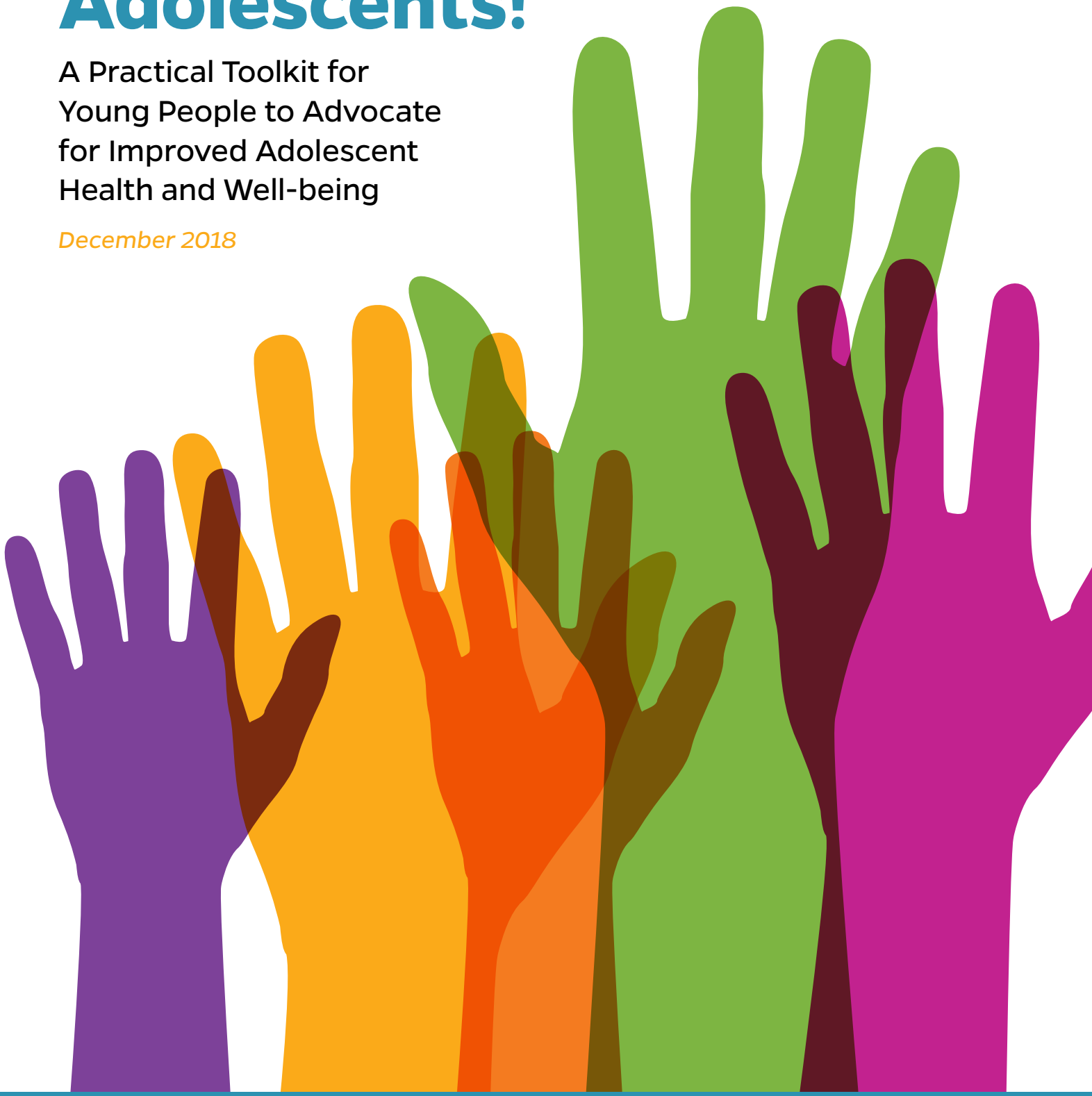
Advocating for Change for Adolescents!

A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being

December 2018



The Partnership for Maternal, Newborn & Child Health

WOMEN DELIVER

Advocating for change for adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being
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photo: The Partnership

Foreword

We are thrilled to present the second and updated version of the *Advocating for Change for Adolescents!* toolkit, a joint effort between The Partnership for Maternal, Newborn & Child Health (The Partnership) and Women Deliver. Since the initial launch of the toolkit, the global community has made strides in acknowledging and supporting its underlying ethos: **young people are powerful agents of change**. With increased access to tools and resources, young people can work to achieve gender equality, the unique needs of adolescents, health for all, and Sustainable Development Goal 3.

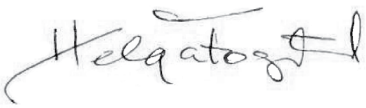
And change is happening. The 2018 monitoring report of the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health highlighted that adolescent mortality worldwide has dropped by 17% since 2000. However, much more needs to be done to address adolescent mental health issues and access to stigma-free health services (especially sexual and reproductive health services).

Additionally, an analysis published earlier this year in The Journal of the American Medical Association (JAMA) revealed that, although adolescents make up a quarter of the population in developing countries, they receive less than 2% of all global health funding. Advocacy is critical in making this change – and youth are leading the way!

Based on input and feedback from youth-led organizations and other partners, The Partnership and Women Deliver have updated this toolkit so that it remains up-to-date and improves with more resources. From 2017 to 2018, five youth-led organizations, with financial and technical support from The Partnership and Women Deliver, have used the toolkit to guide their design, implementation, and monitoring of national advocacy action roadmaps to improve the health and well-being of adolescents through policy-specific changes. You will find their stories and lessons learned in this updated version, which also contains new illustrative case studies. The new edition is also more youth-friendly and comprehensive, based on youth-led organizations' experience in facilitating consultations through the exercises in the toolkit.

We are greatly indebted to the organizations that have helped to implement the *Advocating for Change for Adolescents!* toolkit over the past year, and will continue implementation with support from The Partnership: the Cameroon Agenda for Sustainable Development, the YP Foundation in India, the Organization of African Youth in Kenya, the Youth Act Alliance in Malawi, and Education as a Vaccine in Nigeria. Adolescents and young people, like the members of these organizations, are uniquely positioned to be effective advocates to hold their governments accountable for the delivery of promises, policies, and programmes that affect their lives. Ensuring their success is in all our best interests.

With this toolkit, we hope to continue to inspire support and encouragement for more youth-led, high-impact solutions for adolescent health and well-being in order to benefit, not only today's adolescents, but also future generations – and accelerate progress in achieving health for all.



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This toolkit is a joint initiative made possible by a collaboration between the Partnership for Maternal, Newborn & Child Health (the Partnership) and Women Deliver, with the support of several partners and contributors.

The original toolkit and this updated version have benefited from the contributions of the following:

- Members of the Partnership's Adolescent & Youth Constituency hosted country consultations to review and provide inputs to the toolkit, including: members of the Alcohol Policy Youth Network (Jan Peloza, Slovenia, Lithuania), the Uganda Adolescent Health Forum (Patrick Mwesigye) and the Organization of African Youth (Michael Asudi, Kenya), Youth Act Alliance (Edward Phiri, Malawi), Community Initiative for Social Empowerment (Joan Chingamba, Malawi), Tikambe Youth Organisation (Magie Sandu), Phalombe Youth Arms and Concerned Youth Organization (Malawi) and AfriYAN (Tikhala Itaye).
- Five youth-led organizations received a grant to implement this toolkit and provided extensive feedback on updates to the toolkit: the Organization of African Youth of Kenya, Youth Act Alliance of Malawi, the YP Foundation of India, Education as a Vaccine of Nigeria and the Cameroon Agenda for Sustainable Development.

Other contributors include: Meghana Kulkarni (Global Health Corps, USA), Laura Hall (YouAct), Sylvia Wong and Irem Turner (UNFPA), David Ross, Anshu Banerjee and Kate Armstrong (WHO), Shireen Jejeebhoy (independent expert), Sandra Mapemba (The Palladium Group, Malawi), Priyanka Sreenath (MAMTA), Monika Arora (Public Health Foundation of India), Ajay Khera (Ministry of Health and Family Welfare, Government of India), Helga Fogstad, Emanuele Capobianco, Lori McDougall, Anshu Mohan, Meheret (Mimi) Melles, Zanele Mabaso, Tikhala Itaye and Kadi Toure (the Partnership Secretariat) and Katja Iversen, Lori Adelman, Myra Batchelder, Tamara Windau-Melmer, Cecilia Zvosec, Mariama Kabia and Sumit Galhotra (Women Deliver).

This toolkit was designed by Christine Giberson.

The Partnership is the world's largest alliance for women's, children's and adolescents' health, combining over 1,000 organizations from 10 diverse constituencies across 192 countries. PMNCH's mission and additionality is to increase the engagement, alignment and accountability of partners by creating a multistakeholder platform to support successful implementation of the EWEC Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), enabling partners to achieve more together than any individual organization can do alone. PMNCH achieves its mission through analysis, alignment, advocacy and accountability. The Adolescent and Youth Constituency of PMNCH is a unique and dynamic group composed of ambitious and inclusive youth-led organizations working at country, regional and global levels.

The Partnership shares a vision of a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being and social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

The World Health Organization hosts the Partnership in Geneva, Switzerland.
For more information, go to www.pmnch.org or email pmnch.ayc@gmail.com.

Women Deliver believes that when the world invests in girls and women, everybody wins. As a leading global advocate for girls' and women's health, rights and well- being, Women Deliver brings together diverse voices and interests to drive progress, particularly in maternal, sexual and reproductive health and rights. It builds capacity, shares solutions and forges partnerships, creating coalitions, communications and actions that spark political commitment and investment in girls and women.

Women Deliver's award-winning Young Leaders Program trains, elevates and empowers youth advocates to catalyse action for gender equality and the sexual and reproductive health, rights and well-being of girls, women and young people. The programme has provided 700 Young Leaders from over 130 countries with the training and resources necessary to extend their influence and actively shape the programmes and policies that affect their lives.

For more information, go to www.womendeliver.org or email info@womendeliver.org.

Abbreviations & Acronyms

CSE	comprehensive sexuality education
CSO	civil society organization
ICPD	International Conference on Population and Development
M&E	monitoring and evaluation
NGO	non-governmental organization
SMART	specific (or significant), measurable (or meaningful, motivational), attainable (or achievable, acceptable, action-oriented), realistic (or relevant, reasonable, rewarding, results-oriented), and time-bound (or timely, tangible, trackable)
SRMNCAH	sexual, reproductive, maternal, newborn, child and adolescent health
The Partnership	The Partnership for Maternal, Newborn & Child Health
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Introduction

Today, there are more young people in the world than ever before, including 1.2 billion adolescents.[1] Young people can bring about unprecedented societal and economic progress.[2] However, they can only transform the world if they survive and thrive. Adolescence is a critical phase in the development of physical, cognitive, emotional, social and economic capacities. At present, too few adolescents are able to reach their full potential.[3] In fact, it is estimated that:

- 1.1 million adolescents died of preventable or treatable causes in 2016.[4]
- Complications in pregnancy and childbirth were the leading cause of death for 15-19 year-old girls globally in 2015.[5]
- In 2015, there were an estimated 1.8 million adolescents aged 10-19 years living with HIV. Young people aged 15-24 years accounted for an estimated 35% of new HIV infections among adults aged 15+ years; and older adolescents (ages 15-19) were the only age group among which AIDS-related deaths were not declining in 2015.[6]

In addition, millions of adolescents find themselves displaced by conflict or disaster and are in need of humanitarian assistance. This is especially critical for adolescent girls, as crises heighten their vulnerability.[7]

Adolescents and young people are uniquely positioned to be effective advocates to hold their governments accountable for the delivery of promises, policies and programs that affect their lives. Now, more than any other time, young people have the opportunity to take action to advocate for adolescent health and well-being!

About this Toolkit

This toolkit was developed by young people, for young people, to be used by networks of youth-led and youth-serving organizations to change the world! The toolkit will also be useful for others, including civil society groups, government departments and everyone concerned with adolescent health and well-being.

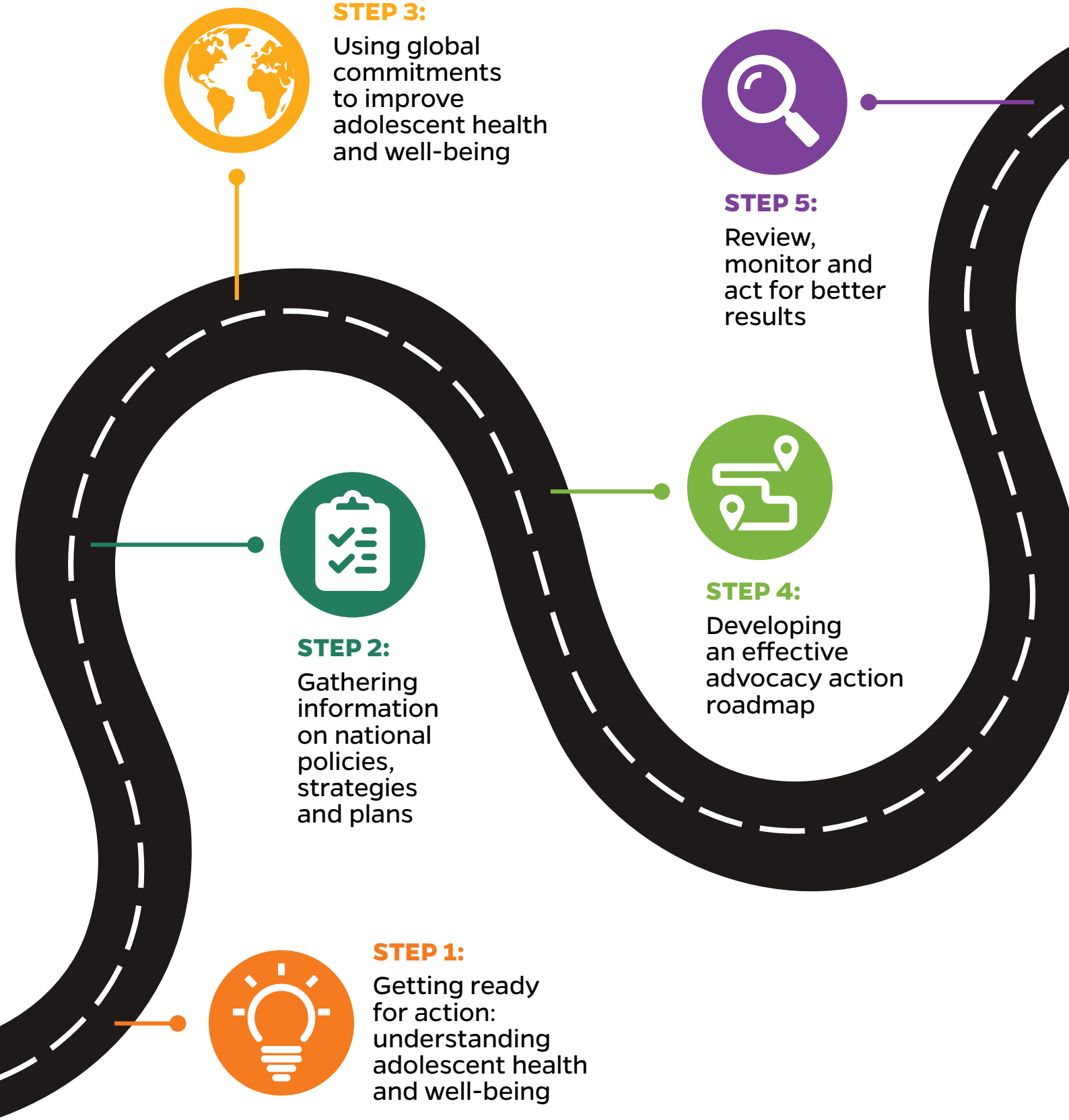
The purpose of this toolkit is to guide the design, implementation and monitoring of an effective national advocacy action roadmap to bring about positive policy-specific changes to improve the health and well-being of adolescents.

Each of this toolkit's five chapters includes examples and exercises that will assist you and your networks to influence your country's national health planning processes. After reading the chapters and completing the exercises you will have all the information and tools you need to advocate effectively, and to hold your government accountable for adolescent health and well-being in your country.

- Chapter 1 prepares you for action to improve adolescent health and well-being
- Chapter 2 shows you how to gather information on national policies, strategies and plans
- Chapter 3 shows how you can use global commitments for adolescent health and well-being
- Chapter 4 explains how you can develop an effective advocacy action roadmap
- Chapter 5 describes how you can review, re-strategize and monitor actions in order to achieve better results.

As you get started, you may likely find that you already have a firm grasp on many of the concepts shared across the chapters. Feel free to expand your learning and understanding further by checking out the additional resources included at the end of each chapter. And as you move forward with the exercises, remember that they are meant to help you organize your thoughts. Do not be afraid to be creative and tap into your passion for adolescent health and well-being issues. Advocacy efforts can go much farther when you are thinking outside of the box!

Toolkit Steps



STEP 3:
Using global commitments to improve adolescent health and well-being

STEP 5:
Review, monitor and act for better results

STEP 2:
Gathering information on national policies, strategies and plans

STEP 4:
Developing an effective advocacy action roadmap

STEP 1:
Getting ready for action: understanding adolescent health and well-being

Chapter 1:
Getting ready for action: understanding adolescent health and well-being

Adolescents are a diverse group of people, all experiencing numerous life changes—physical, mental and social—that will affect their health and well-being for the rest of their lives. For this reason, strategic investments in adolescents' health and well-being are critical interventions that can have a major impact.

Such investments can: have economic and social benefits amounting to 10 times more than they cost, save 12.5 million lives, prevent more than 30 million unwanted pregnancies, and prevent widespread disability.[8]

Yet, despite compelling evidence of these benefits, adolescent health and well-being remains neglected in most countries, and, as a result, adolescence remains a life period when many face great risks.

The first step in your efforts to hold your government accountable is to understand the health issues that affect adolescents, their rights and the barriers preventing them from enjoying optimal health and well-being.

By the end of this chapter, you will have:

- Greater understanding of adolescents' health issues globally, and of their rights
- Better appreciation of the barriers that prevent adolescents from achieving health and well-being
- More awareness of how important youth advocacy and accountability are for realizing adolescent health and well-being.

1.1
WHAT HEALTH ISSUES AFFECT ADOLESCENTS?

Adolescents, defined as those aged between 10 and 19, are often divided into very young adolescents (aged 10-14) and older adolescents (aged 15-19). Adolescents are almost equally distributed by these age groups and by sex.[9] Adolescence is the socially and culturally important passage from childhood to adulthood and is considered to begin with puberty.

Although adolescence is often viewed as one of the healthiest times of life, an astounding 1.1 million adolescents died in 2016.[10]

The most significant health issues contributing to adolescent death and disability are summarized below.

Early pregnancy and childbirth

Although the global adolescent birth rate has decreased since 1990, girls aged 15 to 19 still account for 11% of all births worldwide.[11] Most of these births occur in low- and middle-income countries. Complications linked to pregnancy and childbirth remain one of the leading causes of death for 15-19 year-old girls globally.[12] Many adolescents lack access to sexual and reproductive health-care services, including family planning information, comprehensive sexuality education and safe abortion.

HIV

Around the world, there were an estimated 1.8 million adolescents aged 10-19 years living with HIV.[13] Although the overall number of HIV-related deaths is down 30% since a peak in 2006, evidence suggests that HIV deaths among adolescents are actually rising.[14] Many adolescents and young people still do not know their HIV status, do not have access to testing and counselling, and either do not know how to or do not have the means to protect themselves (including obtaining and using condoms during sex, and clean needles and syringes for those who inject drugs).

Other infectious diseases

Diarrhoea, lower respiratory tract infections and meningitis are among the top 10 causes of death for 10-19 year olds in low- and middle-income countries in Africa and South-East Asia.[15]

Mental health

Depression is the top cause of illness and disability among adolescents, and suicide is the third leading cause of death. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems.[16]

Violence

Interpersonal violence was ranked as the second leading cause of death among adolescent males aged 15–19 years in 2015.[17] Regionally, interpersonal violence was the top cause of death and disability-adjusted life years lost in low- and middle-income countries in the Americas, representing 43% of all deaths in this sub-region.[18]

Alcohol and drugs

Harmful drinking and drug use among adolescents is a major concern in many countries: both reduce self-control and increase risky behaviours, such as unsafe sex and dangerous driving. Alcohol and/or drug use are primary causes of injuries (including those due to road traffic accidents), violence (especially by a partner) and premature deaths.[19] They can also lead to health problems in later life and affect life expectancy.

Injuries

Unintentional injuries are also a leading cause of death and disability among adolescents. Road traffic injuries resulted in approximately 115,000 adolescent deaths in 2015.[20]

Malnutrition and obesity

Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. For example, anaemia resulting from lack of iron affects girls and boys, and is the third highest cause of years lost to death and disability.[21] At the same time, the number of adolescents who are overweight or obese is increasing in low-, middle- and high-income countries.[22]

Lack of exercise

Available data based on school health surveys indicate that fewer than one in four adolescents meets the recommended guideline for 60 minutes of moderate to vigorous physical activity daily.[23] This affects health not only during adolescence but also later in life: lack of exercise is associated with higher risks of diabetes, heart disease and a number of other non-communicable diseases.[24]

Interconnected issues

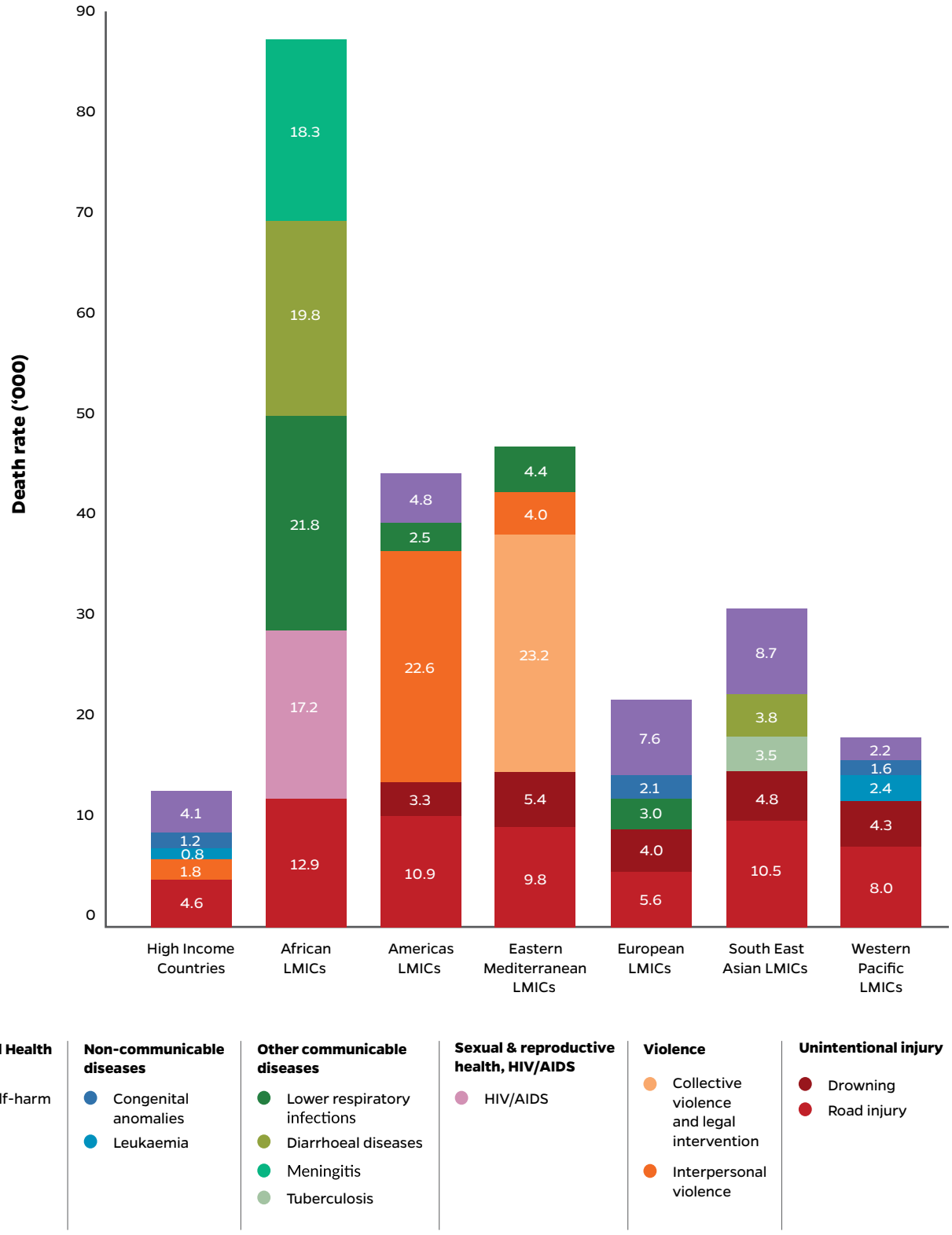
Often, these issues do not affect adolescents in isolation. For example, female adolescents who face gender-based violence may also be susceptible to early pregnancy and childbirth as well as infectious disease. Additionally, issues related to adolescent health can have linkages to education, poverty and other factors.

Vulnerable groups

Adolescents who are part of vulnerable populations face additional challenges. Vulnerable groups include people living in humanitarian and fragile settings, people with disabilities, those identifying as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex or asexual) and indigenous populations. When analyzing issues that affect adolescents globally, it is important to consider how these vulnerable populations are more acutely affected.

Figure 1: Estimated top five causes of adolescent death by modified WHO region, 2015

Adolescents aged 10 to 19 years



Source: WHO, Global Accelerated Action for the Health of Adolescents (AA-HA!) Implementation Guidance

Figure 2: Estimated adolescent deaths by population size and modified WHO region, 2015

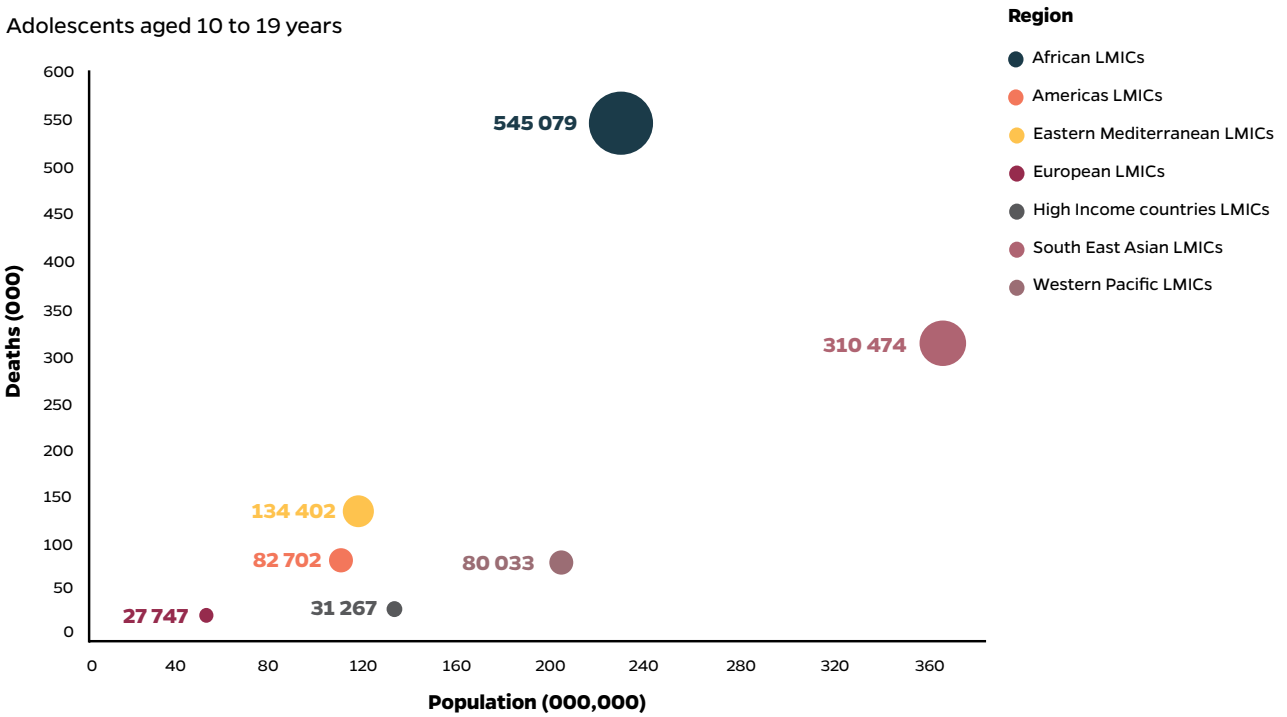
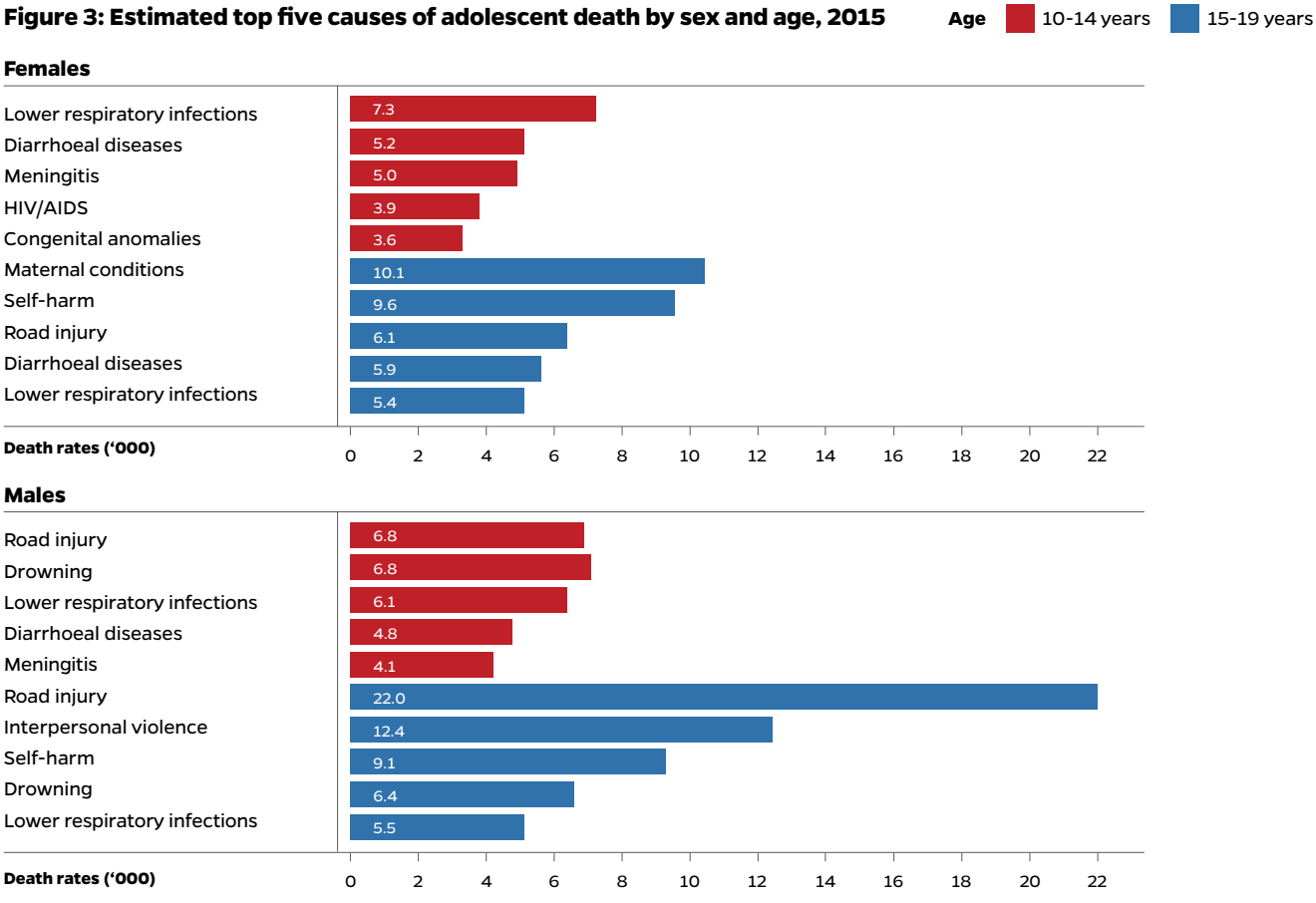


Figure 3: Estimated top five causes of adolescent death by sex and age, 2015



Source: WHO, Global Accelerated Action for the Health of Adolescents (AA-HA!) Implementation Guidance

1.2
WHAT ARE ADOLESCENTS' RIGHTS?

All adolescents have human rights which are provided by international law. Those human rights should form the basis of any approach to health, shaping the health policies and programmes that affect adolescents' lives.

A human rights-based approach to health challenges the notion that people should passively receive whatever information or services are offered, if any.

Instead, a rights-based approach recognizes that all individuals have legally protected human rights, and that if those rights are not respected, protected and fulfilled all individuals are entitled to challenge those responsible for that failure. A human rights-based approach also demands that the rights of all people be fulfilled without discrimination. Duty-bearers have responsibilities to fulfil these rights.

In 1948, The Universal Declaration of Human Rights[26] was adopted by the United Nations (UN) General Assembly. This landmark document outlines common standards for human rights for all people of all nations. It set out, for the first time, fundamental human rights to be universally protected. According to the Declaration: "Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible."

As outlined in The Universal Declaration of Human Rights, the **human rights of adolescents** include, among others:

- The right to life, liberty and security of person
- The right to the enjoyment of the highest attainable standard of physical and mental health
- The right to education
- The right to freedom of opinion and expression
- The right to freedom of peaceful assembly and association
- The right to equal protection of the law, without any discrimination
- The right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment
- The right to enter into marriage only when both parties consent freely and fully.

Rights must be *respected, protected and fulfilled.*[27]

- *Respect:* this means not infringing any individual's human rights. For example, the right to education is violated if a government (a State) denies pregnant adolescents the opportunity to continue their schooling.
- *Protect:* this means ensuring that no State or non-State actor infringes anyone's rights. For example, ensuring the recognition of the equal rights of everyone, in their economic, social, cultural and political lives, by putting in place laws and policies that remove gender-based discrimination and punish those who commit violence against adolescent girls.
- *Fulfil:* this means taking positive steps to put the right to health into practice. For example, the right to enjoy the highest attainable standard of health is violated if a State does not provide information and comprehensive sexual and reproductive health-care services that meet adolescents' needs.

In line with the Universal Declaration of Human Rights, adolescents' rights are outlined in numerous international treaties, declarations, conventions and initiatives.

Although not all are legally binding, some spell out specific rights and protections for adolescents. These agreements, reached through inter-governmental negotiations, are accepted worldwide as human rights standards that States are obliged to fulfil. In essence, they become international customary law: if a State does not fulfil its obligations under such an agreement, individuals or groups can challenge that State through advocacy.

Duty-bearers: those defined as having obligations under the Convention on the Rights of the Child concerning the respect, protection and fulfilment of human rights. Government and its agents (social workers, judges, police, health-care workers, teachers etc.) are the primary duty-bearers responsible for realizing the rights of all individuals, including children. Parents, community members and others, for example those caring for children, are secondary duty-bearers, with specific legal responsibilities for upholding the rights of children under their care.

Rights-holders: active participants in rights realization, including those under age 18. They must be empowered to make claims and hold duty-bearers to account.

Key international conventions, declarations and initiatives relating to adolescent health and well-being

Convention on the Elimination of All Forms of Discrimination Against Women[28] (1979) and its Optional Protocol (1999) | Treaty Body: Committee on the Elimination of Discrimination against Women[29]
This Convention provides a legal framework for upholding the rights of all females, including adolescent girls, to reproductive choice, protection and full development, participation and equity in all aspects of their lives.

Convention on the Rights of the Child[30] (1989) and its Optional Protocols (2000) | Treaty Body: Committee on the Rights of the Child[31]
This Convention established that children (from birth to age 18) have specific rights, including the rights to: survival and development; protection; free expression about and participation in matters that affect them; and enjoyment of the rights of the Convention without discrimination.

International Conference on Population and Development (ICPD) (1994) and ICPD +5 (1999)[32]
The ICPD Programme of Action was adopted by 179 countries in 1994, in Cairo, Egypt; it was the first agreement to recognize explicitly that young people have reproductive rights. The ICPD and ICPD+5 specified adolescents' rights to reproductive health education, information and care, as well as to participate in programme development and implementation. The Programme of Action calls on governments to strengthen their laws so as to eliminate female genital mutilation, honour killings, forced marriage, dowry-related violence and deaths, and domestic violence.

World Programme of Action for Youth[33] (1995)
Adopted by the UN General Assembly in 1995, the World Programme of Action for Youth provides a policy framework and practical guidelines for national action and international support in 15 priority areas: education, employment, hunger and poverty, health, environment, substance abuse, juvenile justice, leisure activities, girls and young women, the full and effective participation of youth in the life of society and in decision-making, globalization, information and communication technologies, HIV/AIDS, armed conflict, and intergenerational issues.

The Beijing Declaration and Platform for Action[34] (1995) and Beijing +5 (2000)
The Beijing Declaration and Platform for Action, adopted at the 1995 Fourth World Conference on Women, and Beijing +5 in 2000, reaffirmed the fundamental principle that the human rights of women, including their rights to reproductive health care and choices, and freedom from discrimination, coercion and violence, are an inalienable, integral and indivisible part of universal human rights.

United Nations Millennium Declaration[35] (2000)
The Millennium Declaration of 2000 was agreed by 189 countries, and sets out the Millennium Development Goals. These set targets for achieving measureable positive changes by 2015, in eight priority areas: eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other diseases; ensuring environmental sustainability; and developing a global partnership for development.

***Global Strategy for Women's, Children's and Adolescents' Health*[36] (2016-2030)**
Launched by former UN Secretary-General Ban Ki-moon, *Every Woman Every Child* is a global movement that mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to tackle the major health challenges facing women, children and adolescents around the world. The movement puts into action the *Global Strategy,* which presents a roadmap for ending all preventable deaths of women, children and adolescents within a generation and ensuring their well-being.

United Nations Sustainable Development Goals[37] (2016-2030)
During the UN General Assembly in 2015, 193 countries adopted a set of 17 goals and 169 targets to end poverty, protect the planet and ensure prosperity for all, as part of the new 2030 Agenda for Sustainable Development. The High-level Political Forum on Sustainable Development is the central UN platform for the follow-up and review of progress towards meeting the Sustainable Development Goals.

1.3
WHAT BARRIERS PREVENT ADOLESCENTS FROM ACHIEVING HEALTH AND WELL-BEING?

Although nearly all countries have signed and ratified the UN Convention on the Rights of the Child and other international declarations, treaties and conventions, each country's legal provisions for adolescent health are different.[38] Even in countries where a national legal framework exists, cultural norms, customs and religious laws often undermine or even violate adolescents' right to health.[39] As outlined by the Adolescent & Youth Constituency of the Partnership for Maternal, Newborn & Child Health (the Partnership), key barriers that stand in the way of adolescent health and well-being include:

- **Lack of comprehensive national plans** that include and prioritize adolescent health and well-being as a form of investment
- **Insufficiently resourced national strategies** or plans for adolescent health, and weak capacities (e.g. of health providers and programme managers) to implement programmes
- **Limited knowledge among policy-makers** about how to develop plans for adolescent health and well-being
- **Low financing** specifically for adolescents and young people to engage meaningfully in policies and fully support adolescent health programmes
- **Lack of collection of disaggregated data** on adolescents and youth to inform such policies and programming (especially for very young adolescents and for unmarried adolescents more broadly)
- **Lack of opportunities for meaningful engagement** of adolescents and young people in programme design, implementation and monitoring and evaluation (M&E)
- **Limited knowledge and capacities** among adolescents and young people to effectively engage in policy design, implementation and M&E processes
- **Challenges encountered by adolescents and young adults organizing for a joint voice** on the issues concerning them, at community, district and national levels.

By building your advocacy plan, you will identify the major barriers facing adolescents in your community and country that prevent them from exercising their human rights to health and well-being.

1.4
WHAT ARE ADVOCACY AND ACCOUNTABILITY?

Advocacy is the process of building support for a specific issue or cause and influencing others to take action in order to achieve policy change.

Advocates play a critical role by applying pressure on governments to meet their obligations for youth-friendly policies, by influencing donor commitments, and by securing practical gains for adolescents' health and well-being.

Advocacy can also help to:[40]

- Ensure that key decision-makers know about existing adolescent health and well-being policies and understand their responsibility for implementing those policies
- Ensure that sufficient financial resources are allocated for adolescent health and well-being programmes and services
- Create support among community members and generate demand for implementing adolescent health and well-being policies
- Inform the general public and opinion leaders about adolescent health and well-being issues and problems, and persuade them to apply pressure on decision-makers to take action at the grass-roots level.

Accountability is the formal process of ensuring that governments and other stakeholders uphold their obligations, promises and commitments to adolescents' health and well-being. Accountability mechanisms also identify which actions and policies are working, and which ones need to be changed.[43]

Why advocate for adolescent health?

- While increased attention has been paid to the needs of adolescents, they are still being left behind.
- Adolescents have largely been excluded from decisions that affect their lives. National governments and partners must invest in developing young people's leadership capacities, as well as providing support and space for their meaningful collaboration in the development of better policies and programmes.
- Return on investments in adolescents is high, as cited in the Lancet Commission Report on Adolescent Health.[41] Investing in adolescent health and well-being now will create benefits for adolescents throughout their lifetime as well as for future generations.
- In the many countries where adolescents make up a large proportion of the population, now is a critical time to invest. Ensuring that adolescents have access to good health, quality education and decent employment can result in significant social and economic benefits.[42]

Social accountability involves citizens and civil society organizations (CSOs) holding the State to account through public hearings, citizen juries, campaigns, demonstrations, etc. It should be an ongoing process, supported by the media, the judiciary, donors, the private sector and other actors. Social accountability can add to and strengthen formal government accountability mechanisms. There are many different platforms and tools that enhance social accountability; for example, strengthening access to information, strengthening independent media, and increasing the use of citizen report cards and citizens' hearings.[44]

1.5
WHY ARE YOUTH-LED ADVOCACY AND ACCOUNTABILITY CRITICAL?

While young people are often not engaged in decision-making processes, it is your right as a citizen to be part of those activities. Meaningful youth participation is a fundamental right provided by the Convention on the Rights of the Child, and highlighted in the Declaration of Commitment on HIV and AIDS, the World Programme of Action for Youth and many other provisions.

The ICPD Programme of Action states: "Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives."

> This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases.[45]

The Lancet Commission Report on Adolescent Health[46] says that adolescents and young people are a "force for change and accountability within communities". The report recommends that all stakeholders create opportunities to extend youth engagement into the real world. This requires financial investment, recognition of young people's expertise, strong partnerships with adults, training and mentorship resources, and the creation of structures and processes that allow for adolescent and young adult involvement in decision-making.

The Independent Accountability Panel (IAP) produced a 2017 annual report, "Transformative accountability for adolescents", which outlines six recommendations:

1: Leverage accountability to achieve the SDGs
1.1 Lock in accountability for Every Woman Every Child commitments
1.2 Reduce overlaps and duplication among global partners

2: Make adolescents visible and measure what matters

3: Foster whole-of-government accountability to adolescents
3.1 Harness demographic dividends by focusing on adolescents and gender equality
3.2 Make schools work for adolescents' well-being
3.3 Ensure effective oversight institutions

What is meaningful youth engagement?

Meaningful youth participation is NOT achieved by tokenism: young people must be not only involved in, but also able to influence decision-making processes and their outcomes. While there is little research in this area, it is widely understood that young people are best placed to describe to policy-makers and health-care providers how best to deliver the services that they will use.

You are an expert in your own experience, and are best positioned to provide information about the development and implementation of programmes, policies and solutions that affect your life. Your government is negotiating agreements on issues that affect your health and well- being and making commitments at regional and global levels. It is your duty to hold them accountable for translating those commitments into action.

4: Make universal health coverage work for adolescents
4.1 Provide a package of essential goods and services for adolescents, including for mental health and prevention of non-communicable diseases
4.2 Ensure that all adolescents have free access to essential goods and services

5: Boost accountability for investments, including for adolescents' health and well-being
5.1 Increase resources and adopt adolescent-responsive budgeting
5.2 Strengthen accountability of development cooperation partners, including of members of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC)

6: Unleash the power of young people
6.1 Ensure young people's meaningful participation, move away from tokenism
6.2 Empower the e-generation to seize the full potential of the digital age

Meaningful youth participation, while still insufficient, is growing. Important examples at the global and regional levels include:

- Bali Youth Forum's Declaration[47] at the 2012 ICPD Global Review
- Establishment of youth platforms, such as:
  - African Youth and Adolescent Network[48] (AfriYAN)
  - The PACT[49]
  - The Partnership's Adolescent & Youth Constituency[50]
  - Women Deliver's Young Leaders Program[51]
  - Reproductive Health Supplies Coalition Youth Caucus[52]

Challenges to meaningful youth engagement at the national level in the health sector are posed by ageism, lack of understanding of meaningful youth engagement, and lack of resources to invest in young people, among other factors. It is essential to support and build the capacity of youth organizations at all levels to engage with key decision-making processes, particularly national health policies, strategies and plans.

1.6 WHY ARE PARTNERSHIPS IMPORTANT?

Youth-led advocacy and accountability are more effective when done in partnership.

Partnerships are an organizational form of cooperation that allow different groups to work together to accomplish a common goal.

Partnerships are essential in order to achieve coordinated and effective action. It is important to understand what other advocacy groups and organizations are aiming to achieve in your country, particularly for health and development, and how you can work together to support your government to make it happen. Power comes with numbers, and the more individuals, communities and organizations that support your action, the better.[53]

A partnership can include organizations from within the same sector or from several sectors (e.g. health, education or environment) and its members can include a wide range of different stakeholders (e.g. civil society, governments and the private sector).[54] A partnership can be organized as a network, alliance, coalition or in other forms. Each has its own advantages and strengths and the choice of form depends on the group's goal and objectives.

Partnerships share information, opportunities, skills and resources, all of which can help build collective action and power. They can help to:

- Address urgent issues
- Pool resources
- Develop new ideas and ways of thinking about issues
- Share work and best practices
- Provide mentorship and capacity building
- Access knowledge and experience
- Gain support for your initiative, helping to build your power base
- Work more directly with marginalized communities and those who are most affected by the challenges you are trying to address
- Avoid duplication.

Working in a partnership, whether as a network, coalition or alliance, will help you to develop a deeper understanding of the issues for which you are advocating and to build a more representative base of supporters. All partnerships require trust, collective leadership and sustainable ways of working together to achieve common goals.

Example: Partnerships strengthen youth-led advocacy in Nepal

Menstrual hygiene management remains a major health and social issue in Nepal, where women are still ostracized from their homes during their periods, and young girls drop out of school because of lack of access to proper hygiene facilities. Young people recognized the need for culturally specific interventions that would remove barriers to adequate menstrual hygiene management.

To address this issue in their community, Kalyani, a youth-led organization, partnered with KIRDARC, a local NGO working in Surkhet, Nepal. The team collected baseline data assessing awareness of menstrual hygiene management issues in the community, and used multiple methods to raise awareness on related issues and specific hygienic sanitary methods.

Through their advocacy and awareness efforts, Kalyani and KIRDAC were able to collect robust baseline data showing that only 27.6% of adolescent girls in Surkhet surveyed were aware of menstruation as a normal physiological process, and 78.9% of respondents were practising traditional Chhaupadi, where women and girls live in sheds during their periods. Furthermore, 73 menstrual hygiene management awareness sessions were conducted for over 1,680 people in various target groups, including: school-going adolescents, adolescent groups, youth committees, women's and mothers' groups, female community health volunteers, community leaders and other general community members. Finally, 22 training events taught 311 women and girls to make reusable sanitary cloth pads to use instead of traditional practices.

In addition to the great strides made in the community, Kalyani's partnership with KIRDARC has allowed for the facilitation of new partnerships to continue this work at the community level. At the conclusion of the project, Kalyani and KIRDARC presented their results to district health and gender officials. The district officials commented on how timely and important the project was and the need for it be duplicated in other village development committees, and expressed willingness to welcome and support other initiatives by Kalyani and KIRDARC in the future.

TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Adolescent health and well-being

- The Partnership's *Act Now for Adolescents: A Knowledge Summary on Adolescent Health and Well-being*[55]
- The Lancet's *Our future: A Lancet Commission Report on Adolescent Health and Well-being*[56]
- *Prioritizing Adolescent Health: A Technical Guidance*[57]
- World Health Organization's *Global Accelerated Action for the Health of Adolescents (AA-HA!)*[58]
- Independent Accountability Panel's *Transforming Accountability for Adolescents*

Global Strategy for Women's Children's and Adolescents' Health

- The Global Strategy[59]
- The Global Strategy: At a Glance[60]
- The Global Strategy: Make a Commitment[61]
- Frequently Asked Questions[62]
- Talking Points[63]
- Social Media Kit[64]

Meaningful youth engagement

- The Global Consensus Statement - Meaningful Adolescent and Youth Engagement

Advocacy and accountability

- UNICEF's *Advocacy toolkit: A guide to influencing decisions that improve children's lives*[65]
- Every Woman, Every Child, Every Adolescent Independent Accountability Panel's *Reports*[66]
- WHO, The Partnership, Countdown to 2030, Health Data Collaborative, UNICEF, UNFPA, The World Bank, UN Women, and UNAIDS' *Monitoring priorities for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*[67]

Coalition building

- Health Policy Project's *Network and coalition building for health advocacy: Advancing Country Ownership*[68]

photo: Provided by Rakibul Hasan, Courtesy of Women Deliver

EXERCISE 1:
Analysis, priority setting and partner identification for adolescent health and well-being

To get started with this exercise, it will be helpful to use the *Every Woman Every Child* document *Prioritizing adolescent health: a technical guidance*,[69] which provides further advice on how to carry out a situation analysis and define priorities for adolescent health.

Part 1: Situation analysis and priority setting

What is a situation analysis?

A situation analysis is an assessment of the current health situation within a country. A good situation analysis includes facts describing the epidemiology, demography and health status of the population. But it is more than that. A complete situation analysis covers all the current and potential future health issues as well as their determinants, the underlying factors which contribute to those issues. It should also include an assessment of the current health situation in the context of the country's overall expectations and needs. A strong situation analysis is an important first step towards identifying and shaping health policy priorities, by creating a strong evidence base for advocacy on specific health issues.[70]

What should a situation analysis for adolescent health include?

A national situation analysis for adolescent health should describe:

- Conditions in which adolescents are born, grow, work, live and age, and the wider set of forces and systems that shape their daily lives
- Expectations, including current and expected demand for the services of adolescents
- Health system performance and any gaps in responding to the needs and expectations of adolescents
- Capacity of the health and education sectors, for example, to respond to current challenges and to anticipate future challenges for adolescents
- Health system resources (human, physical, financial, informational) and any shortages in the resources necessary to respond to the needs and expectations of adolescents
- Stakeholders' positions on adolescent health and well-being (including, where appropriate, those of partners outside the country).

How do I get started?

Although you, your team, and your partner organizations may not choose to complete a full situation analysis, this exercise is an opportunity to familiarize yourself with the adolescent health and well-being landscape in your country through two steps. The first is online research to complete the adolescent health and well-being analysis chart. The second involves answering a few critical questions to help you prioritize adolescent health needs in your country, based on the data you collected.

Step 1: Adolescent health analysis chart

Identify relevant data sources

To fill in the chart, you will need to do some online research. Data for this analysis can come from a variety of sources at the local, national and global levels.

Your country's Ministry of Health will probably provide information on national, regional and local health indicators. Local sources, including CSOs and UN agencies (e.g. United Nations Population Fund [UNFPA], World Health Organization [WHO]) may also have published data. Research institutions, universities, donors and technical assistance organizations may be willing to share health studies or demographic information.

Hospitals, family planning clinics and youth-led or youth-serving organizations may have statistics about the number of adolescents who use their services. Peer programmes based in schools or community organizations can provide qualitative (descriptive) and quantitative (number-based) information about adolescent health.

For other ways to gather data, you can also look at:

- Surveys: these can illustrate young people's needs relating to health and well-being
- Focus groups: these can provide information about hard-to-reach adolescents and young people. Focus groups can help you understand the needs of a community and how best to address them. Particularly, they can provide qualitative data, which dig deeper into the complexity of issues, and can suggest specific approaches that will best respond to those needs
- Experts: identify and talk to various stakeholder groups that are involved with adolescent issues.

It is important that the data you collect can be disaggregated (subdivided) by age and sex and, whenever possible, also by location and education, among other categories. Disaggregated data are vital for understanding how issues affect different groups differently, according to their age, sex and other key characteristics. **Ideally, data on adolescents should be disaggregated into two categories: for ages 10–14, and for ages 15–19.**

Here are some data resources you can look into to get started:

Population Reference Bureau[71]

High Level Political Forum SDG Voluntary National Reviews[72]

Countdown to 2030[73]

Demographic Health Surveys[74]

United Nations Statistics Division[75]

Guttmacher Institute[76]

UNAIDS[77]

WHO Global Health Data Observatory

UN Women[78]

Global Database on Violence Against Women[79]

World Bank[80]

World Health Organization Country Profiles[81]

UNFPA Adolescent and Youth Dashboard[82]

Population Council Adolescent Data Guides[83]

USAID STATcompiler the DHS programme[84]

Fill in the chart

Now that you have used data sources to find information relating to adolescent health in your country, you can begin to organize your data into a chart. The template below lists some key indicators that may help you describe more detail about the state of adolescent health in your country. It is recommended that you use the best data you can find, and then compare those statistics with global data.

Some countries may not make all this information available. If your country statistics do not match the categories specified in the chart, or if you cannot find that specific data but can find something similar, you should record this in the section headed "Notes on data". If you have other relevant data that you want to include, please add it to the chart in the way that you think is most helpful.

SITUATION ANALYSIS CHART

COUNTRY:

Issue & Indicator	Country data with source	Global data with source	Notes on data
Poverty rate (poverty headcount ratio at US$1.25 a day [PPP]) (% of population)		10.7% in 2013 (World Bank)[85]	
Contraceptive use (modern methods vs. all methods) (%)		In developing countries, about 15% of adolescent girls aged 15-19 who are married or in a union are using modern contraceptive methods. The pill and injectable contraceptives account for more than 70% of their total use of modern methods, followed by male condoms at 21%. IUDs comprise only 5% of use in the developing world as a whole, but account for 38% in the Arab States and 33% in Eastern Europe and Central Asia (UNFPA)[86]	

Unmet need for contraception in adolescents		The highest unmet need for family planning is observed among adolescents at 25%, compared with only 15% among women aged 30-34. As a result, about 80% of women aged 30-34 have their family planning demand satisfied, compared with only 46% of adolescents, the lowest among all age groups (UNFPA)[87]	
Adolescent fertility rate (births per 1,000 women aged 15-19)		45.3 in 2013 (World Bank)[88]	
HIV prevalence rate: young women aged 15-24		0.4% in 2013 (UNAIDS)[89]	
HIV prevalence rate: young men aged 15-24		0.3% in 2013 (UNAIDS)[90]	
Prevalence of gender-based violence in adolescents		35% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime (WHO)[91]	

Prevalence of child marriage		70 million women aged 20-24 worldwide were married before the age of 18 (ICRW)[92]	
Prevalence of depression in adolescents		Data not available	
Percentage of girls who complete secondary education		Four out of five children of lower secondary age are enrolled in school (UNICEF)[93]	
Other relevant issues or indicators you can think of? Check out agreed indicators for the Global Strategy, which can be found per country on the WHO Global Health Observatory. Select the relevant ones for your context and for your situation analysis.			

Step 2: Prioritization

Now it is time to analyse and prioritize! With your youth-led organization or network, discuss the results of your research as set out in your chart. Answer the following questions to help you prioritize the adolescent health issues in your advocacy plan.

1. How would you describe the overall state of adolescent health in your country? How does your country's compare with global data?

2. What does this data reveal about the needs of adolescents in your country? Where is improvement needed? Are there vulnerable population groups who are disproportionately affected by these issues (e.g. females, those living in rural areas, the urban poor, indigenous groups, migrants)?

3. Are there any other issues referred to in the chart that you think should be addressed in order to meet the health needs of adolescents in your country?

4. Based on your conversation, what are the **top three** adolescent health issues in your country?

Adolescent Health Priority #1 _____

Adolescent Health Priority #2 _____

Adolescent Health Priority #3 _____

Part 2: Build a partner tracker

The importance of partnerships for achieving your advocacy goals has already been noted. By identifying as early as possible partners you want to involve in your advocacy plan—CSOs, other youth-led organizations, government, service providers, community leaders or private sector actors—you can gain the greatest advantage from their inputs. Their networks, knowledge and resources can make your advocacy for adolescent health and well-being more successful.

Based on your situation analysis, you will have identified priority advocacy areas for adolescent health and well-being in your country. When choosing the partner organizations, networks and individuals you want to engage in your advocacy work, think strategically about who can be most helpful based on their expertise, connections to decision-makers and capacity to mobilize partners.

Step 1: Brainstorm your existing networks. Who in your existing networks is interested in, passionate about or already engaged in the adolescent health and well-being issues you are advocating for? Make sure you include these organizations and individuals when identifying partners.

Step 2: Identify your potential partners. Talk with members of your current network and do some research on additional partner organizations you may want to engage. These organizations should have a history of supporting young people and have a focus on issues that are in line with your adolescent health advocacy priorities. Ideal partner organizations are those who are already engaged with a diverse range of young people and other communities affected by the issue, and have connections with decision-makers who are influential in national health plans, policies and strategies. Your situation analysis may suggest partners who would be helpful.

Step 3: Build your partner tracker. Using the template below, list your intended partner organizations and the reasons for engaging them in your advocacy for adolescent health and well-being. You can refer to this tracker throughout the planning and implementation of your advocacy plan.

PARTNER TRACKER

ORGANIZATION:

Partner (organization or network)	**Area of collaboration** (political or media connections, technical expertise, resources or funding, connection to those affected by your issue)	**Contact** (name, position, email address, telephone number)	**Tracking communication** (how your partnership is progressing, important things to take forward to build the partnership)

Having identified your partners, it is important to mobilize them for sustainable action. Here are some tips for building strong coalitions. **Discuss these strategies with your team to decide which of them would be helpful**.

- **Communicate!** Make sure that lines of communication are wide open and that no one feels left out. Define the channels, and decide how regularly you will host telephone calls and other communications.
- **Be as inclusive and participatory as possible.** Involve everyone in all aspects of the process, from defining the vision, advocacy objectives and plans to implementation and M&E.
- **Define clear roles and responsibilities.** Everyone should know what their role is and how they can contribute.
- **Document processes and concrete actions.** For example, take minutes of meetings! Everyone should be aware of what is happening and when. If they miss a meeting, it should be easy for them to follow up, review and provide support.
- **Be realistic and keep your promises.** If you're not sure you can do it, then be honest. You don't want to slow things down because you weren't clear about your available time and capacity.
- **Praise good work and celebrate your successes!** It's important to create bonds with your coalition and appreciate even the "small gains".

There are also a number of ways you can work in collaboration with your partners to develop and implement your advocacy action roadmap. **Again, discuss these strategies with your team to decide which of them would be helpful.**

- **Establish a steering group** to guide and monitor implementation of the advocacy roadmap you have developed using this toolkit.
  - For specific tasks and activities, it might be a good idea to form subgroups that report back to the larger network.
- **Establish a clear decision-making process** that enables each member of the partnership to provide input.
- **Rotate responsibilities as much as possible** (rather than letting all the weight fall on one person).
- **When conflicts arise, it is important to deal with them directly and openly (with a mediator)**.
- **Establish a clear and regular system for communication.** What method do people prefer: Skype, emails, face-to-face meetings, newsletter-style updates, use of online tools such as a wiki page.
- **Build an internal communication platform** including intranet or Google drive.
- **Identify and use opportunities for training, learning, sharing and celebrating to increase motivation.**

Congratulations! You have analysed the adolescent health and well-being issues in your country, decided on priority areas of advocacy, and identified potential partners to work with to ensure that the needs of adolescents and young people are addressed.

Chapter 2:
Gathering information on national policies, strategies and plans

Having gained a better understanding of the adolescent health and well-being issues in your country, your government's obligations to respect, protect and fulfil adolescents' human rights, and your vital role as an advocate holding your government to account, the next step is to better understand existing national policies, strategies and plans.

The second step in your efforts is to gain and strengthen your understanding of the structure and systems of various government departments involved in adolescent health and well-being (i.e. who is involved, how these processes work, and what are the entry points for influencing policy- and decision-making).

By the end of this chapter, you will have:

- Greater recognition of the differences between national policies, strategies and plans and what they aim to achieve
- Greater understanding of the policy planning process
- Better appreciation of what a good adolescent health and well-being policy entails.

2.1
WHAT ARE POLICIES, STRATEGIES AND PLANS?

A national policy is a broad course of action or statements of guidance by the national government in pursuit of national objectives.

It is important to know that there are differences between polices, strategies and plans.

A policy can include a broad range of laws, approaches, prescriptions, guidelines, regulations and habits, including financing.[94]

Your country designs and governs sectors covering a wide range of areas that affect the lives of adolescents, including health, education and the environment. For example, the way you see services delivered reflects the decisions made by your government, including how much money is allocated to adolescent health in the national budget. Too often policies are developed but not effectively implemented.

Here are some of the many ways that policy change can happen:[95]

- *Policy development:* creating a new policy proposal or policy guidelines
- *Placement on the policy agenda:* inclusion of a policy proposal on the list of issues to which policy-makers give serious attention
- *Policy adoption:* official acceptance of a policy proposal, perhaps through an ordinance, ballot measure, legislation, or legal agreement
- *Policy blocking:* opposition that prevents a policy proposal from being adopted
- *Policy implementation:* putting an adopted policy into practice, and providing the funding, resources, and/or quality assurances required
- *Policy maintenance:* preventing resource cuts or other negative changes from undermining a policy
- *Policy monitoring and evaluation:* tracking the implementation of a policy and ensuring that it achieves its intended impacts.

photo: Flickr Creative Commons License, UN Women

A strategy is a plan of action designed to achieve a long-term or overall aim; it describes how we plan to achieve our goal.[96]

An operational plan is a detailed plan, with short-term implications, accompanied by a short-term plan and budget.[97]

Policies may be adopted on their own or be part of a national plan or strategy. For example, policies can range from:

- A broad visionary, strategic ambition, to detailed operational planning
- "Comprehensive" health planning (covering all the needs of the population, including adolescents and young people) to "disease-specific" or programme planning covering only particular issues such as HIV/AIDS, tuberculosis, malaria or sexual and reproductive health and rights
- A long-term period (with a 10- to 20-year timescale), to a five-year plan, to a three-year rolling plan and to a yearly operational plan.

A WHO review in 2013 of national health policy documents from 109 countries showed that 84% of the policies reviewed referred explicitly to adolescents.[98] Of these policies:

- 75% focused on adolescents' sexual and reproductive health (including HIV/AIDS)
- About one third addressed tobacco and alcohol use among adolescents, and one quarter addressed mental health
- Specific inclusion of other issues important to adolescent health (e.g. injuries, nutrition and physical activity) appeared infrequently.

Policies, strategies and plans are not the end goal. They are part of the larger process that aims to: align country priorities with the real health needs of the population; generate support across government, and from health-care providers, health and development partners, civil society and the private sector; and make better use of all available resources for health. The end goal is that all people in all places have access to good quality health care and live longer, healthier lives as a result.[99] In some countries policy prevents the provision of contraceptives to unmarried adolescents or to those under a certain age: this is an example of a policy that fails to provide the end goal.[100]

What is the difference between policy, law and legislation?[101]

A **policy** outlines what a government ministry or department hopes to achieve, and the methods and principles it will use to achieve it (the goals and planned activities).

Laws set out standards, procedures and principles that must be followed. If a law is not followed, those responsible for breaking it can be challenged through a court.

A policy document is not a law; it may be necessary to pass a law to enable government to put in place the necessary institutional and legal frameworks to achieve its aims.

The report of the Lancet Commission on adolescent health states: "Laws have profound effects on adolescent health and well-being. Some protect adolescents from harms (e.g. preventing child marriage); others could be damaging in limiting access to essential services and goods such as (restricting) contraception."[102]

Laws are rules and regulations that, after being proposed and debated in parliament, have been formally enacted. Until that point a draft law is referred to as proposed legislation.

In many countries, proposed **legislation** is referred to as a **bill** until it has been debated and passed by parliament and received the head of State's seal of approval.

Example: India's national health policy, national adolescent health strategy and operational framework

India's **national health policy** was adopted in 2017, with the goal of attaining the highest possible level of health and well-being for all, at all ages. India aims to achieve this goal by applying a preventive and promotive health-care approach in all developmental policies and by ensuring universal access to good quality health-care services. The policy is focused on increasing access, improving quality and lowering the cost of health-care delivery.

The policy also aims to inform, clarify, strengthen and prioritize the government's role in shaping all dimensions of India's health system: investments in health, organization of health-care services, prevention of diseases and promotion of good health. Click here for more information.[103]

India's **national adolescent health strategy** has three key pillars:

1. Increase availability of and access to information about adolescent health
2. Increase accessibility and utilization of good quality counselling and health services for adolescents
3. Forge multisectoral partnerships to create safe and supportive environments for adolescents.

The strategic priorities and objectives cover a comprehensive range of issues affecting adolescent health:

- Improve nutrition
- Enable sexual, reproductive and maternal health
- Enhance mental health
- Prevent injuries and violence
- Prevent substance misuse
- Address non-communicable diseases.

Click here for more information.[104]

An accompanying **operational framework** is intended to be a user-friendly tool to assist India's 29 states and 7 union territories in planning, implementing and monitoring the national adolescent health strategy.

Specifically, the operational framework provides:

1. Guidance on preparing the adolescent health-related components of the state and district National Health Mission Programme Implementation Plans including budgets and reporting on progress and indicators
2. Detailed guidelines, including recording and reporting formats for implementing the Peer Education initiative, Adolescent Health Day, and for operationalizing and strengthening Adolescent Friendly Health Clinics.

Click here for more information.[105]

2.2
WHAT DOES THE POLICY PLANNING PROCESS ENTAIL?

There is no single format for the policy planning process. It differs from country to country, based on the political, historical and socioeconomic context. However, the WHO framework for national health policies, strategies and plans identifies the following key elements of good practice, from design to implementation to M&E.[106]

- **Analysing the situation and setting priorities.** Conducting a situation analysis of the current health situation and the needs of the most vulnerable in a country, and setting health priorities based on this evidence, is an essential foundation for designing and updating national policies, strategies and plans.
- **Aligning health policies, strategies and plans with the health needs of the community.** This will help ensure effectiveness.
- **Localizing the implementation of national policies, strategies and plans.** Linking national policies, strategies and plans to the strategic and operational plans at subnational and local levels is critical. They need to be adapted and adopted by local health authorities into locally appropriate approaches and feasible operational health plans and targets, based on local circumstances.
- **Budget costing and financing for national policies, strategies and plans.** A **budget** is a resource plan for the policy. Without the appropriate financial resources, policies, strategies and plans cannot be successfully implemented. This requires quantifying the needs for people, equipment, infrastructure etc.
- **M&E to assess the effectiveness of policies, strategies and plans.** This is central to understanding their responsiveness to community needs and their impact. Social accountability is a key mechanism for assessing the effectiveness of existing policies, and identifying interventions and changes that are required.

As an advocate, you will need to understand each element of this policy planning process in your country, and how interventions may be necessary to make these processes better fit the needs of adolescents and young people.

2.3
WHAT MAKES FOR AN EFFECTIVE ADOLESCENT HEALTH AND WELL-BEING POLICY?

It is crucial that policies aimed at adolescents promote their health and well-being, protect their rights to non-discrimination, privacy and autonomy, and give them the opportunity to participate in decisions that affect them. WHO recommends a range of policy measures to address adolescent health issues, including:[107]

- Promoting multisectoral action to address issues that are essential to adolescents' holistic development (e.g. nutrition, education, water and sanitation)
- Seeking to limit access to specific commodities (e.g. setting age limits for consumption and purchase of weapons, tobacco and alcohol)
- Specifying features of the physical environment to promote and protect health (e.g. road design measures such as footpaths, street lighting and bans on smoking in public places)
- Providing comprehensive sexuality education and access to sexual and reproductive health information and services with the aim of preventing unintended pregnancy, sexually transmitted infections and HIV/AIDS.

A large body of evidence shows that policies on adolescent health and well-being can be effective, particularly in preventing behaviours that endanger adolescents' health.[108,109,110,111] However, the majority of adolescents (69%) involved in a WHO global consultation said they were not aware of any laws or policies that affected their health. Those who did indicate awareness referred mostly to policies on tobacco and alcohol use.

Good adolescent health and well-being policies should be based on wide multisectoral involvement and inputs, addressing the multiple needs of adolescents. For this to be achieved, partnerships across the many sectors that contribute to adolescent health and well-being are needed. For example, the education sector contributes greatly to the health of adolescents; policies adopted by the Ministry of Education should involve input and collaboration with other ministries, such as health, gender, finance and justice, among others. Likewise, the health sector should support and strengthen its own collaboration with other sectors whose activities affect adolescent health and development.

Youth policies

As noted in WHO's 2014 *Health for the World's Adolescents* report, some countries have developed national youth policies that spell out the government's attitudes and responsibilities towards adolescents and youth, including towards their health.[112] The existence of a national youth policy indicates a country's political commitment to young people, and can provide a framework for the provision of resources, support and services. National youth policies typically emphasize the empowerment of youth through political, social and economic participation.

A recent review by Youthpolicy.org, a non-governmental organization (NGO) building a global evidence base for youth policy, indicates that 99 countries have a youth policy, 56 are revising their policy and 43 do not have one.[113]

2.4 WHY ARE SOME ADOLESCENT HEALTH POLICIES INEFFECTIVE?

In many countries, more can be done to ensure comprehensive, coherent and balanced national health policies, strategies and plans, including those for adolescent health and well-being. The disconnect between policy and programme planning efforts and national planning processes leads to imbalance, lack of coherence, and problems during implementation.

The reasons why health policies are ineffective are complex. They include:

- *Incoherent planning:* programme planning that is conducted by different actors with different planning cycles, often not working within the national planning cycle. Clear monitoring and accountability processes should be established within and across all sectors, under a common framework.[114] All ministries that affect adolescent health and well-being, particularly those relevant for prevention, should ensure that multisectoral plans and monitoring, review and remedy systems are effectively in place.
- *Weak priority setting:* a situation analysis that lacks an adequate, comprehensive and participatory approach
- *Funding constraints:* donors often earmark funds, allowing a specific level of funding for a particular intervention only; this can lead to fragmentation, competition for available limited resources, and imbalances in national priority setting
- *Funding gaps:* gaps in financial allocations and projections for the health plans
- *Failure to enforce laws:* community practices and cultural customs sometimes conflict with national laws that protect and promote adolescent health (including child marriage and female genital mutilation)[114]
- *Weak or nonexistent youth engagement:* youth engagement in policy formulation, implementation and monitoring has not been sufficiently systematic and so policies do not reflect adolescents' realities and needs[116]

There are many reasons why policies, strategies and plans relating to adolescent health and well-being may not be properly implemented in your country. Local implementation and budgeting are two major areas to consider when examining the effectiveness of relevant policies, strategies and plans.

Implementing effective local planning and programming[117]

Effective planning at the various levels of relevant government bodies, including education and health systems, should be aligned with people's needs and expectations. National policies, strategies and plans must therefore be linked to strategic and operational plans at subnational and local levels.

The purpose of strategic national planning is different from that of local level planning. National strategic plans decide how national policies will be translated into broad national activities and targets. Planning at the local level decides how all available resources should be best used to operate the local systems that provide services to the population. These resources may be from central government (for the health sector and other sectors) or from contributions of either human or financial resources by CSOs, NGOs, and by not-for profit and for-profit private sector bodies.

National planning → *broad national activities, targets and resources*

Local planning → *translates national activities into specific plans and allocates resources for local systems*

How closely national plans are linked to local plans depends on the level of detail in the national strategic plan and the degree of autonomy of local decision-makers. As an advocate in your community, you should be aware of how broad national strategies and goals need to be "translated" by local authorities into appropriate approaches and feasible operational plans and targets, based on local circumstances. Similarly, you can mobilize in your communities to make sure that national level policies and programmes are implemented.

Budget costing and financing for policies and programmes[118]

Budget costing and financing are essential for implementing policies, strategies and plans. For your adolescent health and well-being advocacy to succeed, it is vital to make sure that the necessary resources are committed to it.

National priorities need to be translated into detailed resource plans. This means that people, equipment and infrastructure is quantified so the budgetary implications can be determined.

A good first place to start is to gather information about costs. This should be fed into the planning process, so that the impact and cost of different scenarios, projecting different options and levels of service delivery, can be compared.

This allows policy-makers and leaders to make informed decisions between options, which is important because available resources for health are never limitless, even in high-income countries. It is also a strategic process that requires negotiating agreement among stakeholders.

The actual costs should match the expected policy priorities. It is important for stakeholders to provide realistic inputs to the framework, based on the country's national health policy, strategy and plan documents.

In-depth understanding of the budgeting process is very helpful for policy-based advocacy efforts. Be aware of the workings of the ministries of finance and planning, as well as parliamentarians, and plan for activities at each stage of the budgeting and planning process.[119]

- *Budget formulation:* present a good case for more funding to influence budget allocation by carrying out research on the needs of various groups, sharing findings of analyses and producing alternative budgets.
- *Enactment:* engage with media, officials and the general public to push for the process of enactment to be open and transparent; and work with parliamentarians to influence change.
- *Implementation:* monitor implementation and budget spending throughout the budget cycle through engagement with authorities and service providers; measure the impact of budget allocations, and share this information with relevant stakeholders.
- *Audit:* contribute to the review process by: carrying out research on the impact of spending resources on specific population groups, weighing inputs against outputs, and making recommendations on improving the health sector allocations in the next budget.

EXAMPLE: Participatory budgeting in Argentina

The Municipality of Rosario conducts annual participatory youth budgeting, engaging young people across six districts to decide on budget allocations for youth services. Young people identify the priorities within their communities and elect a youth representative to speak on these issues. The delegates form youth councils, which meet regularly for several months, developing youth-oriented projects based on community priorities. This exercise allows the identification of gaps and of actions to address them. Click here to learn more.[120]

What is the Global Financing Facility (GFF)?

The Global Financing Facility (GFF) is a multistakeholder partnership that is helping countries tackle the greatest health and nutrition issues affecting women, children and adolescents. The GFF brings governments and partners together around a country-led plan, prioritizing high-impact but underinvested areas of health. The GFF Trust Fund acts as a catalyst for financing, with countries using modest GFF Trust Fund grants to significantly increase their domestic resources alongside the World Bank's IDA and IBRD

financing, aligned external financing and private sector resources. Each relatively small external investment is multiplied by countries' own commitments—generating a large return on investment, and ultimately saving and improving lives. The response so far has been profound and demand is high. In November 2018, world leaders pledged US$1 billion to help the GFF partnership on the pathway toward expanding to as many as 50 countries with the greatest health and nutrition needs. GFF is currently (2018) in 26 countries. A list of the 67 GFF eligible countries can be found on the GFF website.

How do GFF countries operate at national level?

At the national level, the GFF process is managed by a multistakeholder Country Platform in each GFF country, which is responsible for developing, implementing and monitoring the country Investment Case and health financing strategy, as well as coordinating technical assistance and mobilizing resources, in coordination and alignment with broader health sector planning and financing processes. Each GFF country has a GFF Secretariat Country Focal Point. A list of the focal points is available on the GFF website.

Are civil society and young people involved in GFF investments in your country?

Civil society (CS) is well positioned to contribute its unique and diverse knowledge, expertise and connections to communities that the GFF aims to serve, as well as advocacy, accountability and resource mobilization skills, in ways that will ultimately strengthen the outcomes of the GFF and speed up the implementation of strategies. PMNCH hosts the GFF Civil Society Steering Group, which includes several representatives from youth-led organizations.

The global CS Coordinating Group on the GFF is a group of representatives from CS at regional, global and national levels who align their resources and actions to ensure meaningful engagement by CS in the GFF at the international level, and to provide support to CS organizations working in GFF countries. Specific objectives are:

1. Ensure that GFF policies and practices encourage CS engagement at the country level;
2. Equip CS organizations working on the GFF at the country level with the information, resources and skills they require to meaningfully participate in decision-making;
3. Document the state of CS engagement in the GFF (and its results) at the country level, and use this documentation to inform global advocacy;
4. Ensure that CS speaks with a unified voice, representing CS stakeholders from diverse settings, backgrounds and interests.
5. Share lessons learned and best practices with respect to the engagement and role of civil society in the GFF, including planning, implementation and accountability.
6. Provide support and guidance to the GFF CS small grants mechanism to ensure that best practices are advanced, documented and shared within the CS community.

photo: Provided by Rakibul Hasan, courtesy of Women Deliver

TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Country Data, Profiles & Policy

- WHO's *Maternal, newborn, child and adolescent health policy indicators*[1201]
- WHO's *Country profiles*[122]
- UNFPA's Adolescent and Youth Dashboard[123]
- International Budget Partnership's Budget Advocacy Orientation[124]

EXERCISE 2:
Assessing your country's policies, strategies and plans for adolescent health and well-being

When deciding how to approach advocating for the adolescent and health and well-being issues you have prioritized, a good place to start is understanding the quality of relevant national policies and strategies currently in place. Many policies other than those on health have an impact on adolescents' health and well-being, and these can also be reviewed and assessed. Relevant policies, strategies and plans include:

- National health policy and strategy
- National education policy
- Sexuality education curriculum
- National youth policy
- HIV policy (and other specific health issue-related policies)
- Youth and employment policy.

NATIONAL POLICY AND STRATEGY ASSESSMENT CHART

Step 1:
You and the members of your organization or network (with support from members of partner organizations) can find and read policies relating to adolescent health and well-being, including your country's national health plan, strategy or policy. In doing so, you can also consider how the policies that your country has developed directly address adolescent health and well-being.

Use the template below to assess whether and how your government is taking steps to address adolescent health through laws and policy frameworks. When you have done that, consider whether there any other issues, not represented by existing policies, that you think must be addressed to fulfil adolescent health and well-being needs in your country.

Laws and policy frameworks	Do they exist?	List the policy source	Are they being enforced?
National plan or policy for youth- and adolescent-friendly health services			
National plan or policy addressing mental health			
The legal status of abortion			

Legal age of consent for HIV testing			
National strategy/ plan to address HIV and AIDS			
National plan for comprehensive sexuality education			
Legal impediments preventing access to contraception by unmarried adolescents			
Legal framework in place that addresses gender-based violence, including sexual violence and domestic violence			
Legal age for marriage			
Legal status of female genital mutilation			
Legal age for smoking			
Legal age for consuming alcohol			
Any other relevant laws or policy frameworks			

Step 2:
After reading your country's national health strategy, policy or plan, consider the checklist below. For this, divide your participants into five small groups, each of which will focus on one section of policy assessment:

1. Analysing the situation and programming
2. Process: whether and to what extent key stakeholders have been meaningfully engaged in the process of developing and endorsing the national strategy
3. Costs and budget: relevance and feasibility of the budget for programming
4. Implementation and management of the national strategy
5. Monitoring, evaluation and review.

Step 3:
Assess the strengths and weaknesses and fill out the adolescent health and well-being chart for your designated section. Expect to identify three strengths and three weaknesses for each section. Write these down and volunteer a person to report to the wider group.

Identifying the strengths: what policies are working for adolescent health and well-being? These strengths can be framed as positive messages and used later to engage your target audience and primary or secondary targets (you will read more about this in Chapter 4), in order to build meaningful partnerships.

Identifying the weaknesses: what policies are missing which are needed to advance adolescent health and well-being? What could be scaled-up or strengthened? This will help you define concrete recommendations for improving the implementation of national policies to effectively address the needs of adolescents and young people.

NATIONAL POLICY AND STRATEGY ASSESSMENT[125]

1. Analysing the situation and programming

Does the policy, plan or strategy:

- Use accurate data, disaggregated by age?
- Have clearly defined, measurable, realistic and time-bound objectives?
- Have a relevant and adequate budget?
- Have evidence-based interventions tailored to adolescents?
- Address the legal, social and cultural issues relating to adolescents, including vulnerable adolescents?

Strengths:

Weaknesses:

2. Process: meaningful, inclusive development and endorsement processes for the national strategy

Does the policy, plan or strategy:

- Meaningfully involve all key stakeholders, including adolescents, young people and vulnerable communities?
- Use a multisectoral approach?
- Allocate adequate financing for the strategy?
- Involve high-level endorsement at global and regional forums?

Strengths:

Weaknesses:

3. Costs and budget: relevance and feasibility of the budget for programming

Does the policy, plan or strategy:

- Link to a budget that includes resources allocated for adolescents and young people?
- Include adequate domestic financing for adolescents and young people?

Strengths:

Weaknesses:

4. Implementation and management of the national strategy

Does the policy, plan or strategy:

- Clearly describe the roles for and responsibilities of adolescents and young people?
- Provide for technical assistance to youth networks?

Strengths:

Weaknesses:

5. Monitoring, evaluation and review

Does the policy, plan or strategy:

- Include a comprehensive framework that guides M&E work, reflecting on the goals and objectives?
- Include multi-partner review mechanisms, including young people, that provide systematic input into measuring the performance of a sector or programme against annual and long-term goals?
- Identify corrective measures to ensure that the plan translates to action, with young people, including mechanisms to provide feedback to subnational level and to adjust financial allocations?

Strengths:

Weaknesses:

Other attributes to take into consideration

Overall strengths:

Overall weaknesses:

Step 4:
Review all the strengths and weaknesses covered in the chart and group similar issues under key overarching "gaps" in the national policies that you have reviewed.

Once you have grouped the weaknesses into gaps, you can outline a key recommendation for each gap. Review the recommendations and decide which three gaps are most important to you and your partners. These will be used to define your advocacy objectives in Chapter 4.

Having decided on your country's three main weaknesses, write a recommendation to address each one. Then, feel free to write more based on your assessment!

Recommendation 1:

Recommendation 2:

Recommendation 3:

Congratulations! You now have concrete recommendations that you can advocate to improve your country's national policy so that it better addresses the needs of adolescents and young people.

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Chapter 3:
Using global commitments to improve adolescent health and well-being

In Chapters 1 and 2 you identified issues relating to adolescent health and well-being that are priorities in your country, and assessed the effectiveness of current policies, strategies and national plans that are attempting to address these issues.

Your next step is to gain a better understanding of global commitments to adolescent health and well-being, how these commitments translate at the national level, and how your country makes its own policy commitments.

By the end of this chapter, you will:

- Understand how your country makes policy commitments to adolescent health and well-being at the regional and global levels
- Understand how to use global commitments to strengthen your advocacy in your country and drive accountability to ensure your government makes progress in line with global standards.

3.1
WHAT ARE GLOBAL ACCOUNTABILITY MECHANISMS AND HOW CAN THEY BE USED?

Accountability for adolescent health and well-being should start at the national level, focusing on a government's responsibility to its constituents, as well as to the regional and global community. Advocates like you are a key part of that process!

At the same time, international bodies, such as the UN, have created accountability mechanisms to monitor progress on a global scale. These global accountability mechanisms have many purposes, including:

- Tracking results and resource flows at global and national levels
- Identifying a core set of indicators and measurements to track needs and progress across countries
- Proposing steps for collecting information and registering vital events (e.g. births, deaths and education rates) in low-income countries
- Exploring new ways to improve access to reliable information on resources and outcomes.[126]

To make advocacy at all levels stronger, advocates at the local, national and regional levels can use global accountability mechanisms to hold their governments and key stakeholders accountable for commitments made and progress promised.

For example, the *Global Strategy for Women's, Children's and Adolescents' Health*[127] includes the Unified Accountability Framework. Figure 4 shows how country and global accountability mechanisms can work together to create a complete accountability system.

Figure 4. The *Global Strategy*'s Unified Accountability Framework

The UN Secretary-General has appointed an Independent Accountability Panel as part of the *Global Strategy for Women's, Children's and Adolescents' Health*[128] Unified Accountability Framework. The Panel provides an independent and transparent review of progress on and challenges to the implementation of the *Global Strategy* in order to help strengthen the response from countries and the international health community. For more information and to read its reports, click here.[129]

Global commitments translate into national policies

The UN brings together Member States from around the world, providing opportunities for your advocacy efforts. For example, at the UN General Assembly, held every September in New York, Member States discuss and review progress on various international issues. The High-level Political Forum is a new platform for monitoring and reviewing progress on the implementation of the Sustainable Development Goals. UN Special Sessions focus on specific issues and are convened by the UN Secretary-General at the request of the Security Council or the majority of Member States; for example, a UN Special Session on HIV/AIDS is held every five years.

While not all international and regional agreements are binding, they are agreed by consensus and with the intention that countries will adopt them in their national policy. It is important for civil society, including young people, to be engaged in the discussions which lead to such agreements, putting pressure on governments to move beyond rhetoric and to take concrete action following high-level meetings. Young people also need to convince their governments that they need to be engaged as meaningful partners in the implementation of these agreements at country level.

Local input, global influence[130]

Influence and decision-making are achieved, not only by international organizations, but also by people acting locally, nationally and regionally. Broadly speaking, these influencers work in a hierarchy: those at the local level (e.g. civil society representatives) encourage national decision-makers (e.g. ministries of finance or health) to change their policies, positions or practices; those national influencers then call on their regional or global representatives (e.g. UN negotiating teams) to take action (e.g. by speaking out for access to sexual and reproductive health and rights education during intergovernmental negotiations).

However, those at the top of the hierarchy can only be most effective when they have a broad base of support from their community (or constituents). Those at the base of the hierarchy (youth groups, the general public, grass-roots NGOs and local decision-makers) may not be directly involved in wider decision-making, but their engagement in discussions about key issues can lend weight to advocacy efforts, and so influence those with wider powers (such as government officials or civil society leaders).

What is a commitment?

In this context a commitment is a pledge or promise to implement policies and programmes in line with global frameworks that advance health and well-being

Commitments may be financial or non-financial, and made by governments, single institutions or multi-partner coalitions. For example, all commitments to advance the goals outlined in the *Global Strategy* are encouraged, particularly those which are sustainable (e.g. public-private partnerships with sustainable business models), innovative (e.g. novel policies, new low-cost technologies, innovative partnerships or financing models) and have a long-term focus.

Most importantly, commitments to the *Global Strategy* should have clear, measurable expected impacts. Commitment makers are required to report annually on progress towards the implementation of their commitments.

Every Woman Every Child is a multistakeholder movement to implement the *Global Strategy for Women's, Children's and Adolescents' Health*, launched by the UN Secretary-General in September 2015 in support of the Sustainable Development Goals.

Since its launch in 2010, *Every Woman Every Child* has mobilized hundreds of partners in support of accelerating progress for the *Global Strategy* and the Sustainable Development Goals. Hundreds of governments and organizations have made

commitments to advance the *Global Strategy*. All partners have an important role to play: governments and policy-makers, donor countries and philanthropic institutions, the United Nations and other multilateral organizations, civil society, the business community, health workers and their professional associations, and academic and research institutions. PMNCH is responsible for tracking the EWEC commitments, which are reported on an annual basis.

We have already seen remarkable progress—**since 2015 alone, over US$35 billion has been pledged**, numerous commitments have been implemented and updated, new partners have come on board, policies improved and services strengthened on the ground. **In 2017, sub-Saharan African governments led the way**, making the most new commitments to improve the health of women, children and adolescents.

3.2 HOW ARE LOCAL AND GLOBAL PROCESSES CONNECTED?

As a youth advocate, you have the power through local action to influence your government's commitments made at the global level. There are many ways you can get meaningfully involved in global advocacy!

What can you do as a local advocate to influence regional and global processes?

While funding is often limited, you should **advocate for a youth representative to join your government's delegation to high-level global and regional meetings**. These are important opportunities to engage meaningfully with your government and with regional and global actors, and put young people at the forefront of policies and programmes that affect their lives at home.

The **World Health Assembly**, for example, is a meeting at which Ministers of Health and various delegations discuss the state of the world's health. Specific health issues are presented to and negotiated by Member States. In January of every year, the WHO Executive Board meets to prepare for the World Health Assembly in May. At the Executive Board meeting, the agenda for the World Health Assembly is negotiated: this is an important opportunity to gain Member States' support for prioritizing adolescent health and well-being, among other key issues.

At the **UN General Assembly**, held every September, Heads of State and Ministers of Foreign Affairs, meet to discuss important issues concerning development. Civil society members and other key stakeholders advocate and lobby in advance of these high-level meetings to influence their country's position in those negotiations.

Other key meetings between Member States that are highly relevant to adolescent health and well-being include (among others):

- Commission on the Status of Women[131]
- Commission on Population and Development[132]
- High-level Political Forum[133] (relating to the implementation of the Sustainable Development Goals)
- African Union[134] meetings and other regional summits.

Advocacy for meaningful youth engagement at global and regional levels

Advocating for youth representation as part of your government's delegations is important: if successful it allows you to influence your country's position in regional and global negotiations. Engaging in these negotiations is a strategic tactic to publicize your advocacy at global and regional levels. It takes a lot of strategic planning and lobbying, but it is possible. Youth advocates from Bulgaria to South Africa, through the ACT!2030 initiative, have explained how they joined their government's delegation, giving them access to and a voice in decision-making at the highest level, working hand-in-hand with their government to make statements at these high-level meetings. Some youth advocates have asked their government to sponsor a youth representative to join their delegation. In other cases, international NGOs and UN agencies have sponsored a youth representative to participate in negotiations. Actively seeking support is an important step in ensuring that your advocacy reaches regional and global levels.

3.3 HOW CAN GLOBAL COMMITMENTS BE USED AS ACCOUNTABILITY TOOLS?

Global commitments may seem overwhelming at first: they are large in scale and often use technical language and complex indicator frameworks to track progress. However, you know these issues well as youth advocates! Understanding how these global commitments work can make them more accessible and make your advocacy efforts more effective.

Once you understand the global commitments your country has made that are relevant to your advocacy work, you can use them to your advantage in a number

Based on real-life experiences of youth advocates from the ACT!2030 initiative, the following advice can help you and your networks to ask your government to support at least one youth representative to join its delegation, and to support youth engagement more broadly:

- Specify the event that you want to attend, and explain why. Make sure you follow developments leading up to the event closely so that you know what you are talking about.
- Establish your credibility time and time again. Become an expert in your area and show officials that you know your stuff.
- If you meet one of your government's delegates at any event, introduce yourself, exchange contact details and follow up the contact to establish a strong relationship with them.
- Make accurate statements, backed up with evidence, in order to demonstrate that you are an expert in your field.
- Liaise with and report back to other NGOs working in your field and for the government on specific issues; this will enhance your credibility.
- Consult other young people you work with and ensure that you have authority to speak on their behalf. Speaking on behalf of a broad constituency makes your advocacy more persuasive.
- Collaborate with other CSOs in order to speak on behalf of a broader constituency. Think about partnerships with organizations outside of your immediate sector whose mandates overlap or align with your own.
- Know your national priorities and how to align them with your "asks".
- Employ "provocative diplomacy": applaud your government for what it is doing right and focus on solutions to the remaining challenges.
- Be courteous and polite to everyone you meet.
- Make it known if, for example, you have a contact in your country's mission in New York.
- Follow-up, follow-up, follow-up by every means possible!
- Be prepared to respond. You may be asked to contribute at a moment's notice.
- Be prepared to do more than is expected of you!

of ways. Here are a few steps you can take to incorporate global commitments into your advocacy plan.

1. Get involved in social accountability mechanism creation at all levels.

Although governments and other stakeholders are primarily responsible for leading actions to improve the health of adolescents and young people, you should also be active in implementing these goals. Adolescents and young people should participate meaningfully in the entire cycle of programming and policy development for programmes and policies that affect their health. It is important to be active and consistent in holding governments and other actors accountable for their obligations and commitments through independent accountability platforms.

This will require you to identify what decision-making bodies are involved in adolescent health and well-being, if any, and who is the lead coordinator or co-chair. For example, a ministry may host a working group focused on a particular issue such as adolescent health. Once you have identified these decision-making bodies, reach out to your government, the UN or CSO groups to find out more about how you can engage with these bodies. If there are youth representatives, you could liaise with them to make sure you share a common position and that they represent your community's views.

You can play a key role in social accountability mechanisms at all levels, from the local to the global. Over the last few years, there has been greater recognition of the importance of engaging young people in decision-making and involving them in the planning and implementation of policies and programmes. In order for you to engage meaningfully in formal and informal accountability mechanisms, governments need to support and build the capacity of young people to take part in all stages of the accountability process: to *monitor, review and act* to identify gaps and take collective action towards meeting the Sustainable Development Goals and the aims of the *Global Strategy*. CSO groups also need to build capacity of young people and meaningfully engage them in their social accountability programmes and activities.

2. Help collect data on adolescents and youth at the community level.

You can work with the service providers in your community to help collect data on adolescents and youth. Find out who your services providers are, and ask them how data are collected. The information needed (indicators) can range from the quality and types of services provided to the treatments of and attitude towards young people who seek services. These data, in turn, will help service providers better tailor their services to the needs of adolescents.

Data can be collected on:

- Health status (e.g. mortality, incidence of disease)
- Expenditure of resources (i.e. financial audits)
- Progress towards specific human rights goals (i.e. laws and policies).

Example: U-Report as a Social Accountability Tool

U-Report is an SMS mobile technology tool developed by UNICEF to give young people a voice in the social and economic issues affecting their communities. Through free SMS, participants, called U-Reporters, can respond to weekly polls and report issues, amplifying their voices at the local, regional and national levels of government. U-Report expands young people's representation in social and political areas, connects public servants and citizens, and motivates young people to be agents of change in their communities. As of May 2017, U-Report had been launched in 19 countries and there were more than 2 million active U-Reporters.

Restless Development, along with UNICEF, supported youth-led advocacy that held decision-makers accountable for their commitments on health, child marriage and employment. The project worked with 40 young leaders and generated community-level data across four districts in Uganda using UNICEF's U-Report system. The information generated by U-Report identified the challenges that young people face in their communities. The data and analyses were shared with, and discussed by the, community. Young people then shared the outcomes of the community consultations with district- and subdistrict-level decision-makers. The U-Report and community consultations facilitated the discussion of how leaders, community members and young people could address the identified challenges. Within six months, the initiative had produced impressive results, including the development of an advocacy programme addressing concerns around early marriage in Napak province, and an improvement in decision-makers' perceptions of young people as development and community leaders. Click here to learn more.[135]

Unfortunately, in many countries, good quality up-to-date data on adolescents and young people are lacking. The major issues are:

- Data on adolescents and young people are usually incorporated into health programmes for children or adults
- Lack of focus on adolescents or young people as a specific subset of the population
- Lack of disaggregation of data (specifically for ages 10-14 and 15-19)
- Lack of data on marginalized young people, such as young key populations or adolescents and young people in humanitarian settings, as they are outside of traditional data collection sites (i.e. households, schools and health centres).

At the national level, you can call for improvements in adolescent health and well-being by advocating to the government for data disaggregation, and bringing attention to the critical gaps in data on adolescents and young people.

3. Monitor your government's progress on global commitments.

Monitoring involves collecting relevant data that measure progress towards goals and commitments. Data are the backbone of accountability; they are essential for assessing what is working and what should be improved. UN agencies and other organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria have created mechanisms for continuous collection of data and review of progress. The High-level Political Forum, for example, is the new process for monitoring the Sustainable Development Goals in which many countries voluntarily participate. Find out what global monitoring and review processes your government participates in and advocate for young people to get involved!

If you think that youth advocates are not sufficiently included in the monitoring of global commitments, that data are inconsistent or do not exist, or that current indicators do not reflect the needs or the diversity of adolescents in your country, ***you can also consider developing a shadow report on adolescent health and well-being.***[136] Important resources for tracking commitments include:

- EWEC commitments
- Global Health Observatory with country profiles on 60 *Global Strategy* indicators
- UNICEF's Adolescent Country Tracker

Shadow reports are an alternative reporting process, and are used where civil society members believe that government and intergovernmental processes do not reflect the real-life situation or the needs of the community.

For example, youth-led organizations such as the Global Youth Coalition on HIV/AIDS have produced shadow reports specifically addressing young people's needs relating to HIV prevention, diagnosis, treatment and care.[137] There are many great examples of shadow reports that can help you design one that works best for your country!

4. Persuade your government to commit to adolescent health and well-being.

If your country has not made a commitment to the adolescent health component of the *Global Strategy* or to other global agreements that are relevant to advancing adolescent health and well-being, this can be one of the objectives of your advocacy roadmap. Global meetings present good opportunities to speak to policy-makers and government officials and make these demands.

Once commitments have been made, the *Global Accelerated Action for the Health of Adolescents (AA-HA!)*[138] provides countries with the technical basis for developing a coherent national plan for the health of adolescents, and for aligning the contributions by all relevant stakeholders in planning, implementing and monitoring a response to the health needs of adolescents in line with the *Global Strategy*. An important next step is for you to contact the adolescent health focal point or department in the Ministry of Health and other relevant ministries such as education and gender equality, among others, and meet with them to discuss how you and your partners can be involved in the national rollout of their guidance.

TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

- *Global Strategy Indicator and Monitoring Report*[139]
- *Commitments: To advance the Global Strategy for Women's, Children's and Adolescents' Health*[140]
- Every Woman, Every Child, Every Adolescent Independent Accountability Panel's *Reports*[141]
- Citizens Post's *Citizen-led Accountability*[142]
- US Human Rights Network's *10 Steps to Writing a Shadow Report*[143]
- National Democratic Institute's *How to Structure a Shadow Report*[144]

photo: the Partnership

EXERCISE 3:
Use global commitments to support your advocacy for adolescent health and well-being

In Chapters 1 and 2, you identified issues relating to adolescent health that are priorities in your country, and, based on analysing existing policies relating to these specific issues, you developed key recommendations for improving these policies.

In Chapter 3, you learned how global commitments are connected to country-level policy development and implementation for adolescent health and well-being. In this exercise, you will identify your country's global commitments and develop a strategy to use them to support your advocacy plan.
This exercise has four steps.

Step 1: Identify your country's global commitments

Your country has probably made commitments to at least one global commitment framework relating to adolescent health and well-being. Identify the commitments your country has made.

Here is a list of global commitments to help you get started:

- United Nations Sustainable Development Goals[145]
- High-Level Political Forum Voluntary SDG Country Reviews[146]
- *Global Strategy for Women's, Children's and Adolescents' Health*[147]
- FP2020[148]
- Education for All[149]
- GFF commitments[150] and Monitoring strategy[151]

Step 2: Identify relevant indicators relating to country commitments

Your country's commitments should be tied to indicators that are intended to track progress on these commitments over time. Identifying these indicators will give you a basis for monitoring progress and holding your country accountable to these commitments. Consider the commitments your country has made and identify the related indicators that are relevant for adolescent health and well-being.

Of the 16 key indicators being used to track progress on implementing the *Global Strategy*, the indicators below are most relevant to adolescents. The advocacy argument for most of the other *Global Strategy* indicators is that they should be disaggregated by age and sex, at a minimum.

Objective	Indicator
Survive	Adolescent mortality rate
Thrive	Adolescent birth rate (for ages 10-14 and 15-19)
Transform	Proficiency in reading and mathematics
	Proportion of young women and men aged 18-29 who had experienced sexual violence by age 18
	Proportion of ever-partnered women and girls aged 15 and older who had been subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months

Step 3: Map these global commitments

Organize the information on your country's global commitments into a global commitment mapping chart. This will help you see all of the commitments your country has made across these global commitment frameworks. In general, it is helpful to list these commitments from the most general (the Sustainable Development Goals) to the most specific (issue-specific commitments, e.g. Family Planning 2020, and regional commitments).

GLOBAL COMMITMENT MAPPING		
Global commitment (with link)	**Adolescent health issues addressed (with relevant commitment sections)**	**Relevant indicators**

Step 4: Discuss what you can do to make sure your country fulfils its global commitments

There are many ways you can incorporate global commitments into your country-level advocacy for adolescent health and well-being. With members of your youth-led organization (and relevant partners), discuss a few critical questions to help you decide how you will use these global commitments to support your advocacy plan.

- How can these commitments help shape policies in your country, including your country's national health plan?
- What role can you play as a youth advocate in making sure your priorities for advancing adolescent health and well-being are translated into action? For example, you and your organization can:
  - Work with service providers to help collect data on adolescents and young people.
  - At national level, call for improvements in adolescent health and well-being by advocating to the government for data disaggregation and by bringing attention to the critical gaps in data on young people.
  - Develop a monitoring plan to track relevant indicators, and advocate at the national level for governments to make progress on implementing their commitments.

Congratulations! You know how to use specific global commitments in your national-level advocacy efforts to make sure that the needs of adolescents and young people are addressed.

photo: provided by Williot Joaquim Lumbe, courtesy of Women Deliver

Chapter 4:
Developing an effective advocacy action roadmap

In Chapters 1–3 you mapped out the landscape of adolescent health and well-being in your country and the policy context surrounding these issues. In this chapter, you will put all of this learning into action! You will develop an advocacy action roadmap (or advocacy plan) to spark positive change for adolescent health and well-being through the following four steps:

1. Defining your advocacy goal and objectives
2. Identifying decision-makers and your target audience
3. Identifying useful advocacy strategies and creating your advocacy work plan
4. Implementing your advocacy plan.

Designing an advocacy action roadmap involves a lot of effort, but working through some steps to decide on your strategy and define your action plan will help to clarify the task and coordinate your work.

By the end of this chapter, you will have:

- Clearly defined your advocacy action roadmap's goal and objectives, target audiences and activities
- Greater ability to implement your own advocacy roadmap for adolescent health and well-being.

4.1
WHAT DO YOU WANT TO ACCOMPLISH FOR ADOLESCENTS' HEALTH AND WELL-BEING?

At this point, you must decide exactly what you want to achieve through your advocacy efforts for adolescent health and well-being. Through discussions and group exercises with your partners, you can develop mutually agreed **GOALS** and **OBJECTIVES** for your advocacy action roadmap.

GOALS are broad definitions of the intended result of your work.

An advocacy goal is the change you are trying to achieve in the long term, a result that you intend to help accomplish. Your goal should be a SMART articulation of your **vision** and should clearly describe the major health or social problem targeted, as well as the focus population and location where you are working. The acronym SMART means that your goal should be:

S: specific (or significant)
M: measurable (or meaningful, motivational)
A: attainable (or achievable, acceptable, action-oriented)
R: realistic (or relevant, reasonable, rewarding, results-oriented)
T: time-bound (or timely, tangible, trackable)

OBJECTIVES are concrete statements describing in detail what your effort is trying to achieve.

They are very different from your goal: goals are long-term and express intended outcomes in general terms, while objectives are short-term and express outcomes in specific terms. Objectives can be evaluated at the conclusion of your work to see whether or not they were achieved.[152] Your objectives should make clear:[153]

- **WHO** will be reached
- **WHAT** change will be achieved
- **IN WHAT TIME PERIOD** the change will be achieved
- **WHERE** (in what location).

Example: *By December 2018, the Ministry of Education in my country will adopt a revised national comprehensive sexuality education policy that includes a referral system to access youth-friendly health services.*

The following examples of goals from projects may be help you to decide how to construct your own goal:

- *HIV:* To reduce the incidence of HIV infection among young people aged 15 to 24 by year 20XX in Country X through passing legislation to ensure condom access and accurate information on HIV/AIDS in school-based sexuality education and any government-funded programme.
- *Comprehensive sexuality education:* To increase provision of good quality comprehensive sexuality education in schools in Community Y by year 20XX.
- *Nutrition:* To increase access to healthier dietary choices in schools, including developing curricula on nutrition.
- *Adolescent girls' access to secondary education:* To reduce adolescent girls' school dropout rates by XX% by changing laws and policies to remove barriers and increase access in Country Z by year 20XX.

Can you identify the different components of each goal that make it SMART?

In order to distinguish between goals and objectives in your group discussions, you can ask yourselves the following questions when defining your objectives:

- What can you achieve now to contribute to your long-term goal?
- What are the important incremental steps towards reaching your goal?
- What possible first steps in advocacy do you need to take?
- What will be your first, second and third objectives?

Global Financing Facility: investing in adolescent girls in Mozambique

Poor health outcomes in Mozambique have a substantial gender bias and are exacerbated further by regional disparities—for example the difference in quality of health systems between urban and rural parts of the country. In some provinces, the pregnancy rate for 15–19-year-olds has reached 65%, and 50% of all adolescent girls suffer from chronic malnutrition. Furthermore, sexual and reproductive health outcomes that disproportionately affect women are driven by power dynamics at the community and household level. These manifest in adolescents' inability to negotiate the terms of sexual relationships, early marriage, early childbearing, and the cascade of health and human capital implications that result from these circumstances.

The GFF is supporting Mozambique's investment case for enhanced delivery of reproductive, maternal, newborn, child and adolescent health and nutrition services. The development of this investment case included extensive youth group and civil society consultation. It seeks to address regional health financing disparities while specifically reducing gaps in service coverage and quality in maternal health and sexual and reproductive health and rights. This includes the national scale-up of a school health programme that seeks to improve reproductive rights for adolescent girls.

As with goals, carefully worded SMART objectives are essential to a successful strategy. The following questions will be useful for drafting SMART objectives:

Specific	Would a stranger understand what you are trying to achieve? Is your objective explicit and precise? Does the objective state a key outcome, a timeframe and decision-makers who can make it happen?
Measurable	How will you know whether the desired changes have occurred? Can you collect data and information to systematically track progress?
Attainable	Can this be accomplished in a feasible timeframe? What are potential limitations and constraints that may make it difficult for you to achieve your desired objectives, and can they feasibly overcome through your work?
Realistic	Are the necessary resources (financial and other) available to achieve this objective?
Time-bound	When will this be accomplished? How does achieving this fit into the timeline for your goal?

4.2
WHO CAN HELP ACCOMPLISH YOUR GOAL AND OBJECTIVES?

Identifying the main target audience for your advocacy efforts is a central component of creating an advocacy plan. In order to target your advocacy at specific policy-makers, decision-makers and key influential individuals, **start by dividing your intended audience into primary and secondary targets**.

Primary targets: the policy-makers and influencers who have the power to make the change you are advocating for; they have direct influence on the national health plan.

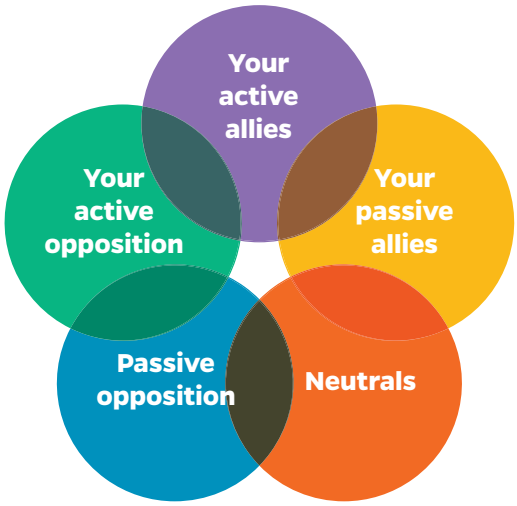
Example: *The Minister of Health and the Adolescent Health Department in the Ministry of Health would be particularly strategic primary targets, given their role in shaping the national policies for adolescent health and well-being.*

Secondary targets: the people or groups you can influence who, in turn, can influence your primary target; they have the opportunity to put pressure on those who have direct influence.

Example: *The media is an influential target group, but does not have direct power over the development and implementation of the health policy.*

Then, consider the extent to which your primary and secondary targets support the issues that you are advocating for. You can consider them along a spectrum of allies and opposition, where active allies are the most supportive of your issues, and active opposition are the most against the issues you are advocating for.

Spectrum of allies and opposition:



- **Your active allies:** decision-makers and influencers who agree with you and are working alongside you.
- **Your passive allies:** those who agree with you but are not doing anything about it.
- **Neutrals:** those who are neither for nor against your issue, but who are unengaged.
- **Passive opposition:** those who disagree with you, but who are not trying to stop you.
- **Your active opposition:** those who work to oppose or undermine you.

Once you have taken these two steps to identify your target audience, consider what they need to hear to convince them to support your cause. Understand their position and develop your message.[154] To make your case, you should first think about two components:

1) **Bring your issue to life: share your personal connection!** *What is it about this issue that you feel so passionately about, and why do you think it is particularly important? Have you been directly affected by your advocacy issue? Does a member of your family or your community have an important and relevant story to tell?*
2) **Research the background story:** *How has the issue changed or developed at the local, national and global levels over the past 5–10 years? Why do you think this is?*

Consider your target audience's position and take this into account when deciding how best to persuade them to support you.

- **Connect your reality to lived experience:** When trying to demonstrate the urgency and lived reality of your issue to your audience and targets, a good story can really help get the message across and appeal to their emotional side. Each of us has a story that can move others—maybe your own or somebody else's experience motivated you to care about the issue.
- **Build your technical argument:** Always use solid evidence to back up your advocacy.
- **Step into your target's shoes:** Research their position on your advocacy issue. Do they have a history of supporting adolescent health and well-being initiatives? Do they oppose issues you are advocating for?
- **Tailor your approach and your key messages:** Only when you have thought about this can you begin to consider potential messages for your targets. Experiment, using them in real-life situations and adapting as you learn.

Discussing the following questions will help you build your spectrum:

- Are there influential actors inside the government who actively support—or who are likely to support—your issue (e.g. Minister of Youth, young parliamentarians, etc.)? If yes, add them to the spectrum!
- Are there influential actors inside the government who oppose your issue (e.g. members of a more conservative party)? If yes, add them, too.
- Are there influential actors outside the government who have publically supported or opposed your issue (e.g. community leaders/groups, health or legal professional associations, international NGOs, businesses, etc.)? If there are, add them to the spectrum.
- Have you identified the influential policy-makers, agencies, committees, and/or institutions inside the government that can affect your issue (e.g. all-party parliamentary groups on issues, such as youth affairs)? If yes, add them.
- Finally, are there any other major actors (e.g. traditional or religious leaders, celebrities, spouses of decision-makers, etc.) who have influence with policy-makers on your issue? If yes, add them.

4.3
WHAT ACTIVITIES WILL HELP YOU ACCOMPLISH YOUR OBJECTIVES?

There are many ways to influence decision-making on your advocacy issue. Advocacy activities (actions or tactics) are conducted to persuade your targets to move towards your advocacy objectives.

There are many tactics you can choose from; and you can combine them and create new ones depending on the interests and preferences of your target, your network's capacity and experience, and the legal restrictions in your country.[155]

It can also be important to consider International days of commemoration that are relevant to adolescent health and well-being, such as International Youth Day (12 August), International Women's Day (8 March), World AIDS Day (1 December) and others.

You may also want to consider national days in your country, as part of your action plan.

In an action plan, tactics should be divided into separate activities. For example, a *lobbying* tactic might require you to write briefing documents as well as organizing and attending meetings with legislators; and you might organize a lobby day that includes recruiting, training and supporting young people most affected by the issue and enabling them to meet their political representatives.

The following basic advocacy activities can be useful for persuading your targets to move towards your advocacy objectives.

- **Hold a public panel discussion:** Invite young people and partner organizations with knowledge about adolescent health and well-being to a panel discussion about how to work together to implement the national health plan.
- **Arrange lobbying meetings:** Meet with decision-makers who have strong influence in the national health planning process. It is important to have a clear request: exactly what can they do to help? You might want to take a small group, or invite the decision-makers to visit a community deeply affected by the issue.
- **Put together a briefing paper for your targets and hold a launch event:** Invite all your targets to a public meeting where you can share your messages and draw attention to your important recommendations. This could be used to rally civil society on adolescent health and well-being, target decision-makers, and/or invite young people to strategize together on next steps.
- **Use community radio:** This is a powerful platform for influencing public opinion and reaching your advocacy targets. Arrange with your local radio station for some of your group to talk about why it is important for young people be meaningfully engaged.
- **Engage on social media:** Digital platforms are a great way to reach a large number of people. You could use Facebook and Twitter to publicize your key messages, make use of popular hashtags and organize a "tweet-a-thon" when hundreds of users can tweet at the advocacy target simultaneously.
- **Write a blog post or a letter to a newspaper editor:** Write an article for publication in a media outlet your target may read regularly; this could be at the local or national level.

Get creative! Young people are especially good at finding innovative ways to make their advocacy efforts count. Think about ways art, music, technology, and other media (including social media!) can help advance your cause.

EXAMPLE: Youth-led advocacy for quality comprehensive sexuality education in Cameroon

In many countries, comprehensive sexuality education (CSE) in schools is inaccessible to many young people. Young people have identified the need to raise awareness about the need for increased access to CSE, and provided recommendations on how to make CSE curricula youth-friendly, and of high quality.

Deserve Cameroon, a youth-led organization, aimed to increase comprehensive sexual and reproductive health awareness and services in secondary schools in Cameroon through advocating for CSE to be included in the national guidance/counselling terms of reference and effectively implemented.

Deserve Cameroon organized seven workshops for young people to: identify key points for CSE in the national guidance/counselling terms of reference; review the CSE syllabus for secondary schools; design communication tools for advocacy; and write advocacy letters to top officials in the Ministry of Secondary Education. Additionally, 31 school counsellors were directly trained in the principles of CSE. Media outreach, including one radio and one television appearance, one magazine publication and one online publication, increased awareness of the project and the need for high quality CSE. Furthermore, 25 government officials, including from the Ministry of Secondary Education, committed to supporting the project's recommendations to include CSE in the school curriculum.

Through this project Deserve Cameroon has developed new partnerships that can increase access to CSE in future. For example, the National Chief of the Guidance/Counselling Unit of the Ministry of Secondary Education has pledged to facilitate a meeting between the project stakeholders and key officials in charge of guidance/counselling in the Ministry of Secondary Education. And Deserve Cameroon is seeking to develop a strong partnership with the Ministry of Secondary Education to train more school counsellors and increase access to high quality CSE curricula.

There are many ways to make your voice heard. Take time to brainstorm other ideas with your group! Consider the following questions when doing so:

- *Legal situation:* Are there any legal limitations that might apply to any particular advocacy tactic? Are there any legal support groups that can assist you?
- *Public opinion and the media:* How does the public react to your issue? Are there influential media sources that would publicize your issue?
- *Successful advocacy:* Do you know of any other advocacy activities that have been helpful in your community? In addition, can you think of any activities that have not worked effectively?

4.4
HOW WILL YOU KNOW IF YOUR EFFORTS ARE SUCCESSFUL?

As a core component of your advocacy action roadmap, you should develop a plan to measure progress through your advocacy activities, in line with your defined objectives.

A monitoring and evaluation (M&E) plan is a systematic plan for the collection, entry, editing, analysis and interpretation of the data needed to manage your work.

Monitoring and evaluation are distinct but related aspects of any advocacy effort.[156]

Inputs → Outputs → Outcomes

- **Monitoring** is the process of determining whether your work ***is making progress***. It is done by routinely tracking activities on an ongoing basis. Monitoring activities typically assess inputs. **Inputs** are the resources that contribute to making your work possible, for example, funding, staff, time, equipment, supplies and facilities. **Outputs are the products of your work.**
- **Evaluation** is the process of examining whether your *objectives are being achieved*. It will test whether your work has produced the change you set out to make. Evaluation is designed to measure your work's outcomes. **Outcomes are the effects of your efforts on the people or issues you are working to address**.

As you continuously monitor how things are proceeding in your work, you will be able to determine whether or not you are actually meeting your objectives. If you find that you are not meeting your objectives during the implementation of your advocacy roadmap, you can make changes and get things back on track.[157]

A logic model is a tool to evaluate the effectiveness of your programme, which can be used in planning and implementation.

To develop an M&E plan, build your **logic model** so that it will serve as:[158]

- A systematic tool for organizing your thinking and for identifying relationships between resources, activities and results
- A visual way of presenting the intervention logic for the programme
- A tool to identify and assess any risks inherent in your work
- A tool for measuring progress through indicators and means of verification.

As you develop your advocacy roadmap, defining the **indicators** associated with your advocacy goal and outcomes will be necessary to enable you to monitor and evaluate your work along the way. Indicators are measurements, which express "how much" or "how many" or "to what extent"[159] you have changed or influenced something. Simply put, indicators are the benchmarks you will use to determine whether you have reached your set objectives. In advocacy, this generally involves tracking the number of people you have reached, or the extent to which you have persuaded people to support your advocacy objectives. Indicators are diverse and can include:

- The number of people who have signed a petition you have developed
- The number of people who have attended and completed your advocacy training
- The number of people who have read an article you published, or watched a video you posted on social media
- The number of policy-makers who support the bill you want to pass
- Any negative/positive change in social acceptance of progressive measures to advance adolescent health and well-being in your community.

It is important to work with your team and partners to develop a shared set of indicators relating to your advocacy roadmap objectives and activities **BEFORE** you implement your roadmap. You should also make sure that any indicators you are held responsible for achieving (by donors, for example) are included in this discussion and integrated into your overall framework.

4.5
CASE STUDIES

Cameroon

The Cameroon Agenda for Sustainable Development's Advocating for Change for Adolescents project was established to increase accountability for adolescent health and well-being in Cameroon by advocating for harmonized and systematic collection of disaggregated data between August 2017 and September 2018. Their objectives included:

1. improving advocacy for change for adolescent health and well-being by launching a national advocacy toolkit by August 2018
2. improving data collection tools in Cameroon by designing a new and harmonized toolkit for collecting additional and disaggregated data on adolescent health and well-being by September 2018
3. improving Cameroon's commitment to deliver for adolescent health and well-being by advocating for the adoption of the new toolkit to accompany the comprehensive sexuality education programme for secondary schools (proposed by the youth organization Deserve Cameroon) by the start of the academic year 2018/19.

The project was launched on 12 August 2018 at the National Museum in Yaoundé during celebrations marking the 19th International Youth Day. The launch event was achieved thanks to a collaboration with the Ministry of Youth Affairs and Civic Education (MINJEC). Government and United Nations representatives attended, as well as 300 young people affiliated to the Cameroon Youth Network, wearing T-shirts funded through the project. The event was covered by the media.

The Cameroon Agenda for Sustainable Development published 100 soft copies of the toolkit in both English and French. The group continues to seek support from government decision-makers to institutionalize comprehensive sexuality education in secondary schools, including utilization of the monitoring and evaluation tools.

School-based consultation with Grantee Desmond Atanga of Advocating for Change for Adolescents, Cameroon Toolkit

India

The YP Foundation's Advocating for Change for Adolescents project goal was to enable policies and programmes, grounded in young people's lived realities, to help them realize their sexual and reproductive health and rights (SRHR). Their objectives were to advocate for participation by young people, and to ensure that they inform and participate meaningfully in the design and delivery of youth SRHR programmes and policies by July 2018. These objectives would be achieved through:

1. creating platforms where young people could lead discourses with relevant stakeholders, including policy-makers, health officials, service providers and front-line health workers
2. developing a cohort of young advocates (at least 15) with the knowledge, skills and vocabulary to advocate effectively for adolescent health and increase engagement with decision-makers
3. creating national context-based and interactive adolescent health advocacy resources for young people.

A state-level consultation and engagement event relating to adolescent health was held on 9 March 2018 in Bihar. The event was attended by more than 60 young people and by 60 representatives of government, health providers and civil society organizations.

Youth-led advocacy initiatives were also held: 50 adolescent indigenous girls attended in Pakur, Jharkhand state, and over 100 adolescent boys and girls, including peer educators, in Jamui, Bihar state.

The YP Foundation developed an in-country advocacy toolkit and launched a read-only version in October 2017 at the International Association for Adolescent Health World Congress in India. The launch was organized in collaboration with the Ministry of Health and Family Welfare (MoHFW). Based on feedback from MoHFW, the YP Foundation adapted the toolkit and is in final stages of the process of creating a web-based interactive version.

The YP Foundation developed a cadre of youth advocates for adolescent health, and created platforms for young people to engage with relevant stakeholders and to lead discourses on adolescent health and well-being.

As an outcome of their successful event, "Youth Insight", which brought together over 170 young people across 17 Indian states, the YP Foundation plans to provide technical assistance and act as convener for at least a year, to ensure that youth-led advocacy on adolescent health continues at district, state and national levels.

YP Foundation's Consultation Workshop on Menstrual Hygiene, in Pakur, Jharkhand

Kenya

The goal of the Organization of African Youth's (OAY) Advocating for Change for Adolescents project was to work meaningfully with the government, service providers and other key stakeholders to advocate for and improve the implementation of the Adolescent Sexual and Reproductive Health Policy (ASRH) in order to increase access by adolescents in Kenya to SRHR information and services. Their objectives were:

1. to work collaboratively with the government to develop youth-friendly, evidence-based information, education and communication materials to increase the availability of SRHR Information and services, in order to reduce pregnancy and HIV infections among adolescents in Kenya by October 2018
2. to build the capacity of at least 20 youth-led and youth-serving organizations in their communities to advocate for increased access to adolescent health and well-being services and information in Kenya by 2018
3. to increase dialogue by October 2018 between adolescents and government teams concerning the adoption of new practices on adolescent SRHR in Kenya.

OAY worked with the Ministry of Health (MoH) to adapt and disseminate the toolkit. They formed a working group composed of seven youth-led organizations that worked with OAY to adapt the toolkit to the Nigerian context. They rallied stakeholders and organized a successful launch of the final product in March 2018. In partnership with Jiactivate, they also disseminated the toolkit during a Jiactivate event which brought together 100 young people in 15 counties. OAY disseminated the toolkit as a resource to help advocates plan, implement and monitor their work in the counties.

OAY secured support from and partnership with the national government through the MoH and the National Youth Council. They built capacity in 47 youth-led organizations on the use of the toolkit in three counties. They also persuaded an elected Member of a County Assembly, Bungoma County's First Lady, the National Youth Council's CEO and the MoH's Manager of Adolescents' Sexual and Reproductive Health to act as champions for the toolkit, which was also shared with the Council of Governors' Health Team.

Through OAY's working group and its capacity building efforts, sustained ownership, acceptability and usage of the toolkit can be ensured. OAY's goal is to reach at least four additional counties by the end of 2018.

Organization of African Youth representatives promoting the Sustainable Development Goals in Nairobi, Kenya.

Malawi

The broad goal of Youth Act Alliance's Advocating for Change for Adolescents project was to strengthen and improve adolescent health and well-being by advocating for the implementation of the National Youth Friendly Health Services Strategy, in line with national, international and regional frameworks, by 2018. Their objectives included:

1. advocating for a 5% increase in access to youth-friendly sexual and reproductive services in 2018 by implementing and monitoring the National Youth Friendly Health Services Strategy
2. lobbying to lower the age of consent for adolescents to access sexual and reproductive health services from 16 years to 13 years, in line with HIV testing in Malawi, by 2018.

Youth Act Alliance conducted three consultations between regional youth champions, adolescents and young people, policy-makers and duty-bearers, including District Youth Officers and District Youth-friendly Coordinators.

Additionally, Youth Act Alliance produced two videos in 2017: a music video promotional movie and a short movie on Advocating for Adolescent Change in Malawi. The videos premiered at the Malawi Partner Consultation on Adolescent Health and Well-being, hosted by PMNCH and the Government of Malawi in December 2017, and attended by 80 participants from various constituencies. The videos were later shared through internet-based platforms.

Adolescent and youth consultation organized with Ministry of Health and partners, Lilongwe, Malawi, July 2017

Nigeria

The broad goal of Youth Act Alliance's Advocating for Change for Adolescents project was to strengthen and improve Education as a Vaccine's Advocating for Change for Adolescents project goal was to improve the policy environment for upholding adolescents' and young people's rights to information and services concerning sexual and reproductive health in Nigeria. To achieve this goal, the project had three objectives:

1. improving access to the Family Life and HIV curriculum (FLHE) for adolescents in Nigeria, whether in or out of school, by the end of 2018
2. ensuring young people have the advocacy skills necessary to hold policy-makers accountable at state and local levels, by 2018
3. ensuring that policy-makers at national and state levels are speaking for, making commitments to and implementing policies that uphold the SRHR of adolescents and young people by the end of 2018.

Education as a Vaccine developed a factsheet by adapting the global toolkit. They also developed a step-by-step guide to help young people undertake advocacy using the toolkit. Key ministries reviewed the toolkit and endorsed its content. The advocacy toolkit was launched on World Population Day, 11 July 2018, by the Chairman of the National Population Commission. The event attracted much press and print coverage and was reported on live TV.

Before their official launch, Education as a Vaccine ran training sessions in seven states, using their pre-existing advocacy structures for young people. These young people reached out to others across their state and trained them to use the toolkit. This multiplied the ripple effect of the training and enabled young people in suburban settings to hold policy-makers accountable at state level. A total of 312 young people were reached with the toolkit in those seven states.

Youth advocates across the country met government officials, traditional leaders and other key stakeholders to discuss how to improve the FLHE curriculum in schools, and other SRHR issues. For example, in Calabar trained youth advocates paid an advocacy visit to the Commissioner of Education to discuss how to improve the FLHE curriculum in schools. The Commissioner applauded the youth advocates and pledged his support for their efforts in holding the government to account. He promised to make efforts to train teachers, counsellors and social workers to provide sexual information to young people in and out of school at all levels.

A major accomplishment was forcing a review of the National Policy on Adolescent Health and Development. This was due to their intervention during the United Nations General Assembly in 2017, where they advocated to the Director of Family Health at the Federal Ministry of Health.

Some of the young people trained to use the toolkit also participated in and contributed their views to the focus group discussion hosted by the Federal Ministry of Health.

Through the implementation of this project, Education as a Vaccine has earned recognition from the government and has become involved in other youth networks. Leveraging these spaces, they will continue pushing for their advocacy asks in the future.

Adolescents working with Education as a Vaccine, Nigeria.

Other case studies

EXAMPLE: Youth-led advocacy for quality comprehensive sexuality education in Cameroon

In many countries, comprehensive sexuality education (CSE) in schools is inaccessible for many young people. Young people have identified the need to raise awareness about the need for increased access to CSE, and made recommendations on how to make CSE curricula youth-friendly and of high quality.

Deserve Cameroon, a youth-led organization, aimed to increase comprehensive sexual and reproductive health awareness and services in secondary schools in Cameroon through advocating for CSE to be included in the national guidance/counselling terms of reference and effectively implemented.

Deserve Cameroon organized seven workshops to train young people to:
- identify key points for CSE in the national guidance/counselling terms of reference;
- review the CSE syllabus for secondary schools;
- design communication tools for advocacy; and
- write advocacy letters to senior officials in the Ministry of Secondary Education.

Additionally, 31 school counsellors were directly trained in the principles of CSE. Media outreach, including one radio and one television broadcast, one magazine publication and one online publication, increased awareness of the project and of the need for high-quality CSE. Furthermore, 25 government officials, including from the Ministry of Secondary Education, committed to support the project's recommendations to include CSE in the school curriculum.

Through this project, Deserve Cameroon has developed new partnerships capable of increasing future access to CSE. For example, the National Chief of the Guidance/Counselling Unit of the Ministry of Secondary Education has pledged to facilitate a meeting between the project stakeholders and key officials in charge of guidance/counselling in the Ministry of Secondary Education. Deserve Cameroon is also seeking to develop a strong partnership with the Ministry of Secondary Education to train more school counsellors and increase access to high-quality CSE curricula.

4.6
ARE YOU READY TO GET STARTED?

Yes!

As you prepare to put your advocacy action roadmap into practice, make sure that all aspects of your plan are running smoothly and on time; if not, you and your partners should take steps to remove any obstacles to progress. In addition to the more practical challenges you might face, you should also take into account external factors that may affect your efforts. The social and political landscapes of your country may change quickly! Advocacy plans always need to be adjusted over the course of their duration to adapt to changes in the policy advocacy landscape.

Here are two things to keep in mind when implementing your advocacy plan.

1. Project management

This may be the largest project that you have managed with your team and your partners. In order to keep track of all the moving parts of your advocacy roadmap, consider using tools to help manage your work and to increase ease of communication about specific activities and tasks. Here are some tips and tools for managing the implementation of your advocacy plan.

Develop a shareable work plan and a timeline

In order to build your advocacy roadmap, you will need a work plan outlining everything you have to do achieve your SMART objectives. As you will probably have more than one advocacy objective, it will be helpful to integrate all your objectives and activities into a single work plan with an associated timeline. It will help your team members and your partners see all these details together, and it will allow you to see what activities are being implemented at any given time by different parts of your team. Keeping this work plan up-to-date will also alert everyone if there are delays in completing everything as you originally planned!

There are many free templates online that you can use as a basis for creating your work plan or timeline. One such example is Tools4dev's practical tools for international development workplan template.[160]

There are also free online communication tools and platforms for team/coalition management, including:

- Slack[161]
- Glip[162]
- Trello[163]

Delegate tasks across your team and keep team members accountable

When developing your advocacy roadmap, you will need to decide who is responsible for which activities throughout its implementation. Responsibilities should be shared, and the allocation of responsibilities should be decided through conversation with your team and with partners. Here are a few tips on delegating responsibilities:

- You need to know the respective strengths of your team members in order to delegate tasks to the most appropriate people. Some people may be strong in M&E, and others savvy about social media: allow everyone to express what they are interested in doing.
- Partner organizations may have specific contacts or strengths, as identified in your partner analysis. Use these to the advantage of your advocacy roadmap by asking partners to work with you on those activities for which they are best equipped.
- Nominating a team leader or manager who is responsible for checking on all team members' activities and responsibilities can also help you stay on track. This person should update your work plan and work with everyone to keep things running smoothly.

Keep communication across team members and partners open and consistent

You may not always be working directly with everyone on your team, so communication will be important to keep everyone up to date on progress made (and major successes!) throughout the implementation of your advocacy roadmap.

There are many technological aids that can help maintain communication throughout the implementation of your advocacy roadmap, including Whatsapp groups, Listservs, Facebook groups and Facebook messenger. More robust management platforms, such as Basecamp or Slack, may also be helpful, depending on the resources you have available.

Remember, all teams are different! You and your partner organizations may have unique needs when it comes to project management. Discuss the communication strategies suggested above with your team and decide what will work best for you. In addition, build team management tools with your colleagues. These management tools can help your team adjust your management strategies in the future. Over time, you will discover the system that works best for you.

Also, make sure that all written documents are fact-checked, properly referenced, peer reviewed not only by team members but also by external specialists, copy-edited and proof-read.

2. Dealing with opposition

Opposition to young people's advocacy can be fierce, but it can also be successfully countered. Remember that improving adolescent health and well-being, like any change, may alter the **status quo** that powerful forces are invested in maintaining.

Opposition comes from people and institutions actively working against issues relating to adolescent health and well-being. It takes many different forms, but it usually stems from a lack of recognition of adolescents as rights holders.

When developing your advocacy action roadmap, it is important to anticipate different scenarios, including the tactics of your opposition, in order to prepare a strategic response.

Opposition can be based on ideology, morals and values, religious, cultural or traditional beliefs, or even economic concerns. The nature of your opposition—who they are (individuals or institutions) and their specific concerns—may pose the biggest challenges and will influence your plans. Be ready to counter them.

The following advice may help you to overcome opposition:

- **Be prepared:** Anticipate opposition positions—think about what they will say before they say it. If you can, read their materials and sign up for their email bulletins to learn more about their position and plans.
- **Be proactive in your efforts:** Provide information, so that the real facts of your case are made public and everyone has a chance to respond. Set the tone for any debate by taking the lead.
- **Create a broad-based coalition of supporters:** Building support and benefiting from the expertise of others are key to advancing advocacy goals. Creating a coalition of vocal supporters from diverse movements and groups, such as community members, colleagues and politicians, will signal support for your cause and provide greater support for your team. Religious leaders and organizations can be important allies when dealing with opposition, so it is important to reach out to those who are supportive of your work.
- **Explain and defend your cause:** Do not let the language and arguments of the opposition persuade decision-makers and the general public. Instead, use anecdotes, personal narratives, science and statistics to reinforce the importance of your cause. Defend your cause against erroneous claims from opponents by verifying your statements and pointing out any misconceptions and untruths in theirs.
- **Protect yourself and your colleagues:** If opponents are very hostile, it may be necessary to ask for protection from the proper authorities. Be especially careful about what you publish online; consider what information about you, your organizations and your strategies is publically accessible. Reach out to allies for support.

TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Tools to Define SMART Goals & Objectives

- Advance Family Planning *Advocacy Portfolio Resources*[164]
- UN Women's *Key steps in designing a communications strategy*[165]
- Smart Chart 3.0's *interactive online tool to make and assess strategic decisions*[166]

Tools for M&E

- UNICEF's *Monitoring and Evaluating Advocacy*[167]
- USAID's *MEASURE Evaluation*[168]
- Funders Collaborative on Youth Organizing's *Building Transformative Leadership: Data on the Impacts of Youth Organizing*[169]
- Aspen Institute's *Champions and 'Champion-ness': Measuring Efforts to Create Champions for Policy Change*[170]
- Community Commons' *Community Health Needs Assessment*[171]

photo: Flickr Creative Commons License, UN Women

EXERCISE 4:
Develop and implement your advocacy action roadmap

In this exercise* you will work in three phases to develop a complete advocacy action roadmap, and discuss the best way to implement this roadmap with your team and partners. By the end of this exercise, you will have all the information you need to complete the planning process and to put your advocacy planning into action![172]

All three phases should be completed in discussion with your team and relevant partners. After discussing the directions for each phase, write your final responses in the boxes provided.

Phase 1: Build consensus

Goals and objectives

As the first step of your advocacy action roadmap, you will need to agree the broad goal and objectives you want to achieve. For the sake of this exercise, choose only one objective. **In reality, you can have any number of objectives for reaching your goal, and will probably have at least two or three.**

In order to select just one objective, consider the following questions:

- Which is the highest priority?
- Which is most achievable in the short term?
- Which has the greatest potential to help reach your long-term goal?
- Which must be realized BEFORE other objectives can be addressed?

Ensure that your objective meets all the SMART criteria. Also, make sure it is not overly ambitious. Some discussion might be needed to select an objective that can be met in the short term.

Box 1: Identify your goal and objective

Broad goal:

SMART objective:

**This exercise is adapted from Advance Family Planning's SMART Guide. For more information about Advance Family Planning and their advocacy resources, please visit http://advancefamilyplanning.org/.*

Audience and decision-makers

After setting your goal and objectives, identify the audience and/or decision-makers you need to reach in order to achieve them. To do this, consider who has the power to ensure that your issue is addressed.

Your audience and decision-makers could come from the private sector, government, academia or civil society, or they could be health-care providers. Discuss the following characteristics of your potential audience or decision-makers before coming to a consensus:

- Identify the people who have authority to make decisions.
- They may not be at the highest level of power or influence—there are gatekeepers at all levels!
- You may need to persuade more than one leader of a government body or organization.
- You may need to find out more about the decision-making process in order to make the best choice—talk to stakeholders and do your research to find the best entry point!

Box 2. Identify your audience and decision-makers

Audience/decision-makers:

Phase 2: Focus efforts

Identify challenges and opportunities

Now that you have identified who you need to reach in order to achieve your objective, consider the **context**, or the environment and external factors that may affect your ability to convince your audience or decision-makers to commit to adolescent health and well-being. Understanding the political, social and cultural environment will help you identify the best strategies for making progress in your advocacy roadmap.

Discuss the following questions to determine what challenges may impede your advocacy, and what opportunities there will be for advancement, at given points along your advocacy roadmap:

- What is happening in the environment that will influence your ability to achieve the objective?
- What is being said about your issue?
- Where do people stand on specific issues regarding adolescent health and well-being?
- Are there any foreseeable events or policy changes that will help or hinder your work?
- What is the opposition like? What are their methods or approaches for opposing your issue?
- Is there competition for resources or attention?

Box 3. Challenges	Box 3. Opportunities

The five-point message box

Filling in the five points of the message box below will help you, your team and your partners to specify what your advocacy will be asking from the audience/decision-makers you identified. It will also help you decide how best to deliver that "ask".

When deciding how to express your ask you must identify the evidence and arguments you will use to support it. Consider these three ways of presenting your case:

- Rational arguments backed up by evidence from credible sources that present current research and proven results
- Emotional arguments that add a human dimension, such as personal stories from adolescents and young people
- Ethical arguments that take into account justice and social/cultural norms.

Use these discussion points to fill in the boxes below:

Core concerns: What is the audience's/decision-makers' background? Have they committed to your issues in the past? Whose opinion do they care about? What do they value and how can you appeal to it?

Objections: Anticipate their objections to your proposal. Will they say it is too expensive? Not culturally appropriate? Have a response ready that counters any potential objections to your proposed ask.

SMART ask: Make sure that what you ask is SMART. Here you should focus on the "R", and make sure that what you ask is **realistic**.

To what end?: What do you want the audience/decision-makers to do? What can they realistically do? What will they be comfortable doing?

Box 4. The five-point message box
1. Audience/decision-makers:
2. Audience's/decision-makers' core concerns:
3. Objection:
4. SMART ask:
5. To what end?:

Identify your messenger

Now you need to consider who will make the best messenger for your advocacy ask. This could be an individual, a group of representatives or someone with power or influence who is on your side. Here are some questions to consider:

- Who has access?
- Who is influential?
- Who will the audience or decision-makers listen to?
- Who can you persuade to come on board?

Once you identify the messenger you want to enlist, keep a few additional things in mind:

- If the messenger is not a member of the group developing the advocacy strategy, develop a plan to enlist his/her support.
- The person who is the most effective messenger (community members, politicians) may not be the most knowledgeable about the issues you are addressing. If needed, build in advocacy training and other support for them to make sure they are well prepared.
- Consider the best platforms for delivering your message. One-on-one meetings with decision-makers are valuable, and social media and digital platforms can also be powerful tools. Discuss what works best for your message and audience/decision-makers.

Box 5. Identify your messenger
Messenger name:

Phase 3: Put your plan into action

Develop a work plan

As a final step, plan out in detail who will take action, when, and what resources they will need to do so. By creating a detailed work plan with a timeline, deadlines and assigned tasks for activities, you will ensure that all activities you plan as a part of your advocacy roadmap will directly contribute to making your SMART objectives happen.

Consider the following points when filling in each part of your work plan for your defined objective:

Input activities

What activities are needed to make sure your identified messengers can deliver your advocacy "ask" effectively? Activities are actions that:

- Take advantage of existing identified opportunities
- Directly help the audience or decision-makers to act
- Help move your objective forward.

Examples of input activities include: developing materials, conducting advocacy training, planning field visits and conducting one-on-one meetings with decision-makers.

Estimated budget

- Outline the resources, both financial and otherwise, that are available to your team and your partners for implementing these activities.
- What organizational staff or volunteer resources do you have?
- Do you have connections to larger coalitions, networks, working groups and/or relationships with prominent spokespeople or experts on your issues that you can enlist?

Person(s) responsible

- Make sure that the person responsible for the activity is best suited for the task at hand.
- If the person responsible needs support for a specific task, make sure this is also identified.
- This person should be kept accountable for the activities assigned to them.

Timeline

- Make sure your timeline is **REALISTIC**, and that what you set out to achieve can feasibly occur in the time allotted.
- If your donors have specific timelines that you need to follow, make sure they correspond with your activities.
- Make sure that you implement your activities in the most efficient order: specify what needs to be done **BEFORE** starting the next activity.

Output indicators

- Output indicators should directly reflect the numerical output from the activities conducted or the extent to which they were completed.
- Examples of output indicators include: number of policy briefs developed, number of meetings with policy-makers and number of advocacy trainings conducted.

Outcome indicators

- Outcome indicators should measure the extent to which you have successfully reached your objectives and your advocacy asks have been met. Just like your objectives and asks, your outcome indicators should be SMART.
- Examples of outcome indicators include: policy-makers pass a bill in parliament, community health centres offer new services, and comprehensive sexuality education is made available in a certain school.

Box 6. Work plan template				
SMART objective	**Next steps/ input activities**	**Estimated budget**	**Person(s) responsible**	**Timeline**

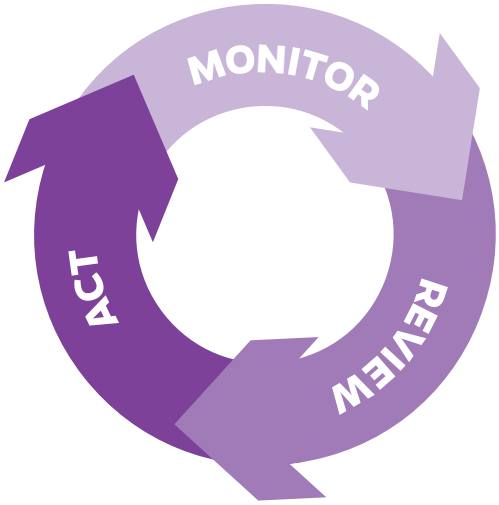
Indicators of progress	
Output indicators:	**Outcome indicators:**

*Note: If you and your team decide to have **more than one OBJECTIVE** in order to achieve your advocacy goal as a part of your advocacy action roadmap, you should complete this exercise for **EACH** of those objectives. Then collate these into a comprehensive work plan for your project.*

Congratulations! You now have the tools to build your advocacy roadmap, and you have developed strategies to implement your roadmap with your team and partners!

Chapter 5:
Review, monitor and act for better results

By following this toolkit you have now put all the pieces together to develop and implement a strong advocacy action roadmap for adolescent health and well-being. Now action can begin. It is important that all parties involved in your advocacy efforts are held accountable for their part in implementing your advocacy roadmap. As noted in Chapter 3, the accountability circle includes three phases: “monitor, review and act”.



As you begin to implement your advocacy activities, make sure you keep track of all progress made, and keep adjusting your strategy to adapt to any unexpected challenges you encounter along the way.

By the end of this chapter, you will have:

- Clearer understanding of how you can review and adjust your advocacy action roadmap to make it more effective
- Greater appreciation of the importance of on-going monitoring in tracking progress for adolescent health and well-being in your country.

5.1
ARE YOUR EFFORTS WORKING?

Using M&E to review progress is an ongoing process, and you should plan to undertake it for every activity in your advocacy action roadmap.

It is important to build in time and effort throughout your advocacy roadmap to collect evidence on the advocacy activities you are implementing and to review progress made to date.[173]

For this, you will need **quantitative evidence**, such as the number of young people you reached with a specific message, or the number of petition signatures delivered to your decision-makers.

You will also need **qualitative evidence**, for example, the points discussed in a meeting with the adolescent health focal point in the Ministry of Health, or feedback from young people who attended your workshop. This evidence will help to inform future advocacy activities, and may even reshape your advocacy objective as part of your roadmap.

Before an advocacy activity, make sure you have everything necessary to collect the evidence you need.

Before you conduct each of your advocacy activities, ensure that you have all the information collection tools and strategies you will want to use during and after your activity. Here are some factors to keep in mind when planning your evidence collection.

- **Advocacy objectives and related indicators:** Consider the indicators you developed to achieve your advocacy objectives. Do they need to be adjusted in any way? You may have adjusted your advocacy objectives, or you may now have access to more qualified team members or new data collection tools to help you measure an indicator that was originally not feasible.
- **Evidence collection process:** What kind of evidence will you be collecting? Does it need to be qualitative, quantitative or a mixture of both? How will it be gathered? Who will do it, how will they do it, and where and when? Make sure you allow time for the team members and partners to collect the evidence you need.
- **Means of verification:** What data collection tools will you be using (surveys, focus groups, sign-in sheets, quotes and testimonials, media tracking etc.)? Make sure you keep clear records of both the tools and the sources of evidence you collect, so that you can refer back to them if you are asked to do so by partners or donors.
- **Donor requirements:** Do you have to report the outcomes of these activities to donors or partners? If so, what are their reporting requirements, and what information did you promise to provide them?

All these evaluation components should be in place **BEFORE** your advocacy activities begin, otherwise you will waste time and energy later. Additionally, you will then have more accurate information when reporting on your activities. Use the data collected as the basis for assessing the effectiveness of the activities implemented, and compare them with the benchmarks you set beforehand.

After an advocacy activity, reflect on achievements made and possible future improvements.

As soon as possible after an activity, take the time to brainstorm **what worked well** and the evidence of successes, as well as **what did NOT work well** and what changes are needed to achieve better results in the future.

On-going learning with your organization and with partners involves learning from successes and failures throughout the whole process. Reviewing your activities together is a simple but powerful way to do this. Get everyone together to discuss some key questions, including:

- What did you expect to happen? What actually happened? Did things occur that you did not expect?
- What did not work well and could be changed in the future? Why did it not work, and how should it be changed?
- What worked well and should be continued in the future?

The most important part of M&E is learning from experience, which will strengthen your advocacy or accountability efforts and help achieve your objectives.

Understanding the impact of your advocacy action roadmap

As you evaluate your work, you will learn whether your objectives were achieved. However, you will not necessarily know if your work has had any **effect or outcome**.

An impact assessment is the systematic analysis of the lasting or significant changes—positive or negative, intended or not—in people's lives brought about by a given action.[174]

You may not be able to assess the impact of your advocacy activities within a short time after certain advocacy activities, or even after your entire advocacy roadmap has been implemented. However, you should always aim to assess the impact of your advocacy work whenever possible. Ways to help assess impact include:

- **Long-term follow-up:** Consider collecting data from sources such as annual follow-up surveys and focus groups, or simply host one-on-one conversations with policy-makers, partners and key populations to see whether your advocacy work has had any effect or outcome.
- **Partner to measure impact:** Donor organizations, governments and academic partners may be keenly interested in the impact of your advocacy work. Consider partnering with such organizations, which may offer more expertise on staff to help assess the impact of your work.

Because the impact of youth-led advocacy is not well understood, and little data exists on the subject, consider attempting to incorporate an impact assessment into your work, if time and funding allow.

Reporting the impact of your work would be a significant contribution to the field of advocacy for adolescent health and well-being!

The demand to better understand the impact of youth-led advocacy is also why it is very important that you share your work methods, challenges and lessons learned with others in the field. Ways you can do this include:

- Using social media to highlight what you are advocating for, including writing blogs and sharing videos
- Hosting a virtual webinar to share best practices and engage in interactive discussions with partners around the world
- Organizing events or panels associated with key conferences and meetings to gain the attention of a larger audience.

5.2 ARE YOU CREATING LONG-TERM CHANGE?

Reviewing country progress involves analysing whether governments and other stakeholders are upholding their commitments to improve the health of young people. First, this involves checking the data collected at the country level from the "monitoring" stage, to ensure that they are credible and of good quality. These data are then used in an independent analysis of the country's work on its commitments, which can take the form of reports or scorecards.

However, quantitative data are not the only basis for meaningful review. Qualitative feedback, from citizens' hearings, human rights reviews, court judgments and national health sector reviews, all contribute significantly to the review of a country's progress.

While there are global and regional mechanisms for review, such as the UN treaty bodies, the Independent Accountability Panel and the African Union Peer Review, this core accountability function must come from the country level.

What can you do?

Whenever possible, you should contribute to government-led reviews of data on young people's health and well-being. Young people can also call for, and help organize, citizens' or community hearings on young people's health and access to services across

EXAMPLE: Monitor and Review – Scorecards on improving sexual and reproductive health services

In Malawi, CARE has developed Community Score Cards to "engage adolescents in the planning, monitoring and evaluation of service delivery and in enacting desired change within their own communities". The process allows adolescents to voice their concerns and challenges concerning access to sexual and reproductive health services. Based on the identified challenges, measureable indicators are developed, which are then verified and scored to produce a Score Card. The Score Card is shared with adolescents and their communities, to prompt discussion on possible solutions. These solutions are jointly implemented and monitored by young people, service providers and the wider community. Click here to learn more.[175]

EXAMPLE: Young people's engagement in the accountability framework for the eastern and southern Africa commitment on sexual and reproductive health and education

Youth-led and youth-focused CSOs, through the African Youth and Adolescents Network on Population and Development (AfriYAN), have been working in partnership with the Regional African HIV/AIDS NGOs platform in eastern and southern Africa on the development and implementation of an accountability framework for the ministerial commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in eastern and southern Africa. In 2013, 20 ministers of health and education committed to time-bound actions and targets, which are expected to pave the way for scaling up delivery of sexuality education and related health services for young people.[176] To ensure progress, civil society has established an engagement and accountability strategy, recognizing the important role of civil society in holding governments and their partners to account. The accountability framework looks into monitoring and advocacy of progress towards the successful implementation of the commitment, and aims to ensure that youth voices are heard. Click here to learn more.[177]

sectors. In addition, you can participate in reviews on relevant topics, such as the Sustainable Development Goals (to reduce poverty, improve health, achieve gender equality, ensure access to clean water and reduce inequalities) and human rights reviews, to ensure that young people's issues are highlighted and addressed.

5.3
DO YOU NEED TO RE-STRATEGIZE?

The final requirement of the accountability circle is to "act". Governments and other stakeholders must respond to, and if possible resolve, gaps and challenges for adolescent health and well-being identified in the "monitor" and "review" phases. This includes taking remedial action to address shortcomings, as well as preventing potential future challenges. Guidance for country actions comes from the recommendations and analyses issued by independent accountability mechanisms.

If necessary, countries can seek support from national-, regional- and global-level technical and funding agencies in order to implement follow-up actions. These agencies include, but are not limited to, expert CSOs (the White Ribbon Alliance, Save the Children, World Vision and International Planned Parenthood Federation, Women Deliver, FP2020) and the H6[178] (UNFPA, UNAIDS, UNICEF, UN Women, WHO and the World Bank) for technical support; and the Global Fund to Fight AIDS, Tuberculosis and Malaria,[179] the Global Financing Facility[180] in support of *Every Woman Every Child* and GAVI: The Vaccine Alliance[181] for financial support.

What can you do?

You can support the processes that the government has in place to respond to the recommendations of independent accountability mechanisms.

For instance, if the government chooses to strengthen the health workforce and health systems, you should have a meaningful voice in ensuring that this is done in ways that facilitate your access to the information and services you require.

If your accountability efforts involve recommending to re-allocate or increase budgets for health and other relevant services, you can advise as to the range of services needed and provide evidence of demand for them. You can also support initiatives to improve the quality of services, such as training health workers to provide more youth-friendly services.

If you also independently identify gaps in funding and policy and programme implementation for adolescent health and well-being through your advocacy work, but your government or accountability mechanisms do not recognize them, you can incorporate advocacy to fill these gaps into your own ongoing advocacy activities!

TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Project Management Tools & Guides

- The PACT's *ACT!2015 Advocacy Strategy Toolkit*[182]
- The PACE Project's *Policy Communication Toolkit*[183]

Monitoring & Evaluation

- International Federation of Red Cross and Red Crescent Societies' *Project/programme monitoring and evaluation guide*[184]
- United States Agency for International Development's *Evaluation Toolkit: Guidance, Tools, & Resources for Planning, Managing, & Learning from Evaluations*[185]

Impact Assessment

- World Health Organization's *Health impact assessment*[186]
- Guttmacher Institute's *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights*[187]

photo: The Partnership

EXERCISE 5:
Review your advocacy strategy and monitor progress

Now that you have begun to implement your advocacy action roadmap, you will track progress made in order to assess whether your advocacy strategies are working. Monitoring and evaluating your advocacy progress is essential to discovering whether your team needs to alter its advocacy strategies in response to your country's changing political landscape.

This exercise to help you monitor, evaluate and review your team's advocacy process has three parts. Parts 1 and 2 involve process evaluation, to evaluate the progress you and your team have made to date on the outcomes and objectives you set for yourself. Part 3 involves long-term monitoring of adolescent health indicators, which is vital for tracking long-term progress towards achieving global commitments.

Part 1: Tracking advocacy progress

In Chapter 4 you created an M&E framework for your advocacy plan: you defined your desired outcomes, indicators tied to these outcomes, targets your team wants to reach, and the means of gathering information to track your progress.

Now, you can put this planning into action! Follow up with this framework and indicate the progress you have made. Then, discuss your progress to date with your group. Your team should answer the following critical questions:

- Which of your desired targets are you reaching? Are you falling behind on others, and if so, why?
- Do the indicators you set still accurately reflect what you want to track?

If these discussions show that it is necessary, consider revising relevant sections of your advocacy strategy or M&E plan.

Part 2: Assess your advocacy activities

At this point, you have already implemented some of the advocacy activities you defined as a part of your adolescent health and well-being advocacy plan. You, your team and your partners can now reflect on how effective these advocacy activities were, and decide if lessons learned can inform changes for future advocacy work. Using the template below, list the advocacy activities you have conducted so far, assess their effectiveness, and define lessons learned for the future.

Read the example on the next page and fill in each column based on your group's experience.

Advocacy activity	What worked well	The evidence	What didn't work well	Future changes to improve your advocacy
Example: Op-ed on adolescent health and well-being in the local newspaper	*The quality of the op-ed was good and it was positively received*	*Comments online from readers were positive*	*The local newspaper is not popular, or is not read by your decision-makers*	*Focus on publishing the op-ed in a more widely read newspaper* *Follow-up to establish some connections with the widely read newspaper*

After assessing the advocacy activities your team and your partners have implemented to date, discuss key questions to help you move forward in your work.

1. STOP: What did not work well and could be stopped in the future? Why did it not work? Why should it be stopped?
2. CONTINUE: What worked well and should be continued in the future?
3. START: What could you start doing to help achieve your goals and objectives?

Part 3: Monitor country-level progress

As you start to implement advocacy activities that may change the way your government addresses adolescent health and well-being policies and programmes, it is important to continue monitoring whether your government is living up to its global commitments to adolescent health and well-being. By developing a global commitment tracker, your team and your partners will be able to monitor progress over time, and advocate for urgent action if commitments are not being met.

You mapped the global commitments made by your government in exercise 3. List those commitments in the chart on the next page and record the progress made on the commitments and indicators to date.

GLOBAL COMMITMENT TRACKER				
Global commitment (with link)	**Adolescent health issues addressed (with relevant commitment sections)**	**Relevant indicators**	**Country-level indicators baseline (with data source)**	**Country-level indicators levels at present (with data source)**

After assessing the advocacy activities your team and your partners have implemented to date, take the following steps to continue to hold your government to account for fulfilling its commitments to adolescent health and well-being:

- If you see urgent needs for adolescent health and well-being in your country that are not being addressed by your government and by global commitments, incorporate advocacy for these needs into all levels of your advocacy work.
- Continue to revisit this tracker on a regular basis (quarterly, annually) as data become available, and continue to monitor progress.
- Get involved in collecting data and evidence for global commitments! Working in partnership with health providers, your government and community members is the best way to help achieve these goals.

Congratulations! You now have developed tools and strategies for monitoring advocacy for adolescent health and well-being, and for adjusting your advocacy roadmap based on results and lessons learned to date!

How to become a member of the Partnership's Adolescent & Youth Constituency

In order to achieve the targets of the Global Strategy, in October 2015, the Partnership's Board created the Adolescent & Youth Constituency. This Constituency has now begun a process to ensure that youth-led organizations are systematically represented in all the Partnership's constituencies. As a result, the views of young people will be reflected in the Partnership's future work.

Members of the Adolescent & Youth Constituency are representatives from youth-led organizations and/or networks advocating for sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH). Members of the Adolescent & Youth Constituency are also contributing to the Partnership's work plan by serving as co-convenors, and as members of steering committees and communities of practice for the Partnership's four strategic objectives. In addition, the Adolescent & Youth Constituency has provided important support in the broader health landscape, such as its engagement in the Global Accelerated Action for the Health of Adolescents (AA-HA!)

The Partnership enables members to share strategies, align objectives and resources, and agree on interventions in order to achieve more together than they would have been able to achieve individually.
The Partnership has 10 constituencies:

It does not cost anything to become a member of the Partnership. However, membership does requires a commitment to advance sexual, reproductive, maternal, newborn, child and adolescent health, in accordance with the Partnership's guiding principles, vision and mission.

What are the benefits of becoming a member?

- An opportunity to help shape global, regional and national policies, programmes and strategies across SRMNCAH, including adolescent health and well-being
- A platform to engage with 800 organizations across the Partnership's constituencies
- Capacity building for individuals and institutions through participation in the Partnership's activities.

Any youth-led organization, network, alliance or coalition operating in the SRMNCAH field, or in another health-enhancing sector, can apply to become a member of the Adolescent & Youth Constituency.

When applying for membership, an organization must nominate someone as a "focal point" and someone else as an alternative "focal point" from within their organization, both aged between 18 and 30 years, to communicate with the Partnership and its constituencies. The focal point joins other youth representatives in engaging with other constituencies through effective, transparent and mutually accountable coordination mechanisms. The constituency is led by a chairperson and an alternate, nominated by the constituency members. Members have the opportunity to express interest in representing the constituency on the Partnership's governing bodies.

Criteria for membership

Applicants must:

- Have experience in the SRMNCAH continuum of care, or in a health-enhancing sectors, or in other cross cutting issues (e.g. education, environment, employment, nutrition)
- Be working in the field of SRMNCAH or in an enhancing area of work at national, regional or global level
- Be able to appoint one main and one alternate focal point (aged 18-30) for representation in the Constituency, committing at least three hours per week to the Constituency's work
- Be able to verify their existence and/or work through e.g. registration, annual reports, a website or social media
- Be able to communicate with other constituency members
- Be willing to freely share activity reports, examples of work, and learnings from their organizations and wider communities with other constituencies and with the Partnership at large
- Recognize the need to support their focal point to engage within the Partnership, giving them time and resources
- Integrate within the Partnership's overall partner engagement mechanisms and processes
- Have a current commitment or future intention to commit to the *Every Woman Every Child* movement
- Be willing to promote the Constituency and the Partnership within their own communities and networks
- Be able and willing to contribute to the Constituency's work plan in terms of planning, implementation, monitoring, evaluation, priority setting and reporting based on a set of predefined metrics/outputs.

How to submit an application to join the Partnership and become a member of the Adolescent & Youth Constituency

The membership form can be submitted in two ways:

1. Download the application form, fill it out and email it to pmnch@who.int

2. Submit an online application here: http://www.who.int/pmnch/getinvolved/join/registration_form2/en

The Partnership looks forward to working with you in the future!

Women Deliver's Youth Work Enabling and Elevating Youth Advocacy

Women Deliver believes that when the world invests in girls and women, everybody wins. As a leading global advocate for girls' and women's health, rights and well- being, Women Deliver brings together diverse voices and interests to drive progress, particularly in maternal, sexual and reproductive health and rights. It builds capacity, shares solutions and forges partnerships, creating coalitions, communications and actions that spark political commitment and investment in girls and women.

Women Deliver's award-winning Young Leaders Program trains, elevates and empowers youth advocates to catalyse action for gender equality and the sexual and reproductive health, rights and well-being of girls, women and young people. The programme has provided 700 Young Leaders from over 130 countries with the training and resources necessary to extend their influence and actively shape the programmes and policies that affect their lives.

At Women Deliver, we know that young people aren't just the future leaders of the world, they are the leaders of today. Women Deliver is shifting the global landscape in favor of meaningful youth engagement, allowing young people to advocate for themselves and for the health, rights, and wellbeing of girls and women everywhere.

SETTING THE AGENDA:Women Deliver shapes the global conversation on youth engagement from passive to active. The Women Deliver Speakers Bureau enables Young Leaders to share their voices and influence the global conversation by identifying national and global speaking opportunities and positions of influence on panels, commission, and boards. Through collaboration and partnerships with other youth-led and youth-serving organizations, Women Deliver elevates young people's advocacy efforts and voices.

SUPPORTING ADVOCACY IN ACTION:

Every day, at the community, country, and global level, Women Deliver catalyzes action for, by, and with young people. Women Deliver Young Leaders are enacting impactful, positive change on behalf of girls, women, and young people. Women Deliver helps elevate their voices and propels their stories, extending their reach and influence. Along with partners, Women Deliver uses its global platform to advocate for young people, shifting the global paradigm by meaningfully engaging young people at every level.

TECHNICAL TRAINING & SKILL DEVELOPMENT:

Women Deliver Young Leaders undergo intensive advocacy and project management training to hone and strengthen their skills. The Women Deliver Digital University provides a solid foundation for each Young Leader. Young Leaders are also offered routine webinars with faculty and Women Deliver staff on the nuts and bolts of advocacy and communications. Small grants of $5,000 allow Young Leaders to implement advocacy and communications projects that work to advance the health, rights, and wellbeing of girls, women, and young people in their communities, countries, and across the globe. Women Deliver also provides scholarships for youth advocates to attend its Global Conferences, which feature a training component and Youth Pre-Conference, Youth Zone, as well as media and speaking opportunities.

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Glossary

Accountability: The formal process of ensuring that governments and other stakeholders uphold their obligations, promises, and commitments.

Accountability mechanisms identify which actions and policies are working, and which ones need to be changes.

Social accountability involves citizens and civil society organizations (CS)s) holding the State to account through public hearings, citizen juries, campaigns, demonstrations, etc.

Advocacy: The process of building support for a specific issue or cause and influencing others to take action in order to achieve policy change.

Allies and Opposition:

Active allies: decision-makers and influencers who agree with you and are working alongside you.

Passive allies: those who agree with you, but are not doing anything about it.

Neutrals: those who are neither for nor against your issue, but who are unengaged.

Passive opposition: those who disagree with you, but who are not trying to stop you.

Your active opposition: those who work to oppose or undermine you.

"Asks": (as a noun) A request, particularly for policy or a donation.

Budget: A resource plan.

The budgeting process includes steps such as budget formulation, enactments, implementation, and audit.

Commitment: An engagement or obligation.

Disaggregated data: refers to numerical or non-numerical information that has been collected from multiple sources and/or on multiple measures, variables, or individuals.

Evaluation: The process of examining whether your objectives are being achieved. This is designed to measure your work's outcomes.

Gender-based violence: Violence directed at an individual based on his or her sex, gender identity or expression of socially defined norms of masculinity and femininity.

Indicators: Measurements which express "how much", or "how many" or "to what extent" you have changed or influenced something. These are essentially benchmarks you will use to determine whether you have reached your set objectives.

Output indicators: directly reflect the numerical output from activities conducted or the extent to which they were completed.

Outcome indicators: measure the extent to which you have successfully reached your objectives and your advocacy asks have been met.

Laws: Set out standards, procedures and principles that must be followed.

Lobbying: The act of attempting to influence government leaders to create legislation or conduct an activity that will help a particular organization.

Logic model: A tool to evaluate the effectiveness of your programme, which can be used in planning and implementation. A logic model can serve as a visual tool for organizing your thinking and identifying relationships between resources, activities, and results; identifying and assessing any risk inherent to your work; and measuring progress through indicators and means of verification.

Monitoring: the process of determining whether your work is making progress. This is done by routinely tracking activities on an ongoing basis.

Outcomes: The effects of your efforts on the people or issues you are working to address.

Outputs: The products of your work.

Planning:

- **National planning:** broad national activities, targets, and resources.
- **Local planning:** translates national activities into specific plans and allocates resources for local systems.

Policy: Outlines what a government ministry or department hopes to achieve, and the methods and principles it will use to achieve it (the goals and planned activities). This can include a broad range of laws, approaches, prescriptions, guidelines, regulations and habits, including financing.

National Policy: A broad course of action or statements of guidance by the national government in pursuit of national objectives.

Rights-based approach: A conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights.

Shadow reports: An alternative reporting process used where civil society members believe that the government and intergovernmental processes do not reflect the real-life situation or needs of the community.

Situation analysis: refers to a collection of methods that managers use to analyze an organization's internal and external environment to understand the organization's capabilities, customers, and business environment.

S.M.A.R.T objectives: These are Specific (explicit and precise), Measurable (how will you know whether your desired change has occurred?), Attainable (can this be accomplished in a feasible timeframe?), Realistic (are the necessary resources, financial or otherwise, available?), and Time-bound (when will this be accomplished?).

Status quo: the existing state of affairs, especially regarding social or political issues.

Strategy: a plan for implementation that includes an operational plan and budget.

Targets:

- **Primary targets:** The policy-makers and influencers who have the power to make the change you are advocating for; they have direct influence on policy. (ex: Minister of Health).
- **Secondary targets:** The people or groups you can influence who, in turn, can influence your primary target(s); the have the opportunity to put pressure on those who have direct influence. (ex: Media).

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