Basic Advocacy, Chapter Three

YP STORIES

the yp foundation

INTERSECTIONAL | FEMINIST | RIGHTS-BASED

Welcome to Basic Advocacy!

Course Objectives
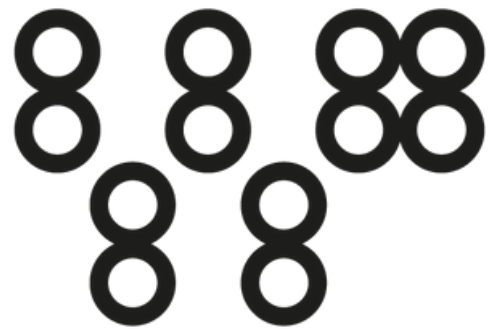
Understanding Advocacy
You will be able to define what advocacy is, what its functions are, and what are different types of advocacy. You can see how advocacy may influence change, as well as identify the impact and relevance of advocacy.
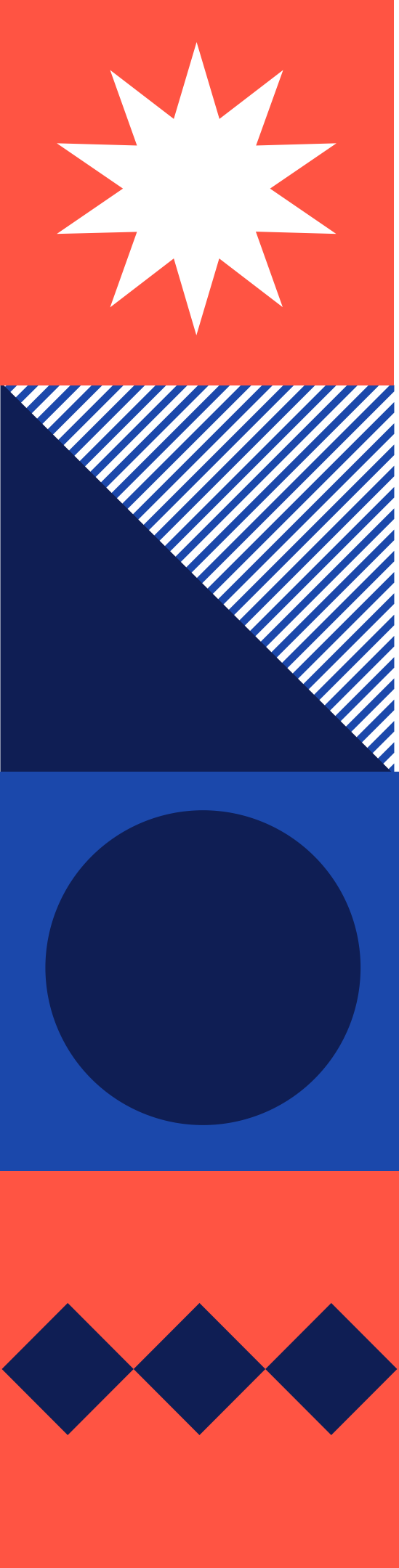
Why Advocacy?
You will be able to identify what advocacy can be used for in your own community, identify what makes an advocacy initiative effective, and apply it to your own plans.

How do you do it?
You will be able to identify decision-makers, make a SMART ask, and map out potential advocacy activities.
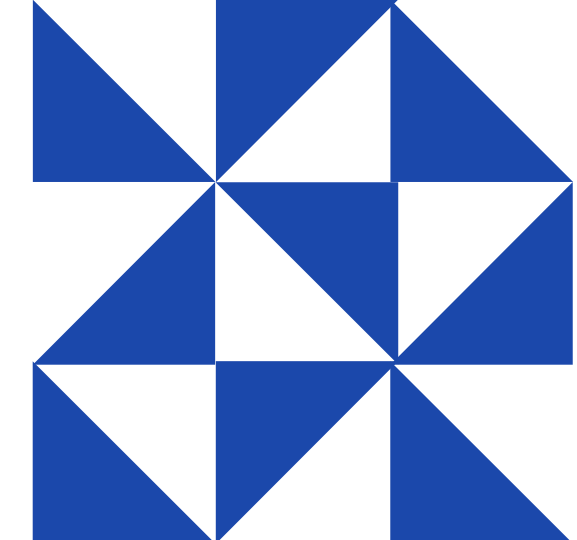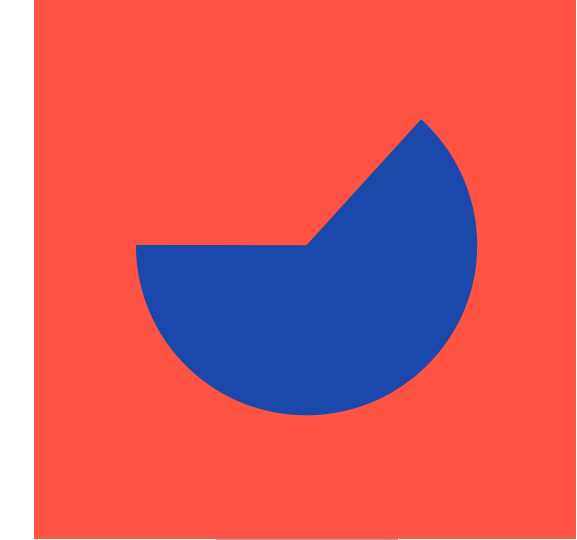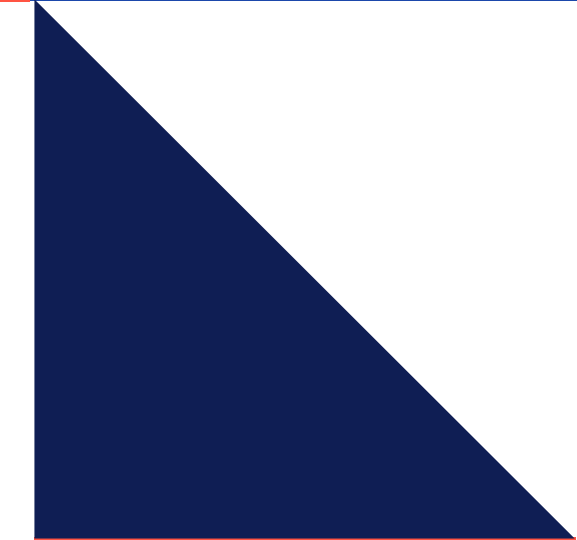
Ch. 3: YP Stories

By the end of this chapter, you will be able to:

- understand some of the different ways advocacy can be practiced,
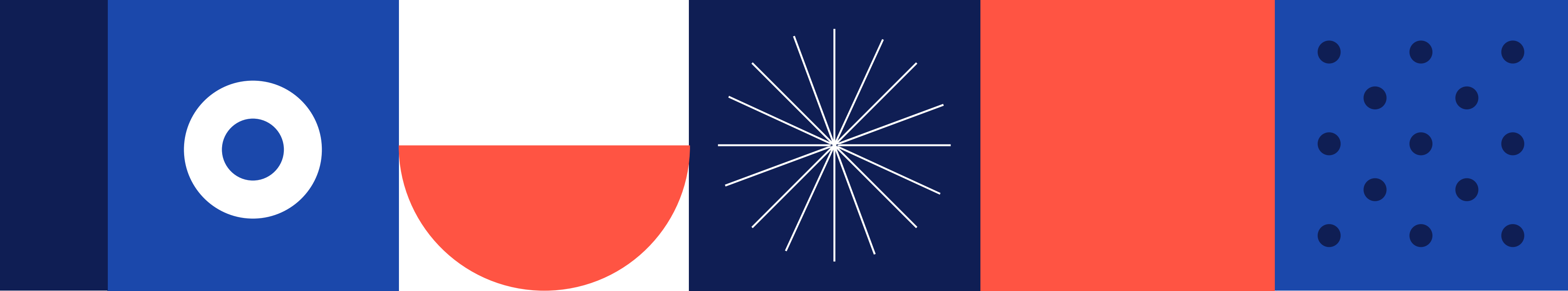
  illustrated through case studies.

AS WE HAVE LEARNT, ADVOCACY COMES IN MANY FORMS AND THERE ARE LOTS OF DIFFERENT WAYS TO PRACTICE IT.

We'd like to end this course by telling you about how we at TYPF have **utilised the tools of advocacy** to ensure that:

- young people are **heard**,
- their rights are **respected**, and
- they are **given a platform** to ask policy-makers questions.

CASE STUDY 1:
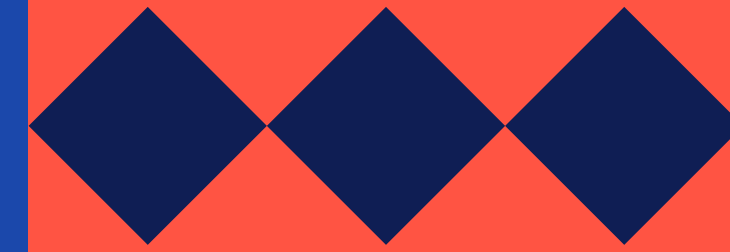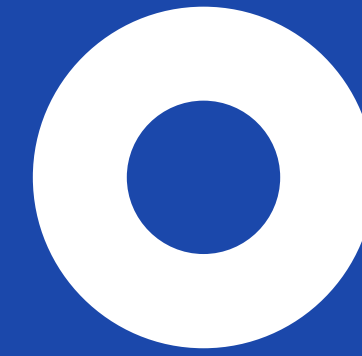# ACCESSING YOUTH-FRIENDLY SERVICES
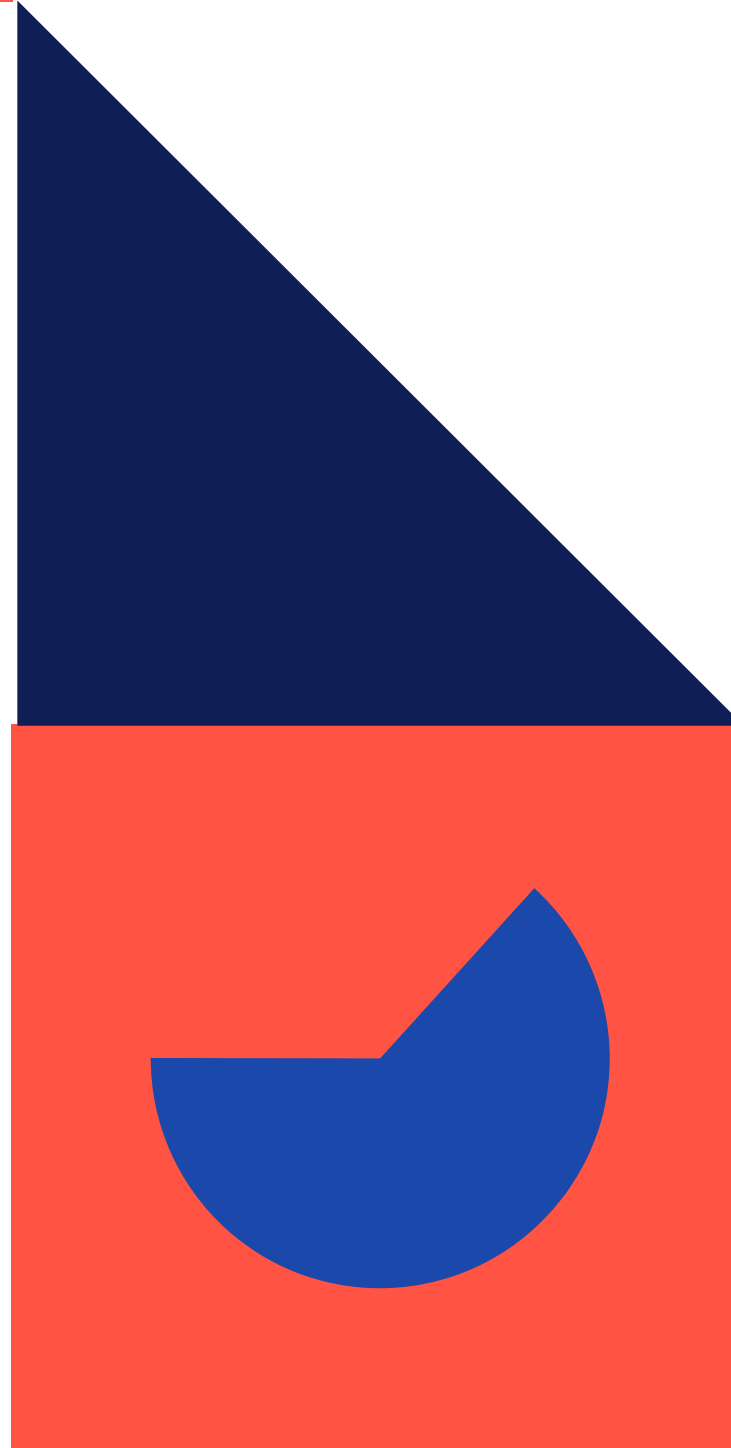
Case Study I
Accessing youth-friendly services

Know your body, know your rights

At TYPF, our Know Your Body Know Your Rights (KYBKYR) programme educates adolescents and young people on their sexual and reproductive rights. It then gives these young people - now empowered with rights affirming information on sexuality and health - a platform where they can advocate for rights of young people at the personal, community, state, and national levels.

Through the programme, young people are trained to identify the gaps in information offered by the government's education and health programmes, and demand action.

Case Study I (contd.)

Evidence, dialogue, advocacy

In 2015, after being trained by the KYBKYR programme, youth leaders assessed their communities' access to youth-friendly health services. They used the data they gleaned from this exercise to hold district and state level consultations with a variety of stakeholders, which resulted in a constructive dialogue between young people, frontline health workers, medical service providers and government officials.

In this example, youth leaders used their knowledge of rights-based sexuality education as the basis for locating the gaps in awareness and then generated evidence which spoke to this inadequacy.

They then advocated for better policies and programmes which promise youth-friendly services and comprehensive information about sexuality.
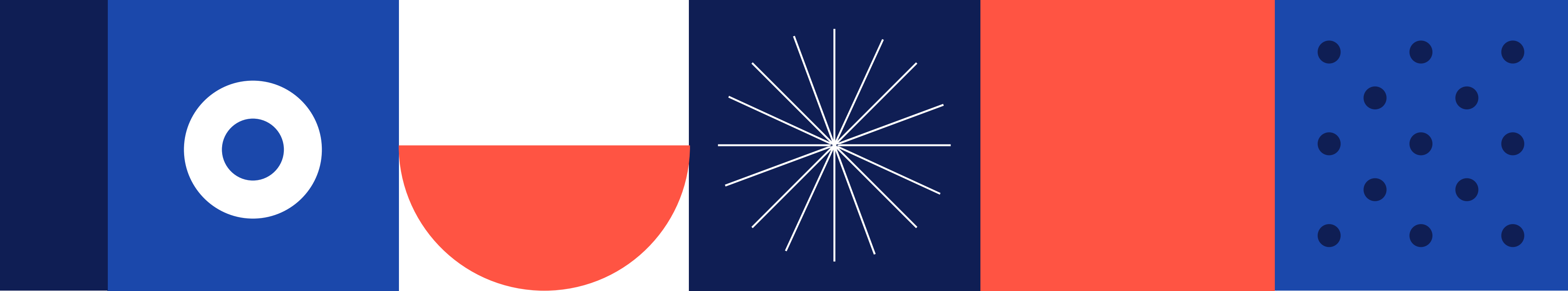
SOMETIMES ADVOCACY IS ALSO DONE TO **IDENTIFY GAPS IN IMPLEMENTATION** OF PRE-EXISTING STATE/GOVERNMENT PROGRAMMES OR POLICIES AND **DEMAND FOR THEIR EFFECTIVE IMPLEMENTATION.**

One such programme we assessed was the **Rashtriya Kishor Swasthya Karyakram (RKSK)**, a health promotion programme for adolescents under the National Health Mission, Govt. of India.

CASE STUDY 2:
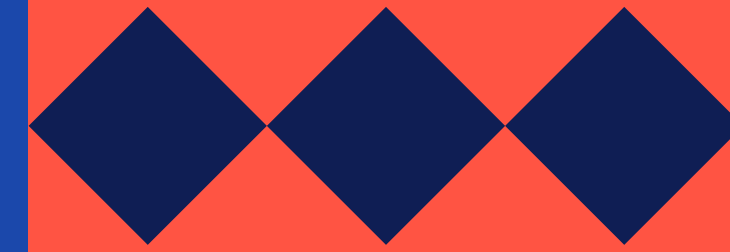# ASSESSING THE RKSK PROGRAMME
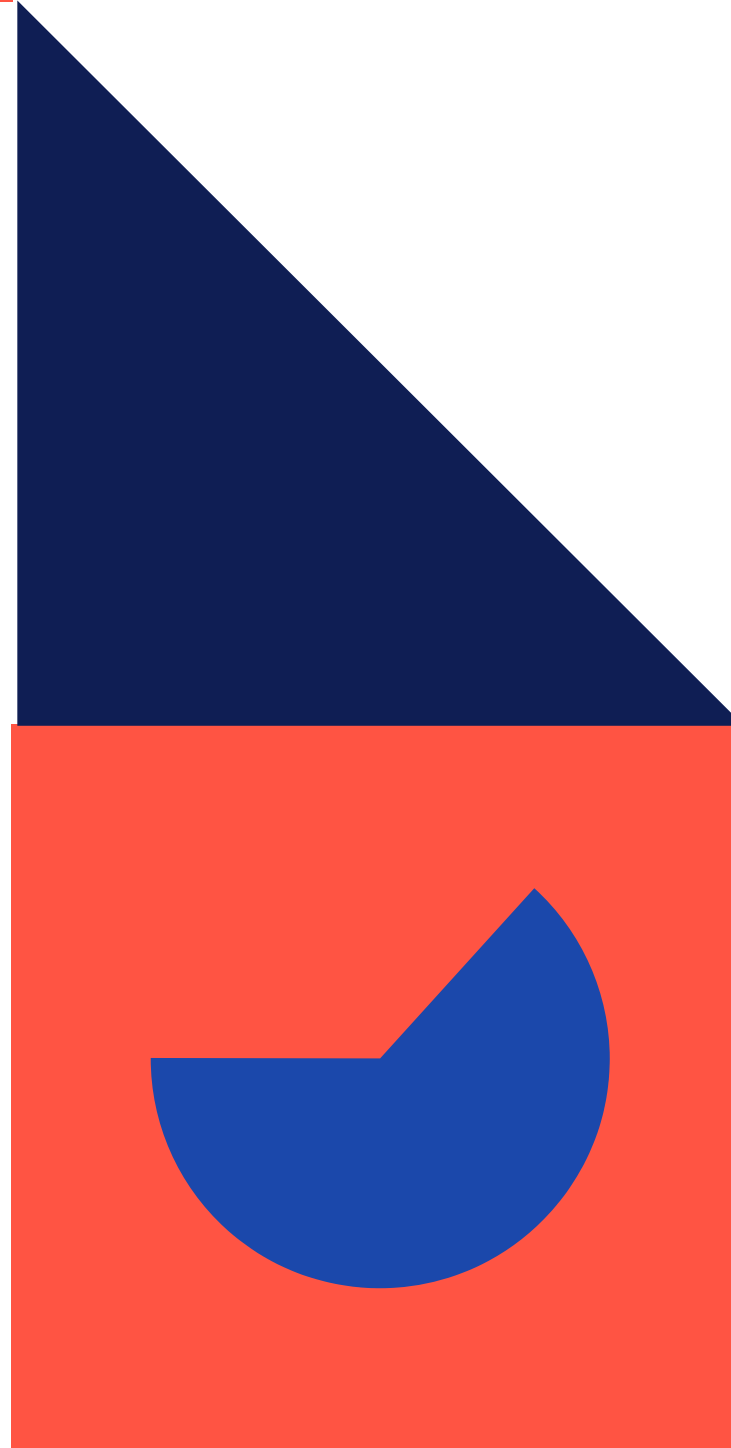
Case Study 2
Assessing the RKSK

Regional consultations

TYPF and Population Foundation of India organised **regional consultations across India with young people and adolescents to see the on ground implementation** of the Rashtriya Kishor Swasthya Karyakram (RKSK) programme on ground. The consultations were attended by more than 200 young people and adolescents.

The consultations **resulted in a set of recommendations** on various issues affecting adolescents and youth that could be addressed through the programme.
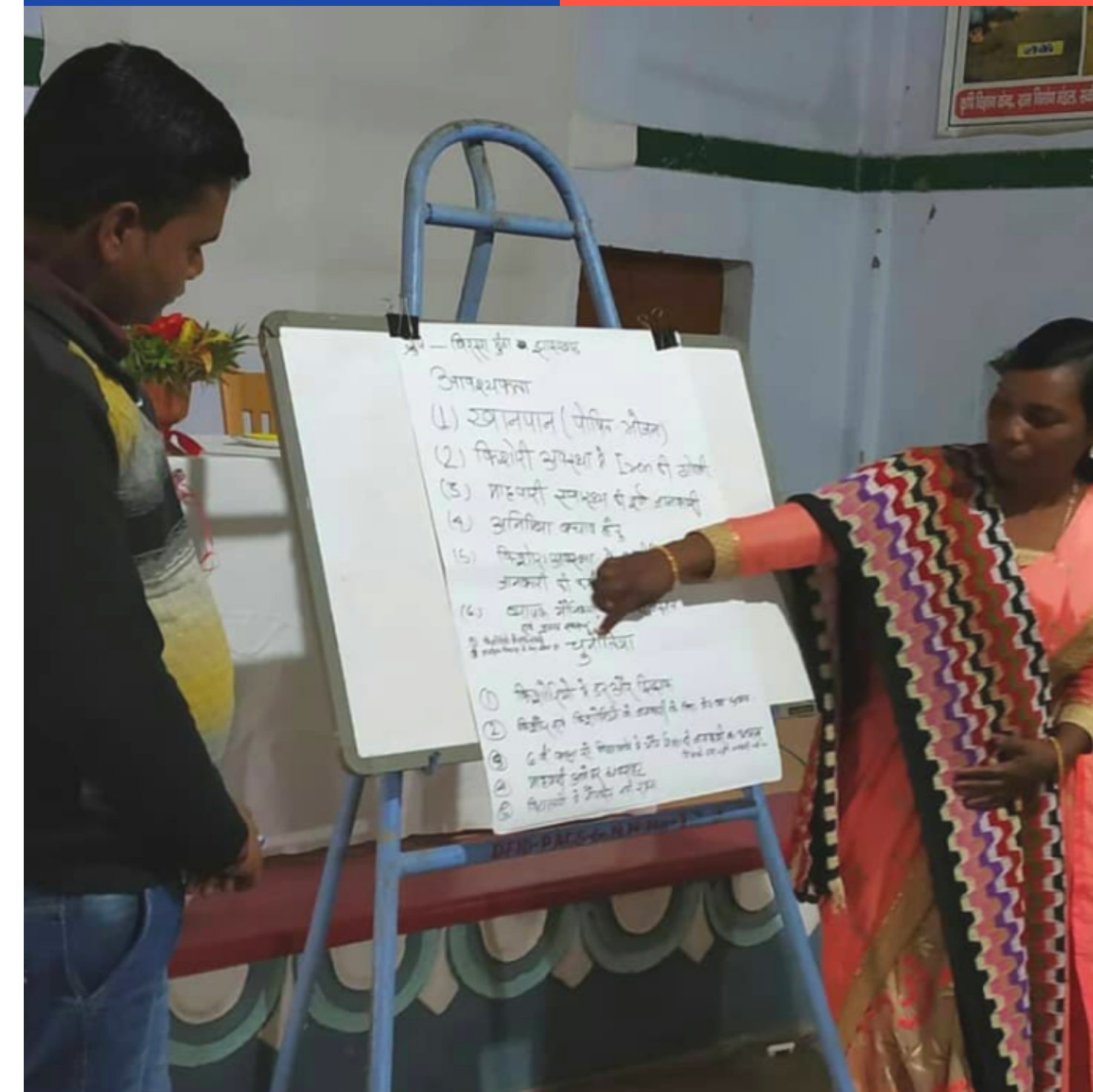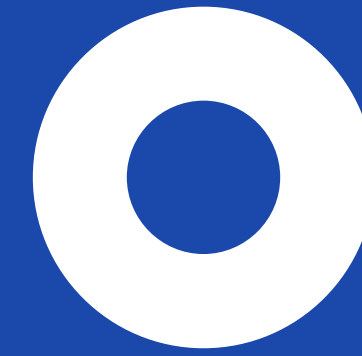
Case Study 2 (contd.)

(Re)articulating recommendations

These recommendations were presented to the State Nodal Officers and to key stakeholders from the Ministry of Health and Family Welfare (MoWFW). The **anecdotal evidence and local experience helped to contextualise the recommendations** to a great extent and thereby ensured their acceptance.

But **not all recommendations were accepted in the first go**. For example, recommendations on making policies queer rights affirmative and ensuring stigma free service delivery were not acceptable in the first instance.

So what did we do? Recommendations on these topics were then **reframed and rearticulated with some more evidence and some clarifications.** The full set of recommendations were accepted by the MoHFW.
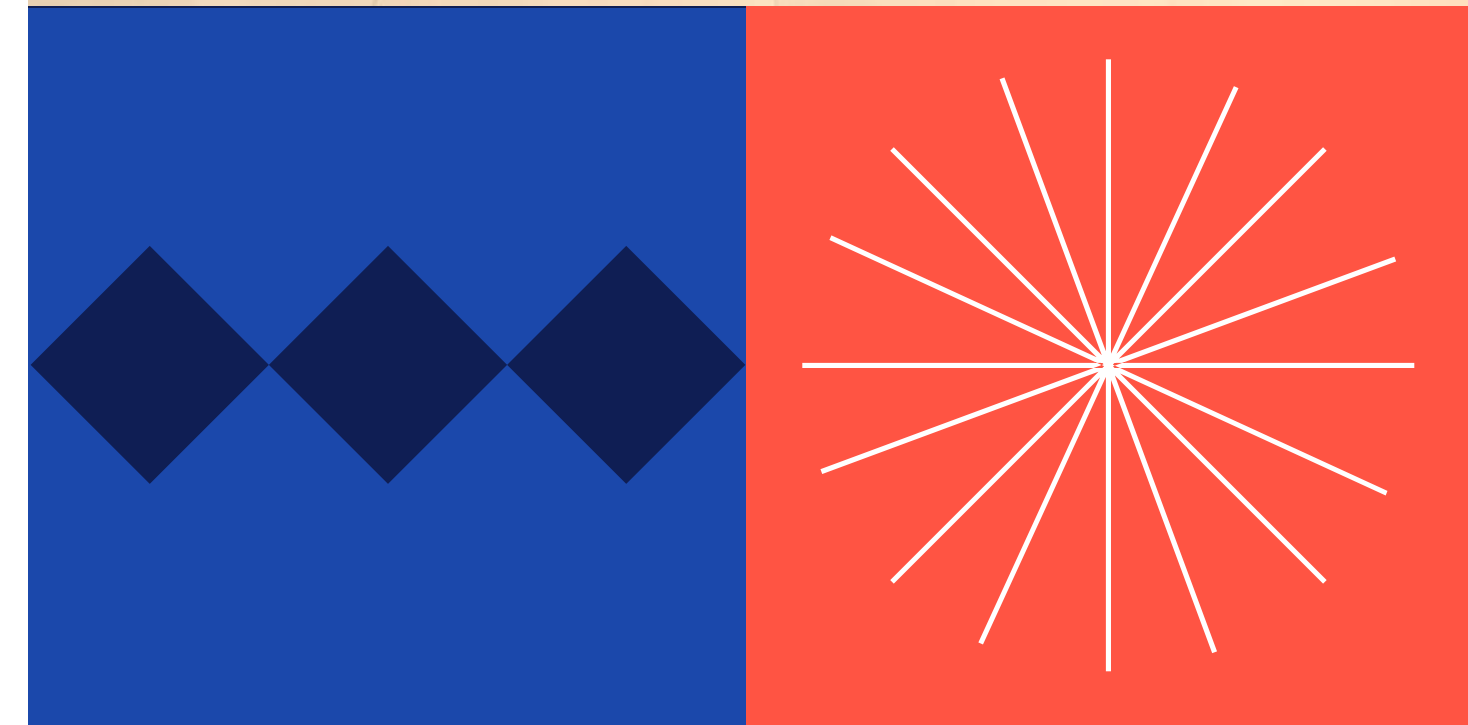
We hope that these examples illustrated the **different strategies** you can use to advocate for your issue, and help you **develop your own advocacy plans**!
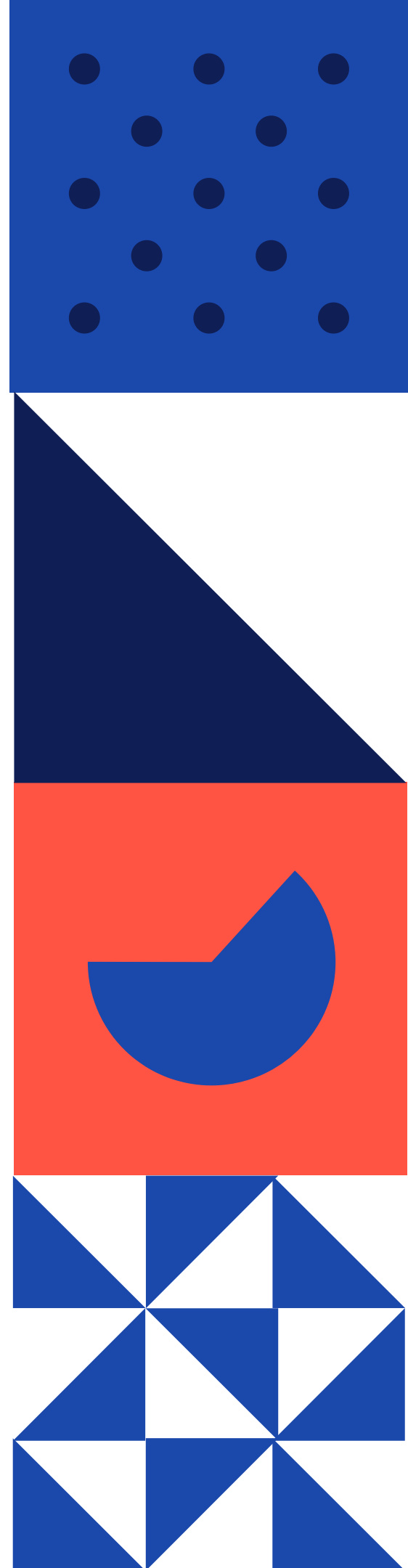
THANK YOU!

With that, we come to the end of the Basic Advocacy Course