

Call To Action and Guiding Principles for Advocacy

What is advocacy and why should adolescents engage in advocacy?

Building support for a specific issue or cause in order to influence others to take action is called advocacy¹. Advocacy is usually aimed at achieving policy change, and uses information, symbolism, leveraging and accountability² to achieve desired changes. Social Accountability³ is advocacy which involves various stakeholders like citizens and civil society to hold government and government representatives accountable to their promises. They use tactics like public campaigns, demonstrations, citizen report cards etc. These processes provide a system of citizen-led checks and balances, and can be supported by non-state actors like the media, the private sector etc.

Key areas of programming for ensuring adolescent leadership and participation⁴

- National policy frameworks need to recognize the importance of meaningful participation of adolescents and youth.
- Identifying objectives of adolescent and youth participation.
- Institutionalizing structures and processes to ensure adolescent participation in relevant areas of public policy, finance, program implementation and monitoring at every level - national, district and local.
- Multiple platforms (including technological) to ensure adolescent and youth participation at the grassroots.
- Providing training and mentorship for adolescent and youth leaders to build capacity and competency in playing effective roles in governance and accountability processes.
- Building legal awareness among adolescents and youth about their rights.

The 2016 report by the Lancet Commission on Adolescent Health⁵ describes adolescents as a 'force for change and accountability within communities'. Active involvement from adolescents in planning, implementation and evaluation of programs which directly impact their access to

¹ [Advocating for change for adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Wellbeing](#). Geneva: World Health Organization; 2017 (WHO/FWC/NMC/17.2). Licence: CC BY-NC-SA 3.0 IGO.

² Keck, Margaret E.; Sikkink, Kathryn (1998). [Activists beyond Borders Advocacy Networks in International Politics](#). Cornell University Press. p. 16. ISBN 978-0-8014-7129-2.

³ United Nations Development Programme. (2010, August). [Fostering Social Accountability: From Principle to Practice](#). Guidance Note.

⁴ [Global accelerated action for the health of adolescents \(AA-HA!\): guidance to support country implementation](#)

⁵ The Lancet. (2016). [Our future: a Lancet commission on adolescent health and wellbeing](#).

information, education and SRH services has been crucial in creating successful rights based programs aimed at adolescents. As case studies above have shown, when adolescents are engaged in prioritizing and deciding their requirements, there are higher chances of not just ensuring adequate access to sexual and reproductive health services, but also significantly boosting national socio-economic benefits.

Guiding Principles and Key Activities for Adolescent Advocacy

Some critical recommendations have been made by the Independent Accountability Panel (IAP) on how adolescents and civil society could enhance accountability⁶. These include

- Advocacy Actions which engage adolescents and capitalize on rapidly evolving digital platforms and technology
- Using Participatory Actions to monitor progress, encourage social accountability tools, track implementation at national and regional levels, integrate adolescent focused processes into local governance systems like public policy creation and budget allocation. Tools and tactics suggested include citizen hearings, citizen report cards, use of social media and digital tools to represent and voice adolescents' concerns and needs.
- Data Collection Actions which has the potential to assess and demand accountability in health service delivery gaps, bias, discrimination and violation of rights and privacy.

So how does one begin advocating for better access to SRH services for adolescents? A good place to begin would be to understand what needs to change. This can be done by assessing the quality of relevant national policies and strategies. Other than the national policies and programmes elaborated on earlier, there could be other policies (other than health) that have an impact, for example the National or state Education Policy including the Sexuality education curriculum (or the lack of it!). You could also examine national and state employment and youth policies, as well as budgetary allocations and utilizations for all of these.

Assessing policies enable us to understand further what the current gaps and weaknesses are. It also helps us identify key decision makers, both in government and civil society who can be potential allies. Effectively mapping the strengths and weaknesses in program implementation and monitoring can help us articulate our goals and objectives. Goals and objectives are important to help others understand what it is we want to change. A good way to describe your goal is to keep it SMART.

S: specific

M: measurable

A: attainable

R: realistic

T: time-bound

⁶ [Actions for Adolescents' Health: Civil Society and Youth Networks, 2017](#)

Objectives further help us clarify short term and long term outcomes including who, what, when and where of your campaign. These could vary, depending on the focus and goals of your campaign.

Group Work
Broad Goal and one SMART objective⁷

Decide on a broad goal that all the participants agree upon. You can split into smaller groups, if you prefer. Each group writes up their objective after discussion. Each group is to display their objective, and the other groups assess whether these are SMART. This will help the group come to a single objective that they will further work on.

It's possible to narrow down on more than one SMART objective. However, remember that each objective will require its own advocacy strategy. To decide the objective which should get highest priority you can consider the following:

- Which objective is most achievable?
- Can the group handle more than one objective at the same time?

Understanding allies and external factors is crucial to understanding possible hurdles and outcomes to your campaign. There are several different kinds of allies and opposers :

- Active Allies - influencers, decision makers who support you and work with you
- Passive Allies - those who may agree with you but don't do anything about it.
- Neutrals - neutral and unengaged
- Passive Opposers - those who may disagree with you but don't do anything about it.
- Active Opposers - influencers, decision makers who don't support you, and work against you

⁷ Adapted from: [AFP Advocacy Resources](#)

Group Work Power Mapping Allies and influencers⁸

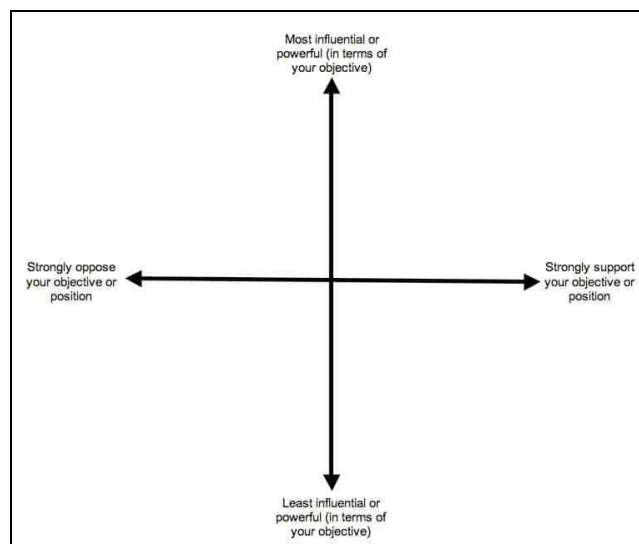
Ask yourselves the following to identify your influencers:

- Who is the person who can make a decision that achieves your goal? (name the person(s) and their role)
- Who are the other organized stakeholders and influencers? (NGOs, organizations, individuals, institutions can be included here)
- Who are the core constituencies directly affected here (eg adolescents in x location, who may not necessarily be organized)
- Who are the people who would directly oppose your campaign?

Use the following diagram to now place your influencers. Taking each name from the above exercise, place them against the below diagram. The group should decide the position based on two factors:

- influence over the decision
- support for our goal

This exercise should ideally involve everyone. The idea is to understand each influencer relative to each other, not who is 'right' or 'wrong'. Once there's a general agreement on where each influencer goes, identify any known links or influences or relations each of these players may have with each other. This helps identify connections and potential ways to influence these influencers.



Mapping allies automatically helps us understand what alliances and partnerships we ought to build. Partnerships help us ensure effective action. Once we understand our potential allies, we can also understand to what extent they have facilitated access to SRH services. Potential partners could be non-profit organizations, youth clubs, students' alliances and different stakeholders from civil society (like parents and grandparents), private sector and even members of the government. Building partnerships help pool resources, develop new ideas and

⁸ Adapted from [Guide to Power Mapping and Analysis, Anita Tang](#)

strategies, identify best practises and build capacity. They also provide crucial support to engage further and avoid duplication by building a better representative base of stakeholders.

A key strategy to effective advocacy campaigns are timely, and time-bound activities which help keep in mind key moments or decisions that ought to be the focus of the campaign, and while planning activities. The former could be external events which create opportunities to further your campaign, while the latter are a specific timeline of activities you require for campaign implementation.

Campaign message and communication is crucial. They help articulate to a wide audience what the campaign seeks to achieve, why it's worth achieving, how the campaign would achieve it (including specific actions) and the positive impacts of this achievement. There are several ways of further amplifying campaign communications, including:

- Panel discussions
- Meetings with decision makers who may have influence over policy or program implementation. This could be a delegation to the decision maker, or an invitation for on-site meetings with affected stakeholders.
- Public meetings - this could include press conferences and general conferences with multiple stakeholders, citizen score cards, public hearings etc.
- Using technology and digital media - including community radio, social media campaigns, independent media, blogs, websites, survey platforms, signature collecting platforms etc.
- Mainstream media - including press conferences, letters to the editor, op-eds etc.

Monitoring your campaign is essential to assess whether you're making any progress. Evaluation helps assess whether the outcomes of your campaign are being met. One way to ensure ongoing evaluation of your campaign could be to have clear indicators associated with your advocacy goals. Indicators could be anything from measuring the extent of support your campaign has received via online signature platforms, the number of people who attended your advocacy meetings, or how many shares your social media post had. Other methods could include

- Regular surveys or interviews with stakeholders via online or in-person methods.
- Collecting case studies
- Focus groups and review meetings
- Literature review and media tracking
- Policy tracking

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| <p style="text-align: center;">Group Work Assessing Advocacy Activities⁹</p> |
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⁹ Adapted from [Advocating for change for adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Wellbeing](#). Geneva: World Health Organization; 2017 (WHO/FWC/NMC/17.2). Licence: CC BY-NC-SA 3.0 IGO.

The group can collectively use the following template to assess various activities they have conducted. An example is included below. After this assessment of activities completed, the group should discuss the following key questions:

- What should we STOP? - here the group needs to discuss what didn't work, and can be discontinued.
- What can we CONTINUE? - here the group needs to discuss what worked well, and should be continued.
- What should we START? - here the group needs to discuss what are the changes required to help achieve our objectives.

| Advocacy activity | What worked | The evidence | What didn't work | Changes to improve advocacy |
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| Example: You organized a Press Conference | The content was well researched and presented well. | The YouTube video of the conference was shared widely, and greatly appreciated | Minimal interest from mainstream media journalists. | Focus on digital and independent media houses Identify one or two mainstream media channels/publications for exclusive partnership |

Suggested points for Advocacy:

Issues in service delivery of SRH and gaps in infrastructure come from deep rooted socio-cultural reasons, many of which we discussed in chapter 3. Existing assessments of current programs and policies in India have revealed that adolescents have little or no role in shaping or reviewing these policies and their implementation, and that when policy planning has had youth participation, they have been vastly more successful in policy implementation. Meaningful Youth Participation has been key to ensuring that youth remain adequately represented in decision making processes and their outcomes.

Advocacy can be focused on assessing and demanding that current policies and programs include further participation from youth in either budgeting allocations, or in demanding effective utilization of budgets. Apart from direct budgetary advocacy, there is also scope to demand better information dissemination. National policies on contraception have remained focused on married women, and there is cultural resistance to discussing pre-marital sex and associated

issues¹⁰. However, from an adolescent perspective to contraception, there needs to be a focus on health and agency, and not just family planning. Several successful programs and policies have ensured a bottom-up, inclusive approach. Additional demands that could potentially further this in existing frameworks could include:

- **Changing gender norms and including men in the conversation on contraception** - As discussed in chapter 3, gender norms are an overarching barrier in access to SRH services, and therefore should be an overall focus in any advocacy efforts. This includes recognizing men and boys as actively and equally responsible for contraception use and family planning programs. This also includes promoting female education and increased opportunities for participation in the labour force. Family planning, and use of contraception is mostly assumed to be a 'women's issue' often causing a disproportionate amount of responsibility for contraception use on women¹¹. In India, more than 75% of modern contraceptive use is female sterilization. Currently, there are two methods of contraception available for men - condoms, or vasectomies. Over 40% men believe that the onus of avoiding pregnancy is on the woman. It's also important to widen the scope of contraceptive options available for men. Studies¹² have shown that reducing fertility rates, increasing marriage age, increasing education and employment opportunities can significantly boost the labour market. Promoting female education and increasing the nature and scope of employment opportunities is crucial, to strive towards promoting female participation in the national economy.
- **Enhancing sensitivity and awareness to adolescent SRH issues and access to care** - this should include creating a demand for detailed information and access to a range of contraception to ensure informed choice and agency of adolescents¹³. Service centres also need to be easily accessible, and service providers need to be better informed and willing to provide a wide range of health care services for adolescents. Studies show that young men have less choices in engaging with public health systems¹⁴, so service care providers must be further motivated to engage young men with age appropriate and gender sensitive information. Access to SRH services must be combined with comprehensive CSE, as proven by the example of Estonian¹⁵ policies which placed deliberate and specific focus on adolescents' needs. In the mid-90's,

¹⁰ [Bridges for Barriers in Adolescent Health](#)

¹¹ Muttreja, P., & Singh, S. (2018). Family planning in India: The way forward. *The Indian journal of medical research*, 148(Suppl), S1–S9. https://doi.org/10.4103/ijmr.IJMR_2067_17

¹² Population Foundation of India. (2018). Cost of Inaction in Family Planning in India: An Analysis of Health and Economic Implications. New Delhi, India

¹³ [Risking Health Of Its Women, India Uses Controversial Contraceptive In Family Planning Programme](#)

¹⁴ Population Foundation of India. (2018). Cost of Inaction in Family Planning in India: An Analysis of Health and Economic Implications. New Delhi, India

¹⁵ Haldre, K., Part, K., & Ketting, E. (2012). Youth sexual health improvement in Estonia, 1990-2009: the role of sexuality education and youth-friendly services. *The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception*, 17(5), 351–362. <https://doi.org/10.3109/13625187.2012.696751>

Estonia scaled grassroots SRH services to a national network of youth clinics. This was combined with CSE and adolescent friendly clinics which created a positive environment for social change.

- **Widening the scope of services provided to adolescents** - this should include effective mental health services, a deeper understanding of the SRH needs and services required for vulnerable adolescents. National policies which address adolescents as a homogeneous group are unable to meet the SRH needs of a variety of stakeholders including adolescents living with HIV, or unwed mothers or live-in couples¹⁶. Offering a range of contraceptive choices, and moving the conversation from temporary vs. permanent methods of family planning, to SRH as right for adolescents to exercise autonomy and agency is pertinent. National policies and programs like MPV have specific focus on married couples, leaving a significant number of adolescents and youth without access to crucial SRH services and care. Widening the scope of such programs could potentially break taboos around SRH needs of unmarried adolescents and facilitate equitable and appropriate access to HIV/STI services, contraceptive care and comprehensive abortion care.
- **Ensure effective and timely appointment and training of health care service providers** - this should include quality improvements and monitoring, timely and regular refresher training programs for capacity building, or promotion of public-private sector partnerships to address the gaps in existing infrastructure and facilities. Changing health care workers beliefs and attitudes can greatly influence the quality of health care provided¹⁷.
- **Involving stakeholders who are influential in adolescents' lives** - this should include friends, families and members of the community, religious and cultural leaders, teachers and mentors, public officials etc. Informal influences such as these have great potential to meet the needs of adolescents. Programs like [Hello, I Am](#) in Bangladesh and Main Kuch Bhi Kar Sakti Hoon in India¹⁸ have successfully used Social and Behaviour Change Communication to change perceptions of such stakeholders. The former used youth and parent interactions¹⁹ to facilitate better conversations and engagement²⁰ around a range of conversations like school drop-outs, child marriage and early pregnancies. Their

¹⁶ Chandra-Mouli, et al. (2017). A never-before opportunity to strengthen investment and action on adolescent contraception, and what we must do to make full use of it. *Reproductive health*, 14(1), 85. <https://doi.org/10.1186/s12978-017-0347-9>

¹⁷ FP2020. Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth To Include Long-Acting Reversible Contraception. Available from: <http://www.familyplanning2020.org/youth-larc-statement>

¹⁸ Population Foundation of India. (2018). Cost of Inaction in Family Planning in India: An Analysis of Health and Economic Implications. New Delhi, India

¹⁹ [Hello, I Am: Highlights 2017 & 2018](#).

²⁰ [Hello, I Am: Video Impact Case Studies](#)

subsequent community outreach included street plays, quiz contests and community fairs which engaged with over 15,000 adolescents and nearly 12,000 adults in two years.

Additional resources, toolkits and websites focused on adolescent led advocacy initiatives including:

- Toolkit: [Young People as Advocates](#), The International Planned Parenthood Federation (IPPF), 2011
- Toolkit: [An Advocate's Guide: Integrating Human Rights in Universal Access to Contraception](#), by Asian-Pacific Resource & Research Centre for Women (ARROW), 2016
- Toolkit: [Advocating for change for adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Wellbeing](#), by The Partnership for Maternal, Newborn & Child Health (The Partnership) and Women Deliver, 2018
- [Youth Activist Toolkit](#), from Advocates for Youth, 2019.
- Power to Womxn and Girls, [A global advocacy toolkit for the Beijing+25 process and beyond](#), Women Engage for a Common Future (WECF), 2020
- General resources, reading and training material at [Beautiful Rising](#).
- Information, courses and tools on [YOU\(TH\) Do IT!](#) an online resource hub by CHOICE for Youth and Sexuality.