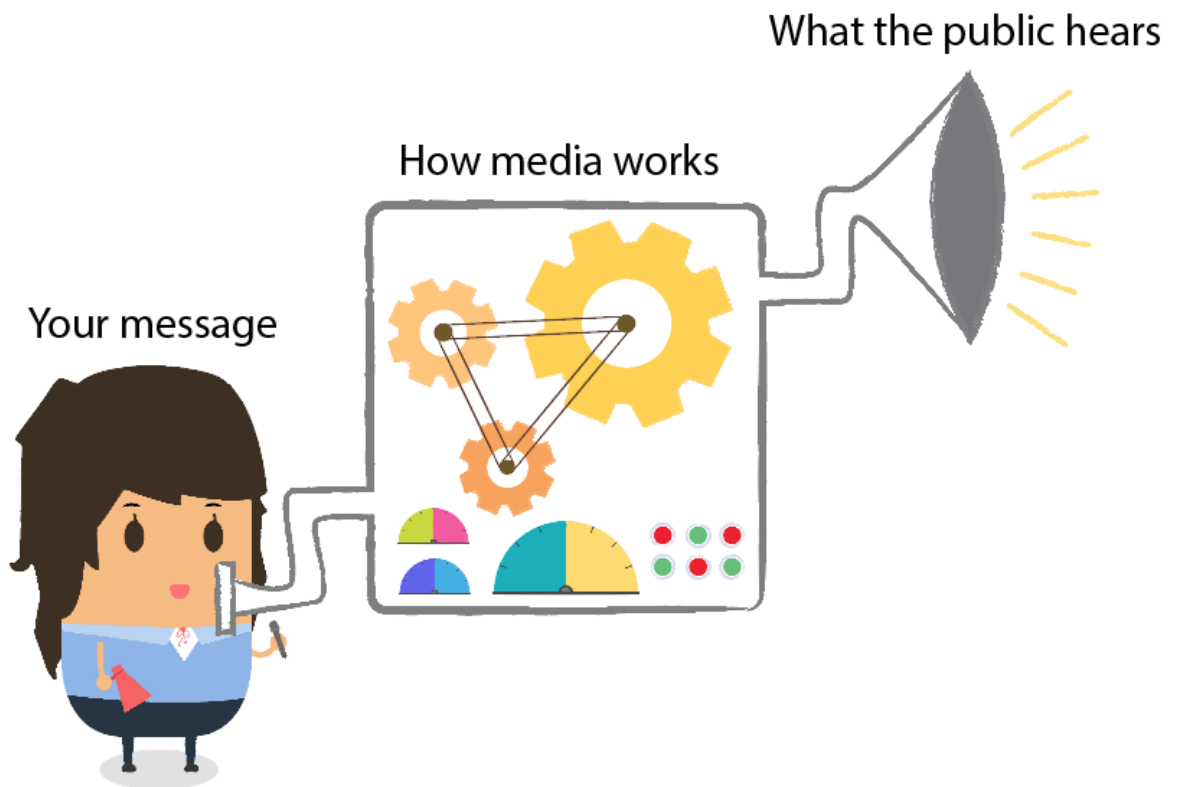
4.

What is news?

Newly received or noteworthy information, especially about recent events. A person or thing considered interesting enough to be reported in the news[24].

Think about it – zillions of things happen to billions of people every day. What makes it news? As much as journalists may appreciate knowing about the work you are doing, they need *news stories*, not what you may want them to publish.

They filter through all the people trying to get their attention by delivering their audience what their they need.

What is the angle?

Almost any news story is an opportunity for you to comment. Think about the gender angle, the child angle, or the adolescent angle. Media love talking about media; a published article or programme is a great opening comment.

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[24]'News - Definition of News in English from the Oxford Dictionary'
<https://www.oxforddictionaries.com/definition/english/news> [accessed 7 September 2016].

Journalists and editors expect you to understand their needs. Few journalists have the time to tell you things that they consider as obvious or to explain to you how they need your content packaged.

Journalists filter content to come up with the news in their publication or broadcast[25] linked to what they know about their audiences. Remember, how journalists think can detract from your message, as much as you help it. This is particularly the case when discussing sex and young people. For instance, you may have a press release published in a tabloid; it will have a great reach, but the headline that it goes out with may say the opposite of what you want the readers to think about. Many people may see the headline and not read the article, so be careful.

HOW TO GET YOUR ISSUE INTO THE MEDIA THROUGH MEDIA RELATIONS.

THINK ABOUT THE MESSAGE YOU WANT TO GET ACROSS TO MEDIA AUDIENCES. IS IT:
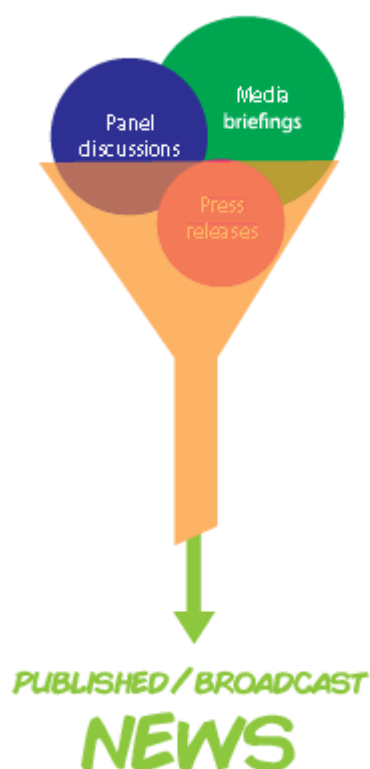
Timely: News is about what is "new", not old. It is difficult to get something into news if there is no immediate story, event or development to link it to.

Relevant: How close is the story to the media's audience in terms of geography? Could it happen to them? Could it affect a person's child?

Human interest: People are interested in people, even though human interest articles are often considered as soft stories. But, including people's stories can also show a human face related to a bigger social issue.

Remember, part of media relations can be developing television programming, radio programming, and advertisements.

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[25]Nico Meissner, '50 Years on: Galtung and Ruge's News Value Factors Revisited in Online Audience Building for Independent Films', *First Monday*, 20.3 (2015) <http://firstmonday.org/ojs/index.php/fm/article/view/5850> [accessed 7 September 2016].

If you have a good budget for this, you can:

- Create videos and have them aired on television. These can be advertisements, public service announcements, documentaries or even a series. Clips of these can also be used in online campaigns.
- Create a radio series. This can be a drama, an audio book that is read, or a regular panel show. This can reach audiences you can't otherwise reach, particularly in underdeveloped contexts. This can also be packaged to be downloaded from the internet as a podcast. Community and public broadcasters often appreciate this content.
- Write regular columns or press releases related to your cause. These can be published, not only in print but on news websites of broadcasters.

Your strategy across different media should complement each other and be shareable on social media, if possible.

To be fleshed out – interview with director on Wednesday 8th February 2017

Raising awareness of HIV in Ukraine

Have a look at http://www.afew.org/. Notice how the organisation makes comments on a range of issues and produces content that is ready for television, print, and the internet.

Check out their YouTube channel on
https://www.youtube.com/channel/UCZU6cfhFA9mi9oHn9a7muHQ
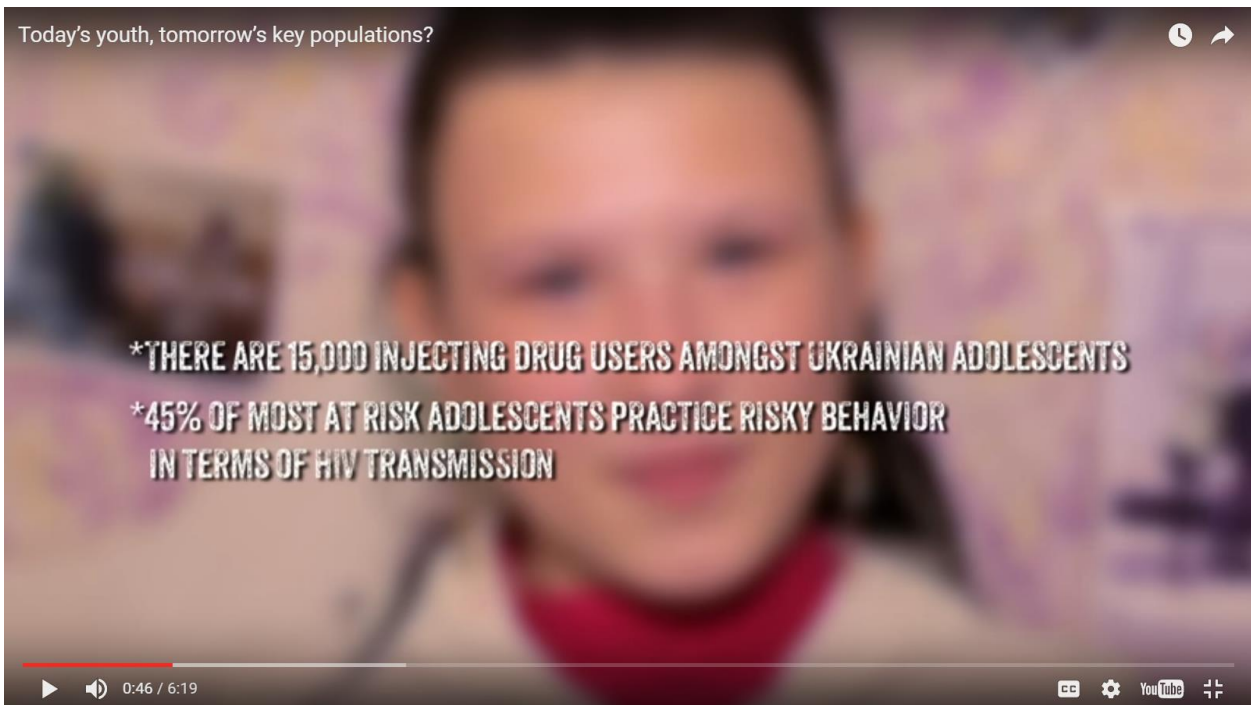
Think about how you could do something similar in your context. ***BUT ONLY IF IT IS IN LINE WITH YOUR STRATEGY.***

SOCIAL MEDIA CAMPAIGNS

Social media are tools to be used to create and exchange ideas or visuals across virtual communities. Platforms include:

- Blogs
- Facebook
- Google Plus
- Instagram
- LinkedIn
- MySpace.com
- Pinterest
- Twitter
- WhatsApp
- YouTube

What is the difference between media and social media?

The line between media and social media is becoming more blurred, but for our purposes, media involves the editors and journalists, while social media does not. Social media can be a good way to engage media audiences too.

What you use depends on what people are using in your country and what media your target audience and partners are on. Be careful, though, because social media takes time and commitment to maintain. If you don't maintain it, it can hurt your campaign. So, be strategic in where you want to be and what content you need to generate for each platform.

Social media also has risks. Here are some key tips on how to use these networks successfully:

POSTS

A post is an update, a blog, a tweet, or a new picture or video. Posts need to be:

- Timely – watch the news, see what people are talking about, and post when something relevant to your cause happens.
- Agenda setting – make your cause relevant to all people considered in your stakeholder analysis.
- Regular, daily when you are at the height of your campaign - this helps build your audience.
- Relevant - don't waste your reader's time or let irrelevant conversations end up on your page.
- Short and to the point (below 100 characters if possible).
- Appropriate – don't belittle your followers. Users are very aware of the language used in a post.
- Original – be wary of just retweeting or reposting. You may drive followers away from your page or profiles onto others.
- Graphical – people are visual. Therefore pictures and videos will be shared more than words.

INTERACTION

The aim of social media is to connect, so do not be afraid to engage your audience actively.

- Share your posts. Where possible, share your posts across different platforms. Not only that, but share other people's posts that are relevant to you. Engage in online discussions.
- Be as visible as possible. Respond to comments. Hold discussions with people interested enough to contact you.
- Use multiple platforms and connect them. Share a post on your website via Twitter. Share a Twitter post via Facebook.

RISKS

Social media does offer a few dangers that you need to be aware of. Being open to the world opens a new set of threats and weaknesses.

- Manage mistakes. It is important to accept responsibility for mistakes. You should try never to make the same mistake twice and vet posts as much as possible beforehand. Spelling mistakes are very common and can damage your image.
- Be wary of confrontation online. It can spin out of control very quickly, and your reputation could be badly damaged.
- Not everyone is who they say they are. Identities can be very well-hidden or adopted online. Be careful with any sensitive information.
- Change your password regularly and keep it long.
- Careful of posting in your own capacity. Social media is not personal; it is public, no matter what your settings are. Once it is out, it is difficult to take down. It can follow you and damage your campaign, project and future career.

SO, BE FEARLESS, BUT SENSIBLE.

VISUALS

Social media lends itself very well to using and sharing visual content. It can also help you get across otherwise difficult-to-understand information.

- Post pictures or videos where possible.
- Invest in videos where possible. Although more expensive, it can help build one's visibility.
- Remember that context matters. Content from other countries doesn't always carry the message to your audience. Don't overuse it.

PREVENTION OF CHILD MARRIAGES IN TRINIDAD AND TOBAGO

The example of the campaign to end child marriage in Trinidad and Tobago was shared in the last module.

Remember, the IRO had come out in favour of child marriage. When something like this happens, your response must be timely. Look at the images below; it is context specific and responds to an immediate issue. The campaign has been successful in raising the profile of the issue and the leglislation has been passed in the senate.

This is backed up by popular artists weighing in and more general images (below).

END
CHILD
MARRIAGE
NOW

Think about integrating social media into your campaign, but be realistic about your capacity.

Resources	Their strength	What they should do in terms of media relations	What will make it timely?	How do we track the impact?
E.g. One hour a day	Your participation in other youth movements	Tweet, post Facebook entries, collect and create content	Draft bill is up for discussion or a statement by a leader	Hits, retweets, reshares, responses

RESEARCH FOR POLICY ENGAGEMENT

Research findings are a great basis for engaging with governments on social issues. If you can provide a good case for allowing testing and treatment to younger people, it may go a great distance in changing the policy in your country.

What you need:

1. Correct research – make sure you understand it correctly. If you are not comfortable with figures, get a partner who can write up a fact sheet for you.
2. Context-specific research – United Nations (UN) agencies and the World Bank may collect good research, but if there are local academic sources, they are often more accurate and informed by your context.
3. Correct, but understandable language – language should be correct, gender and sexuality sensitive, non-racist, specific and simple.

What you can use it for:

1. Inform your campaign generally.
2. Inform your media relations
3. As a basis for engagement with government
4. As background for a court case (discussed next)

5. To raise awareness or for mass mobilisation

As an activist, you may use language and particularly abbreviations, which others may not understand. Look at the terms and organisations below and see how many you can simply define. Pretend that you are trying to explain them to a six-year-old.

ART SRHS STI LGBTI MSM Aids PLHIV PMTCT SRHR HIV PrEP PEP PLHA ARV HTC

Framework for Reviewing AoC to Medical Services for Adolescents in Bangladesh

Bangladesh in 2014 had no guidelines on adolescent reproductive health (Barkat & Murtaza Majid, 2003). Bangladesh is a low prevalence country for HIV, but certain populations are at risk. Only 42% of adolescents were using any modern contraceptive methods, while 33% of adolescent girls had become pregnant or had a child. Street children in Dhaka were particularly vulnerable due to the high rate of drug

use. Condoms were only available to married people, and HIV testing only available to those over 18 with the consent of parents or guardians.

UNICEF, UNAIDS and the National HIV Programme in Bangladesh began discussing adolescents at risk. There are two groups that are especially vulnerable. Most at Risk Adolescents (MARA) are adolescents who are injecting drug users, exploited in the sex industry, including those who are sex workers; MSM and transgendered males. Especially Vulnerable Adolescents (EVA) are in families of those involved in sex work and drugs or are married, juvenile offenders, school drop outs, runaways, homeless or migrant adolescents, gay or transgender.

The MARA working group, comprising of NGOs and civil society activists discussed the lack of appropriate policy frameworks as a group and with other stakeholders. Stakeholders signed the agreed plans based on a literature review of current research on at-risk adolescents and presented it to the ministry of health in August 2014.

Bangladesh has a most at-risk adolescents working group comprised of NGOs and civil society members, which discussed the issue to get broad consensus. Organisations then signed a memo and submitted to Secretary of Health August 2014.

Spelling mistake on picture to be corrected, picture may change as it implies males are injecting drug users only

Reported HIV Counselling and Testing Amount
Adolescent / Young Key Population (aged 10-24 years)

Injecting drug users   Female sex workers

58.1% have access   57% have access
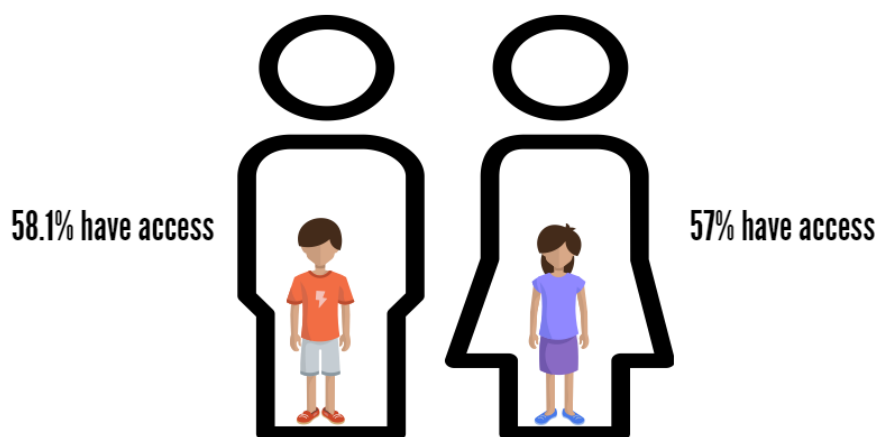
Low take up due to:
Policy barrier to age of consent to services for aadolescents
Legal barriers that criminalise behabiou
Low level of complete knowledge of HIV amoung adolescents

Reported HIV Counselling and Testing Among Adolescent / Young Key Population (10 - 24 years) - Equity Analysis by Key Population Groups(ACNielsen Bangladesh, 2012)

In February 2015, the Secretary of Health issued a memo to provide services (Allowing HTC, condoms, ARVs, PMTCT and needle exchange) to at-risk adolescents under 18. Currently, stakeholders are working through the legal intricacies of getting this move made permanent.

Based on the experience of the MARA working group experience, here are some key points to getting research for policy engagement right:

1. Make sure to use credible research in reviewing the literature
2. Use formal and informal meetings with government representatives to push your agenda, reinforcing the message about the importance of the issues. You can do this even if AoC issues are not in the agenda.
3. Build consensus between activists, NGOs and civil society players to go to government with a concrete plan
4. Develop relationships with government so that they trust you to give them accurate information so you can impact how policy is implemented
5. Know the research and be open and available to answer questions as they come up

LEGAL ADVOCACY AND LITIGATION: TREATMENT ACTION CAMPAIGN IN SOUTH AFRICA

Undertaking a court case may be a last resort strategy, rather than a first option. It can cause your government to take a stronger stance on the issue and even in some contexts, lead to a clampdown on human rights. Remember, your government is often your strongest ally.

It can have great benefits:

- It increases media coverage of the issue.
- It allows you to discover information in the process that you may not have known (such as the reasons that the government is not providing services).
- It establishes a legal precedent for further action and the interpretation of law in other public health and rights cases.

Used well, it can have long-standing benefits. Consider the experience and advice of the Treatment Action Campaign (TAC) in South Africa[26]. In South Africa, the Constitution sees litigation as a means of defining rights and resolving conflicts over the use of public resources.

In 2001, South Africa had 85 000 infant infections per annum as a result of mother-to-child transmission (or HIV infection of the baby through the mother's pregnancy, birth or breastfeeding). The medication was available to reduce this rate, but the government was hesitant to roll-out a national programme.

The TAC, together with the AIDS Law Project and partners, decided to take the government to court. The court case was not undertaken as part of a fight with the government, but to hold the Department of Health accountable for citizens' rights as given in the Bill of Rights.

The court case was needed because of the inaction of the government in the face of a crisis.

TAC argued on the basis of the rights to:

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[26]M. Heywood, 'Litigating AIDS: Background, Strategies and Outcomes of the Treatment Action Campaign's Case to Prevent Mother to Child HIV Transmission in South Africa' (presented at the XIV International AIDS Conference, Barcelona, 2002) <http://www.tac.org.za/news/chapter-three-south-africa%C2%B4s-treatment-action-campaign-tac-example-successful-human-rights>.

- Equality
- Dignity
- Reproductive autonomy
- Access to healthcare services, including reproductive healthcare

It wanted to ensure that the court ordered:

1. Doctors to be allowed to prescribe Nevirapine where medically indicated and where there was capacity, to counsel and test that HIV exists.
2. To provide a plan on the "roll-out" of a national MTCT programme.

The court found that a national roll-out of a Prevention of Mother to Child Transmission (PMTCT)

programme is the obligation of the State.

Based on TAC's experience, here are some key points to getting public impact litigation right:

1. Get the facts and science right
2. Train your lawyers and counsel about AIDS
3. Supplement legal arguments through real life stories
4. Use experts
5. Build alliances between activists, scientists, and health professionals

The judgment and legal papers are available at **www.law.wits.ac.za** and www.tac.org.za

As a result of the ruling, and other work by South African activists, by working with the government, South Africa currently has the biggest ART programme in the world[27].

Would a court case be appropriate for your context? Why/why not? Would it be worth the risk in terms of your relationship with the government? Would it work with your strategy?

CHECK YOU UNDERSTAND KEY PARTS OF THIS MODULE:

1. What is the best practice principle in terms of relative age of consent for sex, marriage and sexual reproductive health?
2. What is the process to narrow down your goal?
3. Going from global agreements to departmental guidelines, how should law align? This will require some understanding of various sections of this module.
4. How do you decide on the best medium for the message?
5. Name three factors that support newsworthiness

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[27]'Yes, South Africa Has the World's Largest Antiretroviral Therapy Programme', *Africa Check*<https://africacheck.org/reports/yes-south-africa-has-the-worlds-largest-antiretroviral-therapy-programme/> [accessed 7 September 2016].

Journalist
Youth Activists
Civil Society Organisations

WHAT WILL BE COVERED IN THIS MODULE:

1. Monitoring of project
2. Evaluating outcomes of a project
3. Ensuring learning is shared and incorporated into future practices

MONITORING AND EVALUATION

The process of advocacy does not happen in a linear path. Often, unexpected events present challenges and even opportunities for the process. Monitoring and evaluation allow you to keep track of changes in the sector.

Why is it important to do monitoring and evaluation[28]?

1. You are showing that you **implemented** the plans you said you would to funders and partners.
2. You can use programme results to **lobby for changes** elsewhere.
3. **Building and sustaining trust** - sharing information for increased transparency and participation.
4. **Sensitising for action** - building a critical mass of support for a concern/experience.
5. **Understanding the context** - sensing changes in policy, politics, environment, economics, technology and society related to implementation.

Monitoring and evaluation also help when:

1. **Improving operations:** Adjusting activities and outputs to achieve more and make better use of resources.
2. **Readjusting strategy:** Questioning assumptions and theories of change.
3. **Strengthening capacity:** Improving performance of individuals and organisations.

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[28]'Roma 3.1 What to Monitor and Why' <http://www.roma.odi.org/what_to_monitor_and_why.html> [accessed 5 September 2016].

4. **Deepening understanding (research):** Increasing knowledge on any innovative, experimental or uncertain topics about the intervention, the audience, the policy areas, etc.

HACKING ADVOCACY

A **hack** is any "trick, shortcut, skill, or novelty method that increases productivity and efficiency"("Life hack," 2016). It is something that makes the campaign better and your life easier.

Hacking is based on a learning attitude: What can I/we do better?

There are so many bits of information that can be useful for you to improve. It should become a way of life. From using templates for sending press releases, to preventing time wastage by making sure that everyone has all the information they need, many things can be made easier and better.

> **Monitoring** measures progress in achieving specific results in relation to a strategy's implementation plan.
>
> **Evaluation** attempts to determine, as systematically and objectively as possible, a strategy's worth or significance.

Monitoring and Evaluation (M&E) is based on the same idea as hacking. It is looking at how you did things, what happened, and how it could have been better. But, it is something you should be doing all the time. Some reasons for formal evaluation may be when you are **applying** for funding, **reporting** on how funding was spent or when **reviewing a strategy**(Pearson, n.d.).

> What is the difference between monitoring and evaluation?
>
> - **Monitoring** is collecting information in order to check that you are on track. This can be weekly checks for retweets on your social media campaign.
> - **Evaluation** is taking different bits of monitoring information to assess how the project is going. It is only done once or twice for most projects project.

M&E involves using the information you have (or can get) to test how well you did in terms of your goal or vision.
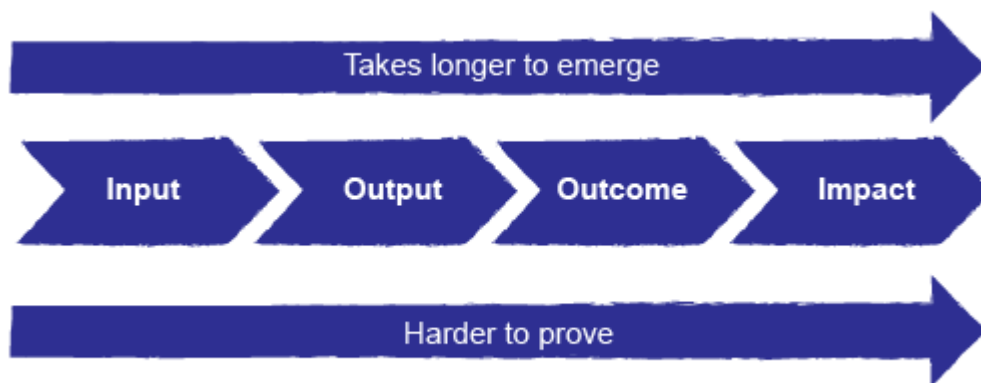
You need to look at (Pearson, n.d.):

Inputs: What resources went into different project activities, including time and money?

Outputs: What products or services did you get out? These could be press releases or briefing sessions.

Outcomes: What changes happened as a result of the outputs?

Impacts: What changes happened as a result of the project in general?

You need evidence on each of these. We get this by defining indicators.

Indicators are things that give evidence for the inputs, outputs, outcomes and impacts. They can be numbers or they can be things like comments, testimonies or stories about what you are trying to measure.

Input indicators: Time or money spent on the activity.

Output indicators: This will be different for each output. For press releases, for example, it will be the number of times it was published.

Outcome indicators: This will depend on the output - for instance, it could be the increased attendance at a youth-friendly clinic as a result of a press release. However, this is often difficult to tell unless you surveyed youths coming during the project.

YOU CAN, IF YOU HAVE ENOUGH INFORMATION FROM BEFORE THE CAMPAIGN, TELL IF CHANGE HAS TAKEN PLACE.

MONITORING

The changes will be monitored based on the goal.

You can tell if it is working by looking at information from:

1. Social media
2. Media stories
3. Adoption of policies
4. Change in policy and legislation
5. Interviews with people who are directly influenced (youths, educators, healthcare providers, etc.)

Because advocacy often takes place over longer time periods, it is important to be able to tell if it is working while the campaign is underway.

How can monitoring processes be included regularly in the project?

What is a suitable period of time to monitor? Do we monitor results daily, weekly, monthly?

Monitoring results may indicate problems in the project that may otherwise stay hidden for days, weeks or years. Being flexible and responsive is essential in advocacy to take advantage of unexpected events and change track when current efforts are ineffectual or counter-productive.

EVALUATION

Ideally, you should be able to use the information collected during a project, but if you have a budget, you can include outside sources too.

The information you use to evaluate a project should be based on the scale of the project. If it is a national goal, you may be able to use national data, but if it is a local project, you may have to collect your own data.

USES OF EVALUATION:

Evaluations can be used to improve programmes, both those that are currently underway and those that will be used as a model for future projects. In this way, they can enhance the quality of the project and allow them to be managed more effectively.

Evaluations can also be used to assess the merit of the intervention, this can indicate if the project was money and effort well spent or if it had little impact.

Evaluations can also be conducted to generate knowledge. Such knowledge may simply be to document an experience to add to the global body of knowledge, but **it can also be used by NGOs to let government actors know that something is not working.** Often the communication channels are not in place to let

The difficulty with evaluating advocacy projects is that it is difficult to establish a line of evidence between any one project or intervention and broader change.

TYPES OF EVALUATION:

Goal assessment – was the problem defined properly. If there were errors in defining the goal, what were they?

Activity assessment – did the activities line up to the goal? Did the outputs, outcomes and impacts help meet the goal? Was the goal the correct one; did it need to be changed, and have we moved closer to the goal? In terms of looking at whether the activity is in line with the goal it is important to look at both 'demand' and 'supply' side, for instance, are people coming to the clinic and are they getting good services at the clinic.

Environmental assessment – how did the outside environment impact your success?

Remember to collect stories that show how the project progressed, as well as numbers.

EVALUATION AS LEARNING

Hopefully, you should have been learning and hacking things so that they move faster in the future, but when you have done an evaluation, written a funding report or finished a project, you have a particular opportunity to reflect and learn. This is a good time to:

1. Make sure that documents are available and people know where they are.
2. Evaluate which activities took lots of time and didn't have the results anticipated? Was the problem with the activity itself or the execution?

3. Think about how you could have improved and where.
4. Plan things better in future.
5. Have a reflection and learning meeting.
6. Share with all partners so that future projects work better.
7. Put documents together for partners about the project so that you remember what you found out in the project and others can also learn.
8. Make documents public - for instance, conference proceedings.

Remember, learning should be valuable and time-efficient. It shouldn't take too much time, but be helpful to improve future projects.

> (?) If an external evaluation is conducted, arrange a presentation from the evaluator and discuss the results with a view to learning and improving. If not, meet the implementation team and have an open discussion on how to improve in future. Document and follow up as necessary.

LOOK IN THE RESOURCES SECTION FOR MORE RESOURCES ON M&E.

Journalists

THE WATCHDOG ROLE OF JOURNALISM

Watchdog journalism is a mindset, it is about holding governments to account. If done correctly, it builds credibility with the audience, supports democracy and promotes the rights of citizens. It is a culture in some publications and broadcasters.

According to Poyntier (2005), it is important to explain the culture of holding government to account to the audience and making sure that the culture is clear to audiences through reporting. Audiences should

expect reporting that holds institutions accountable, ongoing coverage and a sceptical attitude. Such reporting can be done on any topic, but in oppressive media environments health is a good place to start holding government accountable, as most countries are signatories of the UN declaration of human rights and have adopted the sustainable development goals.

Beat journalists often have the context to do this well, they have the context of past events and statements from officials or spokespeople. They are best positioned to follow and report on official processes and keep the public informed.

🎓 Note down promises in speeches by politicians, particularly the planned delivery dates so that you can follow up then.

Advocacy Resources

There are a number of other guides that will help you with developing your advocacy strategy:

ACT2015 Advocacy Toolkit

A practical toolkit for young people who are passionate about advancing HIV and sexual and reproductive health and rights through national advocacy in the post-2015 agenda by Restless Development.

http://www.unaids.org/sites/default/files/media_asset/advocacy_toolkit_en_0.pdf

PACT Advocacy Pack on Age of Consent

This Advocacy Pack is for youth and adolescents, youth-led and youth serving organisations which have a vested interest in advocacy and in advocating on behalf of young people. It is primarily useful for those whose work include lobbying for legislative amendments and policy advocacy.

link

Advocacy Toolkit: A Guide to Influencing decisions that improve children's lives.

The Advocacy Toolkit draws on UNICEF internal and external advocacy expertise, as well developing a few innovative approaches. The Toolkit provides a set of practical tools to help UNICEF staff and partners in the development and management of their advocacy work

http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf .

Developing Effective Advocacy Campaigns

This practical handbook promotes progressive and principled leadership skills for women and men, and explores participatory leadership in promoting democratic and egalitarian societies.

https://dspace3-labs.atmire.com/bitstream/handle/123456789/11875/Guide_DevelopingEffectiveAdvocacyCampaigns.pdf?sequence=1

10 Theories to Inform Advocacy and Policy Change Efforts.

This brief lays out 10 theories grounded in diverse disciplines and worldviews that have relevance to the world of advocacy and policy change. These theories can help to untangle beliefs and assumptions about the inner workings of the policy making process and identify causal connections supported by research http://orsimpact.com/wp-content/uploads/2013/11/Center_Pathways_FINAL.pdf .

Monitoring and evaluation of Advocacy Campaigns

From M&E to Monitoring and Learning: What to Monitor and Why: What to Monitor and Why

This chapter is to provide a practical monitoring approach that builds reflective and evaluative practice into the work of influencing policy, to support decision making and demonstrate progress.

http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9015.pdf

Monitoring and Evaluating Advocacy: Companion to the Advocacy Toolkit

The toolkit refers to two types of evaluation: (1) impact evaluation, which measures a strategy's results for people and communities, and (2) formative evaluation, which measures a strategy's quality and efficiency, examining what was done and how well it was done.

http://www.unicef.org/evaluation/files/Advocacy_Toolkit_Companion.pdf.

Monitoring and performance indicators
All organisations keep records and notes, and discuss what they are doing. This simple checking becomes monitoring when information is collected routinely compared with your plan.
https://knowhownonprofit.org/organisation/quality/mande/monitoring

GUIDELINES ON AOC ISSUES

United Nations. nd. *Guidelines on Reproductive Health*. Available
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RESEARCH ON AOC ISSUES

Age of consent legal review in 22 countries

A review of the laws and policies allowing or preventing adolescents' access to sexual and reproductive health services (SRHS), there are reports for 22 countries as well as an overall report.

<mark>url</mark>

Ethical, Social, Cultural (ESC) desktop review

The ethical, social and cultural factors that play into AoC laws and practices that hinder or facilitate adolescents' access to reproductive health and HIV-related services.

<mark>url</mark>

Barriers Preventing Adolescents' Access to Sexual and Reproductive Health and Rights Services
This report gives the results of a survey of youths on age of consent to identify the barriers adolescents face when accessing SRHR services and supplies and specifically how this is linked to the age of consent. It found that people suffer stigma and discrimination related to SRHR in South Africa and Zimbabwe rather than support but supplies are available to adolescents.

<mark>url</mark>

UNFPA Harmonisation of the Legal Environment on Adolescent Sexual and Reproductive Health in East and Southern Africa

This report presents an analysis of the legal environment that affects adolescent sexual and reproductive health and rights (ASRHR) in Eastern and Southern Africa (ESA) to assess if they create enabling environment for ASRHR services. The study measures the legal provisions of the ESA countries against the international and regional treaties and commitments and argues for domestic laws and policies to align to such commitments. Recommendations from this study are used in this guide to help readers understand what a good approach to AoC and access to SRHR is in this toolkit.

Child Marriage Facts and Figures
The International Center for Research on Women (ICRW) has conducted research on the scope, causes and consequences of child marriage and provide facts and figures from countries around the world.
http://www.icrw.org/child-marriage-facts-and-figures

Abortion research finding finds that women not irresponsible
Research reveals more than half of young women who have abortions were using contraception when they fell pregnant.
https://mariestopes.org/media/research-reveals-more-half-young-women-who-have-abortions-were-using-contraception-when-they

Young people and the law in Asia and the Pacific
A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services in Asia and the Pactific.
http://unesdoc.unesco.org/images/0022/002247/224782E.

SAT. 2016. *Ethical, Social, and Cultural Factors That Hinder Adolescents' Access to Sexual and Reproductive Healthcare Services: International Review.* Johannesburg: Southern African AIDS Trust.

Legal Minimum Ages and the Realization of Adolescents' Rights: A Review of the Situation in Latin America and the Caribbean. Lacro: Unicef. Available

This study aimed to support the capacity of UNICEF and its partners to advocate for legal minimum ages that guarantee adolescents' rights, in particular their protection against all forms of violence and their development to their full potential. The analysis concentrates on legislative provisions concerning minimum ages and how they play out in the broader context.
http://www.unicef.org/lac/20160406_UNICEF_Edades_Minima_Eng(1).pdf

Marrying Too Young: End Child Marriage

This UNFPA report looks at risks and prevalence of child marriage. Child marriage remains a real and present threat to the human rights, lives and health of children, especially girls, in more than a hundred countries. One in three girls in low and middle-income countries (excluding China) will marry before the age of 18. One in nine girls will marry before their fifteenth birthday. These numbers will increase if nothing is done about it.

http://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf.

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