Advocacy Kit

Advocating for **Adolescent Reproductive Health** in Eastern Europe and Central Asia

UNFPA

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ADVOCATING FOR ADOLESCENT REPRODUCTIVE HEALTH
IN EASTERN EUROPE AND CENTRAL ASIA

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> Advocates for Youth is dedicated to creating programs and policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and developing countries.

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Advocacy is critical to the efforts to improve sexual and reproductive health for young people. Advocacy helps ensure that programs for youth and with youth input are enacted, funded, implemented, and sustained by building support with the public and opinion leaders.

WHAT IS ADVOCACY?

Advocacy is the effort to change public opinion and influence programs, policy decisions and funding priorities. This effort can occur at the local, national or international level.

Advocates educate about an issue and suggest a specific solution. All advocacy involves making a case in favor of a particular issue, using skillful persuasion and strategic action. Simply put, advocacy means actively supporting a cause and trying to get others to support it as well.

Advocacy can look different depending on the issue.
• In a small advocacy campaign, a group of young people may persuade school officials to allow a peer education program in the school.
• A club for youth may seek a community leader's approval to use office space in a community building.
• Several organizations may work together to ask that a local clinic adopt policies and procedures that make services more accessible to young people.
• A peer education program may ask a religious leader to speak out for more HIV/AIDS prevention efforts.
• A group of nongovernmental organizations (NGOs) may collaborate to propose changes to national policies affecting young people, such as ensuring that family life education curricula address reproductive health, persuading health clinics to provide services to unmarried youth, or promoting young people's improved access to education.

These are just some of the many ways a young person can advocate for sexual and reproductive health.

WHY BE AN ADVOCATE?

National and community policies—written and unwritten—significantly affect your health. Other institutions, such as clinics and schools, may have internal policies that also influence the sexual and reproductive health of you and other young people. Policies are a reflection of a society's commitment to its people no matter what their age. Improving policies that affect your sexual and reproductive health and that of your peers is important in helping make responsible choices about your lives and ensuring a safe road to adulthood.

WHO CAN BE AN ADVOCATE?

Anyone can be an advocate. Whether you are in school or not, in a city or in a small town, you can be an advocate. The only requirement is to be actively committed to the issue. Too often, people do not see themselves as advocates and think they lack the training or funding to engage in advocacy. In fact, young people (particularly peer educators and peer counselors) are often the most articulate and compelling advocates for better programs and policies. After all, we're the ones affected by the decisions adults make about our health. We know what works and what doesn't.

HOW DOES IT WORK?

Advocacy often focuses effort on influential people who have the power to change policies and public opinion. These "influential" people can include national, regional, or local government officials, community leaders, school officials, parent-teacher associations, religious leaders, businesses, or members of funding organizations. Their positions give them the power to make decisions that affect your life. Involving these opinion leaders in a cause permits achievements that are rarely possible without their support.

Because public opinion affects political decisions, another important advocacy target is the public. A public education campaign can address the whole community or a specific group, such as parents or teachers. There may be other important audiences as well because the audience for the advocacy campaign is the person or group of people whose actions can improve young people's reproductive health.

CHAPTER 1. **AN INTRODUCTION TO ADVOCACY**

WHAT IS THE MANUAL FOR?

An advocacy campaign can be limited to a single community or it can be large enough to involve an entire network of organizations across a nation. This advocacy kit is designed to help young advocates in Eastern Europe and Central Asia develop the skills to advocate for young people's sexual health education and services. It describes some of the steps in organizing campaigns and provides information on developing, implementing, and evaluating a successful advocacy strategy.

In this tool kit we'll provide some examples of advocacy efforts by looking closely at the strategies and activities of reproductive health advocates in the Eastern Europe and Central Asia region. These examples can provide guidance, stimulate ideas, and generate new contacts among fellow youth activists from around the world.

CHAPTER 2. **LAYING THE FOUNDATION: PERFORMING A NEEDS ASSESSMENT, SETTING GOALS AND OBJECTIVES**

THE NEEDS ASSESSMENT

A sexual and reproductive health (SRH) needs assessment looks at what is going on with a particular group and gives clear, complete, and accurate information on the health of young people in the target area, the services available to them, and the policies affecting them. It also offers a baseline from which to measure the impact of interventions, helps identify the most effective programs and policies supporting young people's reproductive health, and determines where to focus advocacy efforts.

A complete needs assessment should include 3 things:
• Data on the sexual and reproductive health status of young people in a chosen community, region, or nation;
• Information on the availability and use of sexual and reproductive health information and services by young people, including gaps and barriers; and
• Overview of local, regional, institutional, and national regulations and policies that affect the availability and use of adolescent reproductive health information and services.

It is not necessary to collect everything suggested above. Statistics may be difficult to collect or may not exist. But, it is important to get enough data to describe the true situation of adolescent health in the community. Accurate information will permit advocates to design clear, achievable goals and objectives, and create an advocacy campaign that meets the needs of the community.

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INDICATORS

The needs assessment should outline the sexual and reproductive health status of a well-defined target population. For example, an assessment may focus on all youth ages 15 to 19 in a specific community, all students ages 13 to 19 attending a specific school, all street youth ages 15 to 24 in a defined urban area, or other populations.

It is helpful to collect and compare local, regional, and national statistics to identify local problems to address. While recent figures provide a "snapshot," noting larger trends is also important, such as whether the rates of pregnancy or STD infection are increasing or decreasing.
The following data may be particularly useful:
• Percentage of all adolescents who report sexual activity;
• Average age at first intercourse;
• Birth rates among young women, both unmarried and married;

- STI rates among youth;
- HIV and AIDS cases among those 15 to 19 and 20 to 30 years old;
- Percentage of sexually active youth using condoms and/or other contraceptives;
- Abortion rates by age (this may not be available if abortion is illegal);
- Rates of maternal morbidity and mortality due to unsafe abortion and childbirth among young women in the target age group;
- Average age at marriage and at first birth;
- Infant morbidity and mortality rates of children by age of mother;
- Rates of alcohol and/or drug use connected with sexual activity among youth;
- Incidence of sexual abuse and violence;
- Number of young victims of trafficking;
- Prevalence of prostitution among youth;
- Percentage of young people with stable sources of income;
- School dropout rate and association with pregnancy, sexual harassment, and school failure;
- Number of out-of-school youth in the community;
- Number of street- or street-involved youth in the community;
- Percentage of youth enrolled in primary and secondary schools and universities.

ASSESSING INFORMATION AND SERVICES

A thorough review of information and services currently available to young people in the target area should be conducted as part of a needs assessment. Information and/or services can come from schools, community-based organizations, the government, religious organizations, health clinics, chemists or pharmacies, and other programs or institutions that address young people's reproductive health and development. The review should attempt to determine which programs are working, which ones youth actually use, which ones they do not use, and why.

Useful questions to ask include:

- What primary health care services exist in the community?
- What sexual and reproductive health services exist? In particular, are testing, counseling, and treatment for STIs and HIV available? Are contraceptives and contraceptive counseling available? Are these services available to young people?
- Are services "youth friendly"? For example, do clinics offer convenient hours and lower prices for young people? Has staff received special training regarding the sexual health issues of youth?
- Are reproductive health services completely confidential?

- Are services available to unmarried, as well as married, youth?
- What services are not available?
- How many young people use reproductive health services each month? In six months? Each year?
- Is transportation to services available?
- What prevents teens from using existing services? How were these barriers identified?
- Do schools provide family life education that addresses sexuality, reproductive health, and life skills? Do other organizations provide such education? What subjects are covered?
- How are young people traditionally educated about sexuality and reproductive health?
- At what age does school-based sexuality education begin?
- Do peer education programs provide young people with reproductive health information? Who are the peer educators' intended audiences? What information do peer educators provide?
- Do some groups of young people in the community receive reproductive health information and services? Do some groups not receive this information and services?
- Do national or local media campaigns target youth directly with information on reproductive health? What types of information do they provide?
- What other efforts exist to provide youth with reproductive health information and services?

REGULATIONS AND POLICIES THAT AFFECT ADOLESCENT ACCESS TO SERVICES AND INFORMATION

Finally, the needs assessment should include an overview of regulations, rules and policies that affect young people's sexual and reproductive health. These regulations may be of local or national origin and can either promote or restrict young people's access to health care information and services. Policies can also help or hinder the effectiveness of NGOs that work with youth. Internal rules of institutions, such as schools and clinics, also affect young people's access to accurate information and services.

Regulations may be written, like laws or codes, or unwritten, such as a societal rule that is followed but is not law. Unwritten rules, while harder to identify, may be crucial to young people's well-being as they shape the behavior of decision-makers.

CHAPTER 2. **LAYING THE FOUNDATION: PERFORMING A NEEDS ASSESSMENT, SETTING GOALS AND OBJECTIVES**

Identifying all the regulations that affect young people's reproductive health is an important part of the needs assessment as advocacy goals usually focus on improving existing rules or on proposing new strategies where gaps exist. The following questions will help identify local and national policies that affect the health of young people:

• Do school family life education curricula include accurate reproductive health education and HIV/AIDS prevention education?
• Do schools provide age-appropriate reproductive health information before most young people initiate sexual activity?
• Do schools provide additional training for teachers who will be teaching sexual and reproductive health topics?
• What is the policy of schools toward students who become pregnant or who impregnate another student?
• Do rules prohibit the discussion of contraception, condoms, or other important reproductive and sexual health issues in schools?
• Do sexual health clinics train staff in adolescent health? What information and skills training are provided to staff?
• Do clinic regulations restrict unmarried youth from obtaining information and services?
• What is the minimum age of consent for marriage for girls? For boys?
• Does a statutory rape law exist? To what ages does the law apply? Is it enforced?
• Which national and local policies support or limit the efforts of NGOs that work with young people?
• What attitudes among parents, educators, community leaders, and health providers affect the sexual and reproductive health needs of youth? Do these beliefs reflect unwritten policies among the community's leaders or cultural norms?
• Do local businesses work with other organizations in supporting young people's reproductive health?

OBTAINING THE DATA

Finding the money or resources to support a complete needs assessment can be difficult. For many NGOs, assessing needs involves pulling together information from current projects and outside sources, rather than doing new research. Success may depend on the organization's collaboration with other individuals and organizations committed to the well being of youth. Working with other organizations may bring additional expertise and information to the needs assessment process. Working with other organizations will be addressed in the chapter, Building Networks.

Data for a needs assessment can come from a variety of sources. The Ministry of Health may be able to provide information on national, regional, and local health indicators. Local sources, including other youth service organizations, may also have 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 service organizations may have statistics about the number of adolescents who use their services and the incidence of sexually transmitted infections (STIs) or pregnancy rates among these youth. Peer programs, based in schools or community organizations, can provide qualitative and quantitative information about adolescent health.

OTHER MEANS OF LEARNING ABOUT YOUNG PEOPLE'S HEALTH

Statistics on young people's sexual and reproductive health may be incomplete or difficult to collect. When data is unavailable, surveys and focus groups can provide information.

SURVEYS

Surveys can illustrate young people's need for sexual and reproductive health services and information. Whether information is collected through self-administered surveys or interviews, respondents must be assured that their responses will be kept confidential. Surveys can be conducted in cooperation with youth service organizations or schools. At times, it is wise to obtain the consent of the headmaster and parents. Young people can also be surveyed at town centers, markets, sports events, or other places where youth congregate.

Surveying parents, government officials, teachers, clinic staff, social workers, businesses, and the media will greatly supplement information from the young people's survey. Adult survey results can indicate the extent of community support for policies and programs to meet young people's reproductive health needs. Surveys can also identify community resistance on specific issues.

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FOCUS GROUPS

Focus groups are structured discussions on a specific issue or topic and are led by a moderator. Focus group members should have similar characteristics, such as age, sex, and occupation. Focus group data should supplement other data collection activities and should never be used as a sole source of information. Focus groups provide qualitative information about how a specific audience perceives a topic, program, or product. Focus group information can provide input when developing an advocacy plan, or assessing an advocacy campaign's progress. Focus group information can also provide guidance for developing methods, instruments, or tools to be used in larger, more formal evaluation efforts.

FORMING GOALS AND OBJECTIVES

Once the needs assessment data are collected, advocates must identify and rank needs. Each need should be assessed by creating a set of criteria. Criteria for ranking may include the following questions:

- How severe is the problem? Is it life threatening?
- How frequently does the problem occur? Do many young people experience the problem? Do most experience it? Or is it rare?
- What are the social or economic consequences of the problem? What impact does it have on an individual, a family, and a community?
- Can advocacy meaningfully affect the problem?
- Are resources available to support the proposed actions?
- Given existing resources, public attitudes, and current policies, can advocates realistically have an effect on the problem?

Using these types of criteria, advocates can select the one or two of the most pressing adolescent reproductive and sexual health issues as their focus.

When the primary issues are identified, advocates must then reformulate them as a goal. The goal should be a broad statement of the advocacy effort's anticipated accomplishments. The goal should also reflect the effort's long-term vision. The goal should be attainable, but may not be measurable. For example, the goal might be to improve adolescent reproductive health by increasing access to reproductive health education and services.

An advocacy goal is crucial because it shows how advocates plan to influence and produce policies to improve adolescent reproductive health. The goal may help advocates identify the kinds of policies that they should address, such as:

• Increase funds allocated for adolescent reproductive health programs;
• Change laws or policies affecting young people's access to information and services;
• Encourage ministry support of, and collaboration with, youth-serving organizations;
• Revise internal policies of businesses and companies; and
• Identify and change unwritten policies within communities, schools, clinics, businesses, or other institutions.

Once a goal is agreed upon, advocates should next formulate their objectives. Advocacy objectives should be realistic, specific, and measurable in charting progress toward the long-range goal. For example, to reach the goal specified above, one advocacy objective might be to increase by 25 percent the funds allocated by the Ministry of Health to adolescent reproductive programs within five years."

Objectives demonstrate progress toward the desired changes in governmental or organizational policies on adolescent sexual and reproductive health. Objectives should have a clear time frame, be measurable, and realistically reflect the capabilities of the advocacy effort. A time line will help advocates visualize how the advocacy campaign is progressing and where it needs to concentrate its efforts.

There are generally three types of advocacy objectives: process, outcome, and impact.

Process objectives describe the number or duration of specific advocacy activities. They are most commonly tracked by using forms such as time lines, daily activity logs, or field notes. A process objective for advocacy might be to meet with five policy makers over the next six months to promote the issues of concern.

Outcome objectives identify an advocacy effort's intermediate aims. These objectives generally describe planned changes in knowledge, attitudes, or behaviors of those targeted through advocacy efforts. For example, an outcome objective might be to increase the number of parliamentarians voting for progressive adolescent sexual and reproductive health policies by 40 percent within three years. Another outcome objective might be for a local clinic to adopt a policy within the next 12 months requiring medical staff to provide contraceptives to young people who request them.

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Impact objectives focus on the advocacy effort's long-range effects on health status indicators. An impact objective might be to increase adolescent use of contraceptives in a given area by 20 percent within three years.

After developing the objectives, advocates must agree upon the best strategies by which to achieve them. If a number of organizations are working together as a network or a coalition, this process will usually require open discussion and debate as well as negotiation and compromise. While network members might all agree that teen pregnancy is the primary problem that they wish to address, differences in opinion may emerge over how to address the problem. Some members may believe that the network should work to affect policies regarding what young people are taught in school, while others may be in favor of policies that improve the services for youth at local clinics. Although differences of opinion demand time and effort to resolve, they will contribute to a better overall advocacy plan, in which every option has been considered.

ASSOCIATION AGAINST AIDS IN ROMANIA, PART 1

OBJECTIVES   To improve reproductive and sexual health for street youth by advocating for an alternate health service delivery system

IMPLEMENTERS Association Against AIDS in Romania

PARTNERS   Local public health NGOs and local NGOs working on the issues of street youth and underserved populations, Ministry of Health, UNICEF, UNAIDS, USAID, UNFPA, WHO

METHODS USED Needs Assessment through surveys, interviews, and database creation

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From 2000-2003, the Association Against AIDS in Romania (ARAS) embarked on a campaign to improve the reproductive health of street youth in Bucharest. From their outreach work to disadvantaged populations ARAS understood that young people living on the street were not getting adequate care from the health care system. Their goal was to create a set of recommendations to be adopted by the local government and health officials.

To achieve this aim, ARAS conducted a year long needs assessment. Realizing that street youth are often undocumented, they set out to find out:

• What services were available to street youth?

• What are the limitations of the services offered to street youth?

• What problems do street youth have when accessing services?

• Do street youth attempt to get services?

They began by compiling several databases of service providers from organizations that serve street youth as well as public health organizations. Additionally, ARAS utilized its own referral database of service providers.

From there, ARAS interviewed social workers who work with and have accompanied street youth to services, as well as nurses at the health centers where street youth have attempted to get services. The social workers and nurses were asked about limitations of the services provided and barriers to services that street youth face. The results of the interviews showed that street youth are only allowed to access emergency treatment. Participation in the health care system requires identification papers, which most street youth do not have. Therefore, specialists, prescriptions and regular non-emergency visits are not free. Additionally, both the nurses and the social workers stressed that street youth are often discriminated against by providers. Providers attitudes based upon the belief that

street youth are unclean was another barrier to services for the youth.

The Association Against AIDS in Romania also wanted to assess the extent to which street youth were attempting to access services. Through their outreach networks, they conducted over 40 interviews with street youth to determine how difficult it was to get health care. ARAS was able to document that street youth often attempted to get services but were turned away from service providers. Additionally, the organization kept a record of the sexual health outcomes of street youth over a period of 3 years. Their goal was to document health outcomes of street youth in order to gauge whether street youth had higher rates of infection and were at greater risk for STIs and HIV/AIDS, which indeed they did.

Finally, the Association Against AIDS in Romania conducted a literature review of European Union models of treating disadvantaged groups in health care. Models in France, Germany, the Netherlands and Italy were studied for their alternative models of healthcare provision.

This thorough needs assessment allowed a coalition of organizations to create an alternative plan for delivery of services for street youth. The proposal was heavily evidence-based and formed the basis of a two year advocacy campaign *(see Case Study - Association Against AIDS in Romania, Part 1)*. The campaign resulted in a new system of service delivery in one area of Bucharest.

LESSONS LEARNED

Conducting a thorough needs assessment is important to informing your advocacy goals. Using a variety of research tools can strengthen your data by providing a complete picture. As with the Association Against AIDS in Romania, demonstrating with studies the current situation of street youth in Bucharest provided the evidence necessary to convince their policy makers of the need for their alternate plan for service delivery.

CHAPTER 3. **BUILDING NETWORKS: COLLABORATING FOR COMMUNITY EDUCATION AND ADVOCACY**

Networks play an important role in advocacy and public education. Networks allow different groups to work together toward a shared goal by coordinating strategies and pooling resources. Networks which include a range of organizations, groups, and individuals demonstrate to the public wide support for particular policies or programs.

The term network here refers to a group of organizations that communicate and collaborate on a shared advocacy strategy. Many organizations use the term coalition to describe a group of organizations sharing the same advocacy goals. This publication uses network to emphasize the important role of communication in bringing together members and establishing a common advocacy agenda. Whether the members choose to call the group a coalition or a network, the goal is to come together to pool resources and capabilities to advocate more effectively for adolescent health policies and programs.

Networks bring together people, organizations and resources from all parts of the community. Working together in a network can improve the quality and the quantity of work and spread responsibilities by allowing individuals and groups to contribute ideas, expertise, and resources. When advocacy efforts are successful, all members benefit.

A network is not necessary for effective advocacy; any committed organization or individual can develop the skills and experience necessary to build support for adolescent reproductive health issues. However, a network can achieve results that would be difficult for any single member to accomplish alone. The process of building the network also strengthens members' skills in mobilizing support for an issue, a useful skill when advocating with opinion leaders, policy makers, and the public.

CHALLENGES TO BUILDING A NETWORK

Despite the benefits, building and maintaining networks is hard work. Network members must keep in mind the following challenges and be prepared to address them.

- Building consensus is a time-consuming process. Still, network members may not always agree on the goals, objectives, and strategies of the network.
- The network must build trust among its members. Member organizations and programs may compete for funding from the same donor agencies, hampering their ability to collaborate. Building trust in the face of such conflicts is difficult.
- Members may have previous experiences with each other, both personal and professional, that affect their ability to work collaboratively.

- The larger the network grows, the more complex it is to manage its logistics. Keeping all members aware of meetings, actions taken, results, and upcoming activities is important.
- The network must find a means of dividing up work equitably among members.
- The network must stay open to cooperation among all members, rather than be controlled by the most powerful members.
- Members must agree on rules necessary for the network to operate smoothly and effectively.
- The network must decide how to leverage resources for its collaborative activities.

GUIDELINES FOR EFFECTIVE NETWORKS

Here are some basic tips to follow for creating and maintaining an effective network.

Share information among members of the network. At the initial stages, it is important that members spend time learning about the roles and expectations of others in the network. This information sharing will help build understanding and trust among members, as well as provide useful information about the network's interests, strengths, conflicts, and weaknesses.

Develop a network mission statement and goals. The mission statement can be broad to reflect the philosophy of the network and permit a wide range of groups to participate. Goals demonstrate how the network plans to shape policy to support improvements in adolescent reproductive health. A founding group of members may design the network's mission and goals, and then invite additional supportive organizations to join. An organization's membership in the network symbolizes its endorsement of the mission and its commitment to the goals of the network.

The mission statement of the network reinforces the shared connections between members and provides guidance on which other organizations should join. For example, if the network supports sexual health education which includes information on contraceptives, a group that insists this education should stress only abstinence will not be an appropriate member. The network can work with nonmember groups on other projects without jeopardizing the strategic work of the network.

The mission statement clarifies what issues the network supports and addresses obvious criticisms. Highlighting program components such as "involving parents" and

"promoting abstinence" helps forestall criticism and prevent misunderstandings. For example, a network seeking comprehensive sexual and reproductive health education might adopt a mission statement that the network seeks to promote family life education which stresses the importance of abstinence, provides young people with accurate information on how to protect themselves if they become sexually active, and builds communications skills with parents and peers.

Develop objectives and strategies. A clear set of objectives will define the specific policy changes that the network aims to achieve. Objectives must be specific, achievable, and measurable, and serve as a means of evaluating the network's activities. Network members must then consider which strategies will best allow them to achieve their objectives. Strategies may include a public education campaign, direct appeals to a specific leader to change a policy, or lobbying government to pass a law. Identifying proposed strategies and activities helps network members divide up responsibilities and highlights organizations and efforts that need additional training, support, or resources.

Create and follow a realistic time line. A realistic time line is one of the most important tools for a network. From the initial meetings to the first advocacy activities, building a functioning network can take months or years. An achievable time line, with targeted activities every month, will help ensure the network remains focused on its goals and realistic in assessing different activities to be considered. A short-term activity might be to conduct a focused needs assessment on school policies. A medium-term activity might be to meet with community leaders and parents to encourage them to advocate for improvements in school policy. A long-term activity might be to persuade the school officials to approve the network's proposed changes to a school policy.

Establish a structure and leadership roles. Networks are most effective when all members have a voice and know they will be heard. Nonetheless, the group must have leadership and structure. The members should choose at least one chair and clearly define the chair's responsibilities. Co-chairs, whose skills complement each other and who represent organizations willing to commit significant time and/or resources to network efforts, can greatly strengthen networks.

The network may wish to establish a mechanism to rotate leadership among the members, to facilitate an equal division of duties and responsibilities. The network may choose to create a broad-based leadership team that includes representatives of major groups

and organizations. A diverse team can be highly successful in providing effective leadership on issues as complex and multi-faceted as teen sexual and reproductive health.

Be explicit about how decisions will be made. Networks often make decisions by consensus. This does not mean that everyone has to agree on everything. Rather, the majority agree, and no member organization feels so strongly opposed that it will veto or publicly oppose the effort. Members must decide what will happen when consensus cannot be reached and determine which decisions will be made by the leadership team and which decisions are so important or sensitive that the entire membership must be involved.

Share responsibilities through committees. Committees allow more people to participate actively, and can be either permanent or limited to a specific project. Define responsibilities and the decisions that committees can make without full network approval.

Expand the base. Increase the network by inviting and admitting new organizations which agree with the mission network's mission and goals. New members should understand what the network is trying to accomplish as well as the need for action. The network must make clear how new members will benefit from being part of the network. Outreach through member organizations' existing resources, such as newsletters and meetings, can educate and enlist more support for the network goals.

Hold regular meetings. Hold meetings monthly, or often enough to respond to current events and on a regular basis. Hold meetings at a convenient time and location for all members; strive to start and end on time. Consider whether meeting times should rotate between day and evening hours and vary in location.

Keep people informed. Maintain up-to-date mailing, phone, fax, and e-mail lists of network members and key contact people. Keeping members informed maintains trust, interest, and involvement. It also minimizes misunderstandings and identifies points of disagreement before they become problems. Network members should always receive minutes from meetings, updates, news clippings, and information on future events. Adequate advance notice of meetings and other events encourages participation in important discussions and decisions.

Select spokespeople who will represent the network to the media. Early in the network's development, identify members who have experience in public speaking or interacting with the media. The spokespeople may or may not be the same people as the leader-

ship team. Spokespeople should be both youth and adults, if the network includes both types of organizations. Members should agree on a process for handling inquiries from the media.

RESOURCES AND FUNDING FOR NETWORKS

Many networks falter or fail because of funding. With many organizations operating on limited budgets, a large-scale advocacy campaign may be difficult without additional sources of income. The costs of travel, communications, resource development, and training can hamper efforts to build the network.

Some recommendations for developing and sustaining a collaborative network with limited resources follow:

Start small. Although a large network brings the perspectives of more members, it is important to lay a solid foundation first. Start with a limited number of members from a defined geographical area. A small network is easier to manage, makes communication and travel less expensive, and helps members identify achievable goals and objectives which will help guide later growth.

Identify resources among the members. While members may not be able to fund the network directly, they have other resources that can contribute to the group's growth. Early in the network's development, all members should identify what they will offer the network. For example, members may be able to provide a few hours of secretarial support each month or host meetings in their offices. Others may be able to conduct research or focus group discussions. This process will set a precedent for new members as they are invited to join.

Use existing opportunities to meet and communicate. Hold meetings in conjunction with other events, such as a conference or workshop that members are already attending. Use members' existing newsletters and publications to disseminate information on what the network is doing.

Encourage members to include funding for advocacy in their own proposals.

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Resist the urge to build the network too quickly. Consider which new partners will best support the goals of the network and invite them to participate.

Stay focused. Encourage new members to express their organizations' interests and priorities but be slow to take on new issues.

Remember the private sector, especially local businesses. Local businesses can provide a large potential source of support and are often overlooked by advocates. Companies that actively advertise, especially to youth, and that already have established distribution networks can provide outreach for advocacy messages and public education campaigns. Business leaders can be sponsors, give donations, and create opportunities for public outreach. Businesses can benefit from associating their names or products with adolescent sexual and reproductive health issues. Sponsoring events and donating to programs demonstrate a company's commitment to social responsibility.

OBJECTIVES	To educate young people, women and men in rural areas about their right to sexual and reproductive health, and to improve the access of rural populations to reproductive and sexual health services
IMPLEMENTERS	Romanian NGO Reproductive Health Coalition
PARTNERS	71 organizations representing public health advocates, the medical profession, government, constituent groups and others
METHODS USED	Coalition Building through outreach, education and training

In the late 1990s, the Romanian NGO Reproductive Health Coalition was formed with 11 sexual health and medical organizations. Their mission was to educate the public on sexual health rights and the importance of making sexual health service delivery affordable and accessible to young people, women and men in rural areas.

Before the campaign, basic family planning services were not funded through the national health insurance plan. Neither were contraception, sex education and counseling for family planning. The initial coalition also realized that Obstetrician/Gynecologists (Ob/Gyns) are the main providers of sexual health services and information to young people, women and men. However, most medical providers in rural areas are General Practitioners (GP), not Ob/Gyns. This lack of providers left a gap in sexual health services for the rural population.

To fill this gap, the Romanian NGO Reproductive Health Coalition began an effort to expand their coalition of sexual health medical providers to include General Practice physicians. The NGO Coalition met with a small group of GP physicians to share with them their findings and offer training on basic family planning medical services. At first the group was skeptical, thinking that these services were only to be offered by Ob/Gyns, but they were eventually won over by the desire to fill health service gaps in their communities and learn new skills. The small group of physicians was so convinced that they began recruiting other General Practice doctors to join the coalition.

At the same time, the NGO Coalition organized an experts meeting with Ob/Gyn members of the coalition to garner their support for sexual health service provision from General Practice physicians. After presenting to the Ob/Gyns the barriers rural populations face in obtaining services, they reached a consensus on the need for a two-tiered approach.

CASE STUDY:
ROMANIAN NGO REPRODUCTIVE HEALTH COALITION, PART 1

This approach allowed rural GP doctors to be trained to provide basic sexual health examinations, counseling and contraception, and Ob/Gyns to act as specialists for rural populations and coordinate the overall sexual health service delivery. This new plan solved the gap in service delivery while expanding the Romanian NGO Reproductive Health Coalition to include medical associations not traditionally involved with sexual and reproductive health.

By recruiting a new group of medical professionals to the campaign, the Romanian NGO Reproductive Health Coalition was able to increase the efficacy of its campaign. By educating and bringing together both Ob/Gyns and General Practice physicians who serve mainly rural areas to campaign for the establishment of a more accessible health service delivery system, the campaign was able to draw upon the expertise of a wide range of service providers to educate policy makers about the need for more funding for services in rural areas. Their knowledge of the gaps in their areas provided momentum for the campaign. One year later the Romanian state budget included money for screening for STDs, pre and post natal care, and family planning, making those services free for people in rural areas.

Due to the campaign's success, it became important for the coalition to shift its focus and form smaller coalitions in some areas. Local networks were developed with representatives of the larger coalition to monitor the implementation of new programs and policy proposals. Three local networks are still active, each with 11, 21 and 27 organizational

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LESSONS LEARNED

The key to growing and maintaining such a large and broad-based coalition is constant education and training in new skills. The Romanian NGO Reproductive Health Coalition began with 11 sexual and reproductive health organizations and grew to include 71 organizations representing medical associations, youth organizations, women's groups, ethnic minority organizations, government agencies and many others.

Having a diverse and broad-based coalition will allow your network to demonstrate wide support and respond to the changing needs of the campaign. As the Romanian NGO Reproductive Health Coalition reached each goal, a new direction and new challenges for the campaign emerged. The large numbers of coalition members allowed for those outside the coalition to grasp the broad base of support for the campaign. Within the coalition, its size allowed for different expertise to be exchanged. Members of the coalition could rely on each other to keep the campaign moving forward with their shared knowledge.

OBJECTIVES	To improve reproductive and sexual health for street youth by advocating for an alternate health service delivery system
IMPLEMENTERS	Association Against AIDS in Romania
PARTNERS	Local public health NGOs, local NGOs working on the issues of street youth and underserved populations, Ministry of Health, UNICEF, UNAIDS, USAID, UNFPA, WHO
METHODS USED	Coalition Work though roundtables and a letter writing campaign

members, respectively.

From 2000-2003, the Association Against AIDS in Romania (ARAS) embarked on a campaign to improve the reproductive health of street youth in Bucharest. From their outreach work to disadvantaged populations ARAS understood that young people living on the street were not getting adequate care from the health care system. Their goal was to create a set of recommendations to be adopted by the local government and health officials.

Before initiating the campaign, ARAS conducted a thorough investigation of the current state of service provision for street youth. ARAS tracked the health outcomes of street youth and researched successful plans of service delivery. They used this research to create a case for action. In 2001 ARAS embarked on a two year advocacy campaign to change the way health services are delivered to street youth.

To launch the campaign, ARAS realized that they needed to build a coalition. During the needs assessment, ARAS extended the campaign to include several street youth-serving organizations. Although sexual health and HIV/AIDS was not their main focus, these organizations proved to be valuable and knowledgeable partners, as they served the basic needs of street youth. Those groups became the first members of the coalition. Together, the non-government organizations (NGOs) created an advocacy plan to promote the provision of services to street youth in places other than traditional health facilities.

CASE STUDY:
ASSOCIATION AGAINST AIDS IN ROMANIA, PART 2

The first step of the campaign began with a letter writing drive targeted at providers and hospitals. The coalition asked doctors and nurses if they would be interested in serving street youth. The coalition then added interested medical professionals to a list of the providers social workers, nurses, and street youth identified as being friendly to disadvantaged groups. The immediate goal was to publicize the list of friendly providers to improve access to and quality of care for street youth, while other more long term efforts to improve services were underway.

The second step of the campaign was to organize roundtables with government officials to advocate for the provision of services for street youth. The coalition organized three roundtables with city hall representatives, local government health agencies, representatives from the Ministry of Health and several funding agencies; including UNICEF, UNAIDS, USAID, WHO, and UNFPA. The coalition presented the extensive research compiled in their needs assessment (see Case Study - Association Against AIDS in Romania, Part 1 – Needs Assessment) and discussed the best way to provide services for street youth and other disadvantaged groups. They also presented their plan for service delivery for street youth through alternate health care facilities. All invitees, but particularly the funding agencies, agreed that the plan was the best course of action. Shortly after the advocacy campaign concluded, one of Bucharest's six districts adopted a plan similar to that of the coalition.

In addition, recently the Ministry of Health developed strategies for reaching at-risk groups. The plan contained many of the ideas in the coalition's original proposal. From funding agencies, to the Ministry of Health, to a local district in Bucharest, there appears to be a renewed commitment to the health of street youth, due at least in part to the campaign's efforts.

Though their campaign was successful, it had it's challenges. "Enlarging the coalition," is a challenge, according to Monica Dan of ARAS. "We still need to involve people from the Ministry of Health and more of the general public health [professionals]." Because the sexual health campaign focused on a small section of the population, many in the general health field did not see it as an important issue at first. However, recent studies have linked the poor health of disadvantaged groups with the vulnerability of the general population, so this is changing.

Another challenge was getting the issues of street youth heard. To combat this, the coalition relied on sound research and strength in numbers. In Bucharest, NGOs are not always valued highly, according to Monica Dan. "So it is difficult to present a proposal and be taken seriously." However, when groups came together to present their research and proposal "we were much more taken into account."

LESSONS LEARNED

When working on a sexual health advocacy campaign, it is imperative to branch out and reach NGOs not solely concerned with health. Organizations representing a constituency included in your advocacy campaign can inform your research and bring more significance to your campaign. The Association Against AIDS in Romania worked alongside organizations representing street youth to create a successful campaign to improve the sexual health services of disadvantaged groups.

CHAPTER 4. **YOUTH-ADULT PARTNERSHIPS**

Youth-adult partnerships provide organizations with valuable insight into the needs of the entire community. A true youth-adult partnership is one in which adults work in full partnership with young people on issues, programs, and laws affecting youth. Together, they can conduct a needs assessment, write a grant proposal, raise funds, design a program, train new staff, get projects running, oversee a program, collect data, evaluate a campaign's effectiveness, improve unsuccessful aspects of an advocacy effort, and replicate successful efforts or programs.

When young people and adults share power to make decisions, both parties must respect and have confidence in the other's judgment. Both groups bring much to the partnership. However, sometimes youth and adults need additional training and support to meet the goals of the partnership.

Understanding the value that both youth and adults bring to a partnership is key to its effectiveness. However, power dynamics, usually rooted in cultural norms, may make it difficult for some young people and adults to comfortably work together. Some young people may feel that adults are biased and do not listen to them. Some adults may underestimate the knowledge and creativity of young people. These adults are accustomed to making decisions without youth's input.

Creating youth-adult partnerships is not always easy. They can be easier or more difficult depending on cultural and institutional norms. But the benefits are numerous, especially when working on an advocacy campaign.

GOOD PARTNERSHIPS CREATE SUCCESSFUL ADVOCACY EFFORTS

Creating effective youth-adult partnerships is critical to an advocacy campaign's success. Partnering between youth and adults can ensure that the campaign:
• Collects accurate information during the needs assessment;
• Sets the goals of the campaign that meet young people's sexual health needs;
• Includes all sectors of the community;
• Targets everyone;
• Speaks with a strong, united voice.

TOKENISM

Youth-adult partnerships are **not** ways to hide or obscure the fact that an advocacy campaign is being run **only** by adults. Tokenism is not partnership. Tokenism can appear in many forms. Tokenism could include such actions as your being:

- Around with no clear role to play
- Assigned the tasks which adults do not want
- Invited to make media appearances without any voice in developing the messages you are expected to talk about.

If you see this happening in your campaign, speak up and work to change the way decisions are made. Explain that you are committed to the campaign's success. Say that you have suggestions for making the campaign even better. Providing concrete examples of tokenism and proposed solutions may gain respect for your ideas without making adults feel threatened.

ELEMENTS OF EFFECTIVE PARTNERSHIPS

Establishing a good partnership isn't easy. It takes valuing the participation of people of different ages. It also requires patience, communication, and training for everyone involved. Before engaging in a youth-adult partnership, recognize the factors necessary for achieving your goal. Successful partnerships have some important elements in common. Effective partnerships:

- Establish clear goals for the partnership. The youth and the adults must both understand what their roles and responsibilities will be in achieving the goals.
- Share the power to make decisions. If you and your peers have no power to make decisions, your participation is not one of partnership.
- Get the highest levels of the organization to commit fully to youth's participation in the advocacy campaign or the organization's work.
- Ensure that each adult and young person enters the partnership with a clear understanding of everyone's roles and responsibilities. Not all youth will want to work with adults and not all adults will want to work with youth in a partnership capacity.
- Are selective. Being clear about the goals of the partnership and the roles that everyone will play will help in identifying people who are committed, reliable, and effective. Effective partnerships are selective about adult participants. The adults must believe that young people are assets. They must be willing to advocate on behalf of youth

when stereotyping or negative assumptions about teens arise. Also, the young people involved must be willing to work with adults and to speak up if they feel left out of decisions.

• Provide capacity building and training. Effective partnerships don't set people up for failure by throwing them into situations for which they are not prepared. Adults may need training in communication, collaborative work, interviewing, or working with youth as well as in specific areas of expertise, such as HIV prevention education.   Similarly, youth may need training in communication, leadership, assertiveness, interviewing, or other skills, as well as in specific areas of expertise, like HIV prevention education.

• Are aware that different styles of communication do not imply disrespect, disinterest, or different goals and expectations. The best way to resolve conflicts that arise out of different communication styles is to ask questions. This is essential when you don't understand what is being said or why it is being said. Keeping the common goal in mind can also help resolve conflicts.

• Value everyone's participation and what they bring. Effective partnerships hold high expectations for participating youth and adults and are not afraid of holding participants accountable for their responsibilities.

• Value adults' participation and what they bring. Adults frequently offer the partnership knowledge, experience, and access to resources. Effective partnerships guard against:

> Discounting potential adult allies,
>
> Assuming that all adults hold negative stereotypes about youth,
>
> Believing that adults will have nothing of value to contribute to advocacy efforts centered around youth issues.

• Include room for growth – next steps. Where can the partners go next? For example, how can the collaboration continue after the advocacy campaign ends? Effective efforts provide opportunities for everyone to advance. All partners will gain valuable experience and insights to bring to more senior positions in the organization.

• Remember that you have other interests and priorities. Too often, adults will enthusiastically enlist the participation of a particularly effective and articulate young person in an overwhelming number of obligations and commitments. Both youth and adult partners should keep in touch. You need to check in with partners often and be sure that you are taking on only as much as you can manage. Youth must not be asked to neglect other important aspects of their lives, such as family, friends, and education. When you are working with adults, do not feel afraid to say, "No."

> *One of the hardest parts about being a youth activist is having the time to do everything you want to do and do everything you need to do. You want to be involved with everything but still need to spend time on schoolwork. Know that it's okay if you have to miss a meeting because of class. But also know that it's okay to see if the meeting can be moved to the evening or another time when you can come. I was recently at a working group comprised mostly of adults; we were discussing when we had to meet next. Everyone could make the proposed date except me because of school obligations. After I explained the time conflict, we reached a compromise. One of the major subcommittees would meet on the said day and send out their minutes to everyone. Then the whole group would meet the following week. That way, the project could still keep moving, and I could balance both school and work.*
>
> —Kaylee, 21

Youth-adult partnerships offer much to youth, adults, and organizations that participate in them. Effective partnerships may be difficult to achieve. However, the benefits they offer are significant. The first step is to acknowledge that every participant's contributions have value. Commitment to your rights as a young person and to sexual and reproductive health is the beginning of building effective youth-adult partnerships.

GENERAL TIPS FOR WORKING WITH ADULTS

Most adults have good intentions. Remember that they are simply not used to working in partnership with young people.

Criticism doesn't necessarily mean condescension or that an adult doesn't value your contribution. It may mean the adult is treating you the same way he/she would an adult colleague. Remember that adults are used to critiquing each other's work and offering

constructive ideas to improve a project. Just because an adult doesn't agree with someone, it doesn't mean that he/she disrespects that person.

Adults may not be aware of the capabilities of young people. They can be told a hundred times that young people are mature, but showing them is the best way to make the case.

It also helps to form good relationships with adults who are sympathetic to your situation. Adult allies are often the best way to reach other adults regarding the need for more youth participation, ending tokenism, or other challenges you may face. *(See Case Study – Adult Allies – Moldovan Family Planning Association.)*

Once, I was working with a group at a conference. It was a few young people and mostly adults brainstorming strategies for youth participation. One of the adults put me on the spot to present our ideas to the larger group. He then gave me 'pointers' in front of the rest of the group to improve my presentation. He spoke in a very rude and condescending way. While this adult showed a condescending lack of faith in my abilities, another adult quickly spoke up to say that he was being disrespectful. The next day, the first adult spoke during the wrap-up of the conference. He said he realized that youth deserve respect. And he talked about the experience the day before. I was upset with the way he treated me. I appreciated that another adult spoke up about the situation, and that he later realized his mistake.

—Olivia, 19

Adults often feel responsible for the success or failure of the effort. This is what makes it hard for them to share power. They may need reassurance that you are willing to share in both the successes and the failures.

Adults are just as uncertain as youth. They have just learned to disguise it better.

Sometimes adults use phrases and expressions, whether consciously or not, that annoy young people and are red flags that they aren't treating youth as partners. Like an annoying drip of water, these phrases and expressions can erode a relationship. Be prepared to call adults on their language.

Don't be afraid to ask for clarification. Adults often use words, phrases, and acronyms that you might not understand. Adults new to the campaign may also not understand them either. The language of the non-profit sector is riddled with terms that may bewilder any newcomer.

Don't be afraid to say, "No." Adults should understand that you have other important commitments just like they do, like education, family, friends, hobbies, and sports. Offering a compromise, such as an alternative time for meetings or other events can also help.

Remember that adult professionals have experience that may help the campaign. Viewing their experience as positive will help build a sense of collaboration that is integral to the advocacy effort's success.

CASE STUDY:
MOLDOVAN FAMILY PLANNING ASSOCIATION

OBJECTIVES	To improve sexual and reproductive health information for young people by advocating for and implementing a youth-drafted sexual health curriculum
IMPLEMENTERS	Moldovan Family Planning Association
PARTNERS	Center for Maternity Health Care in Moldova, peer educators and other young people
METHODS USED	Adult Allies – Youth Adult Partnerships through meetings with policy makers, focus groups, and fellow professionals

In the spring of 2001, Moldova's legislature began working on a law to require sexual and reproductive health information and education initiatives. Soon, the Moldovan Family Planning Association (MFPA) began a campaign to get the law passed. MFPA carried out the campaign together with the Center for Maternity Health Care (CMHC). They met with key lawmakers. At the same time, young people in the campaign arranged focus groups for other youth throughout Moldova. The focus groups allowed youth to learn what their peers thought about the law and sex education.

The legislation passed in July 2001, a few months after it was initially introduced. When it passed, the MFPA, the coalition of young people, and CMHC began a new campaign to engage policy makers, government officials and others to implement the sexual and reproductive health initiatives set out in the legislation. The coalition set out to compel those key stakeholders to honor their promises to fund and implement the strategies in the legislation. Due to the success of the campaign the MFPA signed an agreement with the Department of Health, peer educators and the young people involved in the campaign to create a national sexual health curriculum. Because of this, young people are designing the curriculum and organizing two lessons a month for their peers.

"Of course there were some tensions" to working with youth, says Manana Blaja of the Moldovan Family Planning Association. So, she met with fellow professionals. She worked to convince them of the importance of working respectfully with youth. She highlighted past successes working with youth. She talked about youth's accomplishments in the field of family planning. For example, in the late 1990s, youth designed a series of family life education lessons for a five day summer camp program. By talking about youth's accomplishments, Blaja convinced her fellow professionals of the value of working with youth.

CASE STUDY:
BOSNIAN YOUTH INFORMATION CENTERS

OBJECTIVES	To improve sexual and reproductive health information for young people by advocating for and implementing a youth-drafted sexual health curriculum
IMPLEMENTERS	Bosnian Coalition, including Nove Nade Bihac, Katel Banja Luka, Mladi Most Mostar, and Vermont Brcko
PARTNERS	Youth Information Agencies, International Rescue Committee, United Nations Volunteers, UNFPA, peer educators and youth from each community
METHODS USED	Youth Allies – Youth Adult Partnerships through information dissemination and referral, media outreach, and meeting with parliamentarians

In 2003, the Bosnian Coalition began a campaign to raise awareness about youth sexual and reproductive health throughout Bosnia. The campaign relied heavily on youth adult partnerships in order to reach the entire community. The campaign included the development of sexual health information and education centers within existing youth NGOs in four different cities. The centers provided young people with information and education materials as well as free contraceptives and access to peer educators. The peer educators referred visitors to youth friendly sexual health services in each area.

After the information centers opened, peer educators took charge of a public education campaign to let the community know that the information center was open. To reach youth in the community, the peer educators held events in places where youth were present, fairs, discos, concerts, schools, etc. For example, at a local film festival attended by many young people, the peer educators handed out T-shirts and other promotional items for the information centers. The media covered the film festival, and interviewed peer educators about their campaign. The peer educators connected the importance of the information centers with the themes of the film festival. They also held their own events. The peer educators worked with popular music groups to hold free concerts. Then the peer educators advertised in the media that admission to the concert required a condom. They handed out condoms to young people throughout the city and used the concert to advertise the sexual health information centers as well as the issue of sexuality and safer sex.

The peer educators' campaign used the media extensively, and 61 events were covered by the press during the first year. To reach the media, peer educators made contacts with younger employees of media outlets. The younger employees were able to take story ideas and information about events to cover to their superiors. This proved to be a successful strategy.

In addition to the 61 media events during the campaign, the center has 11 additional indicators for evaluating their effectiveness. Since the centers opened, the number of visitors has grown 25% in the first year. The coalition has seen a steady increase in the number of young people using youth friendly services due to referrals from the information centers. The coalition has also received seven additional requests from youth clubs and organizations to establish the same information centers within their premises.

The peer educators worked on the campaign with adults as partners rather than supervisors. Each center's peer education program has an older adolescent coordinator, an all four are supported by an adult program manager and project assistant. The activities in the campaign are youth driven and run with input from adults. Peer educators receive ongoing training and are in constant communication with adult members of the campaign. They also participate in meetings with parliamentarians to discuss the status of youth sexual and reproductive health in Bosnia. Said one adult ally: "In Bosnia, nothing is working and everything is such a mess, but this program is a star."

LESSONS LEARNED

It is important to have empowered, confident and creative youth working on your campaign. The peer educators working at the Bosnian youth centers were able to reach the media and other youth in an innovative way. Not only did they garner media attention, but they increased the number of youth utilizing sexual and reproductive health services. By working in partnership, both young people and adults were able to increase awareness.

CHAPTER 5. **MOBILIZING THE PUBLIC: PUBLIC EDUCATION AND WORKING WITH THE MEDIA**

A successful advocacy campaign targets three distinct groups that influence one another: the media, the public, and opinion leaders. The media educates the public about the need for the proposed change. An educated public is more likely to express their support for the advocacy campaign's goals to community and national opinion leaders. Many opinion leaders will be more likely to support adolescent health initiatives when they believe the public agrees with their position.

PUBLIC EDUCATION

Public education helps an advocacy campaign build a foundation of support. Effective public education provides people with information about young people's reproductive health, and shows them how a proposed policy change can make young people healthier. It also suggests how the public can help and shows them why they should be involved. The goal of public education is to inform and mobilize the public.

Public education is most effective when specific audiences are targeted with tailored messages and information. Advocates may decide, for example, to target parents, members of religious groups, people in a certain part of town, young people, or elders. Here are two examples:

1. A youth-run organization advocating for changes in school policy may focus its public education efforts on parents because their opinions may influence school officials. The campaign may also target religious leaders and school officials.
2. An agency advocating for improvements in the government's support for HIV/AIDS prevention may educate local businesses about AIDS' negative effect on employees and profits and encourage the businesses to speak out about a prevention program.

Involve people from your target audiences in the campaign. That way, you know how reach them and what is appropriate. Separate materials should be created for each audience. The concerns of parents, elders, business people, and teens are usually not the same. You may also take into account different gender dynamics as well as differences in rural and urban listeners. The type of audience will also determine the strategies used to reach them. For example, an effort to reach out to people in a certain part of the community might involve planning an event in the local community center. To reach business people, advocates may want to create and distribute a short, factual pamphlet. To reach specifically hard-to-reach groups, such as street youth or women in rural areas, it is important to be creative and try new ways of contacting that population.

Educational materials should be short and easy to read. They should explain the need for

the program as well as describe the program's components and its intended effects. Educational materials are a good opportunity to provide answers to questions, address concerns, and correct misinformation about the program.

MATERIALS SHOULD INCLUDE:

- National, state, and local statistics on adolescent sexual health that may be affected by the proposed program or policy, such as rates of sexual activity, lack of access to medical care, rates of pregnancy, reported AIDS and STD cases;
- Factual information that describes the local situation, explains why the proposed program or policy is necessary, and describes its intended effects;
- Information on similar programs implemented elsewhere;
- Research and other facts that rebut expected criticisms from the opposition;
- Supportive media coverage of the issue, such as newspaper articles or editorials; and
- Information about the advocacy effort's purpose and goals with a list of members.

OTHER ACTIVITIES TO EDUCATE THE PUBLIC

Written materials are only one way to reach out. Other events present opportunities to provide the public with information. The following opportunities can be used to answer questions, respond to concerns, and encourage broader community participation:

- Hold a community event to provide information about a reproductive health problem and encourage people to support the solution. It could be solely a health or it could be a sporting or entertainment event with a sexual health advocacy theme.
- Ask other organizations that are planning events for permission to hand out materials about the advocacy campaign and to meet with the public.
- Give presentations at local meetings, including parent teacher associations, traditional councils, training workshops, and other community gatherings.
- Create a roundtable event or conference bringing together members of the network with the public or opinion leaders.
- Ask opinion leaders to talk to their friends, family, and community about the issue. If these opinion leaders are difficult to reach, write letters and enclose materials for them to read.
- Go where the audience is, such as markets, bus stops, agricultural association meetings, community centers, and public areas. Distribute materials and simply talk to people about the advocacy campaign.
- Conduct polls or surveys to gauge community support.
- Write articles about the advocacy effort for newsletters.

CHAPTER 5. **MOBILIZING THE PUBLIC: PUBLIC EDUCATION AND WORKING WITH THE MEDIA**

WORKING WITH THE MEDIA

Media coverage is important in public education because it carries information to a much larger audience.

Fortunately, adolescent sexuality is a story that is often interesting to the press. Unfortunately, it is also a story that is frequently covered in a negative way. The media reflect the public's discomfort with adolescents and sexuality, and reporters and editors often choose to highlight stories that portray young people as either reckless or helpless victims.

Your campaign can have an effect on the way the public views young people by working with the media to dispel negative stereotypes. Providing the public with a better understanding of youth, as well as what your organization or network offers, can build support for youth programs.

Successful media plans usually follow a four-step process.
1. Define the role of the media in the advocacy campaign. Getting public education out through the media enhances outreach efforts and supports advocacy goals and objectives. Build contacts with the media long before they may be needed.

Reporters with newspapers, radio and TV provide interviews that can help make the public aware of youth issues and can build support for changes in local and national policies. Consider exactly what kind of media attention will support the advocacy goals as well as how to generate the desired media attention. The right message, at the wrong time, can hurt an advocacy campaign.

For example, running an advocacy campaign at the time of an election may not yield good results. Though the public may support your issue, at election time much of the public is focused on the candidates' campaigns. This may leave little room for other campaigns.

Some advocacy campaigns choose not to work with the media at all. For example, if there is no local newspaper, TV, or radio, outreach to the press may not be worthwhile or cost effective. A local effort might instead use other means of reaching out to policy makers and the public.

When working with the media, think about the audiences the effort must reach. Newspapers are a popular and inexpensive method of educating the public. Working with a reporter on a story or asking a newspaper to cover an event can provide an organization with free publicity. Yet, newspapers reach only some people. Some members of the community may not be literate in the paper's language. Some may read another paper or even no paper. Others may not see the story. Defining the audience also points to which media will be most effective.

2. Choose the message carefully. The media generates public attention; use this attention to educate the public. Make sure the information is interesting and persuasive.

The community is usually interested in stories about young people, particularly young people's health. However, the media often report adolescent stories in ways that make young people seem irresponsible, dangerous, and disrespectful of traditions. This frequently confirms some people's opinions about youth as a problem and rarely helps to provide young people with increased access to information or services.

To build public support, first consider the characteristics, interests, and opinions of the intended audience. Then, present the issue in a way that is most likely to generate support and action from that audience.

For example, a campaign that is trying to convince school officials to adopt a better sexual health curriculum would also like to convince parents to support the change. Parents often worry that providing information to youth will only lead them into sex. Yet, many of these parents are also very concerned about the spread of HIV/AIDS. To win the support of parents, the campaign may want media stories that focus on the HIV/AIDS epidemic, and how the new curriculum will educate young people to be safe through abstinence and condom use.

Finally, selecting a message should not be confused with misleading the public or creating false expectations about what a program offers. There is no easier way to lose credibility than to be untruthful. Always tell the truth in public education efforts.

3. Determine what activities to hold and what materials will be needed. Decide when, where, and how to work with the media to achieve the maximum effect. Determine who in the organization or network is responsible for each component of this effort.

CHAPTER 5. **MOBILIZING THE PUBLIC: PUBLIC EDUCATION AND WORKING WITH THE MEDIA**

An organization or network must determine what materials and staff time are necessary for its media activities. The advocacy campaign should designate one or more spokespeople to work consistently with the press. The spokespeople should build contacts with members of the press long before the campaign begins to request press coverage. Select reporters to provide with short, concise, and factual information on youth issues. Create personal connections by inviting reporters to attend a short, informal event with young people and members of the advocacy campaign. Reporters who work on short deadlines value contacts who quickly and promptly give them information for whatever story they are working on. Building a reputation as a reliable expert assures that when the spokesperson calls the reporter later to suggest a story, he or she will be likely to listen.

Working in an advocacy network makes it easier to provide materials for the media because each member organization will have publications or other materials that can be sent to reporters. Advocates should always have some basic information or fact sheets on youth issues always available to give to reporters in small press packets.

4. Evaluate the press campaign. Keeping track of how the media covers youth issues provides information to improve media outreach. Setting realistic expectations helps to understand and evaluate press experience. An advocacy campaign cannot control what the media report. It can only provide reporters with information and a key message that it hopes will appear in the final story. Success is measured in how well the campaign influenced the final product.

A news story should present the campaign's side of the story fairly, but it may present other viewpoints as well. The story should incorporate at least one of the major points raised in the interview and should quote spokespeople accurately. Most importantly, a news story should not only educate the community about the issues but also heighten public support for the solutions.

Copies of press coverage mentioning advocacy efforts, records of materials created for the press, and information on contacts with members of the press, will provide a sense of how well the campaign is working with the media. For more information on evaluation of advocacy activities, see Chapter 9, Monitoring and Evaluating Advocacy Efforts.

OTHER TIPS FOR WORKING WITH THE MEDIA

The Spokesperson—Designate a spokesperson to provide reporters with a consistent contact for interviews, information, and media follow-up. The spokesperson should be articulate and well versed on adolescent health issues. He or she should be able to speak clearly and directly to the issue without using unfamiliar terms. All members of an advocacy campaign should know who the spokesperson is and should immediately refer questions from the press to that person.

Responding to Requests for Information—Reporters will not continue to work with spokespeople who fail to supply them with needed information in a timely manner. Responding quickly increases the chances of being quoted in the final story. However, some members of the media will not be supportive and may represent sharply diverging political beliefs. Advocates should be aware of the political bias and/or affiliation of reporters and the media. Focus efforts on reporters and media who are supportive.

When You Don't Know—If the spokesperson does not know the answer to a question, he or she should say so. Reporters can ask anything, and they assume that the spokesperson's answer reflects the opinion and stand of the entire campaign. A spokesperson has the right to decline to answer any question. When questions are asked to which the spokesperson is uncomfortable responding, the safest rule is not to answer the question. The spokesperson should never be drawn into criticism of colleagues but should carefully reserve criticism for important events and serious opponents. Remember that any remarks made to a reporter may appear in the final story. If something should not be published, the spokesperson should not say it.

The Story—The spokesperson should plan in advance what points to make. Anticipate difficult questions and practice answering them in a role playing situation prior to the interview. Focus on two to three points to stress in the conversation or interview.

Short sentences that enable the reporter to use the spokesperson's words. Reporters will paraphrase long, wordy sentences, and the results may be disappointing. To get the reporter to focus on the perspective of the advocacy effort, the spokesperson may use a technique called "bridging." For example, if the interviewer asks an irrelevant question, such as "Doesn't sex education in the schools promote promiscuity?," the spokesperson can say "I think the real issue [or question] is what will protect the health of our young people."

CHAPTER 5. MOBILIZING THE PUBLIC: PUBLIC EDUCATION AND WORKING WITH THE MEDIA

Good Timing—It is important to time the campaign's media outreach and events so that your campaign isn't competing with a bigger or more high profile news event. For example, if you hold your press event or press conference the day of national elections, you may not attract the interest of the media. While it is impossible to predict the news, be careful not to compete with already scheduled news-worthy events.

The Press Information Packet—One important tool for a media campaign is the press information packet. It should contain basic background material on the organization or network. Factual information can be used to educate reporters on the issues and interest them in a story. Whether or not an advocacy campaign needs a press information packet depends on the size of the campaign. A small campaign may not wish to spend time and effort to create a press packet, but may reach out to the media in other ways. A large campaign, which deals with many different members of the media, will find that the packet can save time, attract attention, and provide information and quotable statements.

A packet may include:
- Information about the advocacy network (if it exists), including a list of members and the network's mission and goals;
- Contact information for the press spokesperson;
- Background data (such as fact sheets) on adolescents and AIDS, STDs, and other health issues;
- Information on youth-serving organizations and their programs;
- Positive press coverage the campaign has received;
- Information on how the proposed program or policy change will address community needs; and
- Materials that help reporters write a story, such as recent research on young people's sexual health, quotes from the campaign leadership, and copies of other opinion leaders' speeches or testimony.

Working with the Media—The advocacy campaign should develop a press list, including contact information for the various forms of media that serve the target audience. A press list should contain the newspaper, television, and radio outlets in the area as well as their news deadlines. The characteristics of the audience for each media source are important to know.

In addition to the press information packet, there are a number of means of developing contacts with the press and getting attention in the media.

Events—Inviting the media to an event already planned is an inexpensive way to generate contacts and publicity. The opening of a new youth center, a play or sketch performed by young people, or a meeting between local leaders and a youth delegation are all opportunities to attract the interest of the media. Tell participants in advance that the media will be coming. A spokesperson or liaison should be available to assist members of the press, provide background information, and introduce them to notable people present.

Letters to the Editor—Newspapers frequently print letters to the editor that address an issue which has been in the news recently. The letters to the editor section is one of the most frequently read sections of newspapers and is an ideal place to respond to criticism or concerns. Letters should be brief and persuasive, and should use clear facts or quotes from respected opinion leaders. A prominent member of the community can be asked to write or sign a letter drafted by a member of the advocacy campaign.

News Releases—A news release is a one- to two-page (400 to 800 words) description of an event, program, or activity. Some newspapers use news releases without changing them. Sometimes, reporters attend the event or may follow up to write a story. News releases should include the following: 1) one or two quotes from leaders; 2) facts: who, what, where, when, why and how; and 3) contact information for the spokesperson. The main point of the news release should appear in the first two paragraphs.

Television and Radio—Many television and radio stations have news as well as discussion shows for current issues. Identify news directors and talk show producers who may be interested in covering the issue. The host of a discussion shows may be interested in dedicating an edition to a suggested issue. "Call-in" radio shows on a relevant topic can provide opportunities for a spokesperson or leader to speak directly to the radio audience.

CASE STUDY:
ROMANIAN NGO REPRODUCTIVE HEALTH COALITION, PART 2

OBJECTIVES	To educate young people, women and men in rural areas about their right to sexual and reproductive health, and to improve the access of rural populations to reproductive and sexual health services
IMPLEMENTERS	Romanian NGO Reproductive Health Coalition
PARTNERS	71 organizations representing public health advocates, the medical profession, government, constituent groups and others
METHODS USED	Public Education through caravans, health fairs, and IEC materials

In the late 1990s, the Romanian NGO Reproductive Health Coalition was formed with 11 sexual health and medical organizations. Their mission was to educate the public on sexual health rights and the importance of making sexual health service delivery affordable and accessible to young people, women and men in rural areas.

Integral to the success of the campaign for improved rural sexual health service delivery, was public education. During the advocacy campaign for better service provision, the Romanian NGO Reproductive Health Coalition began educating the young people, women and men in rural areas on their sexual health and rights.

To educate these communities, the coalition arranged a series of caravans (see glossary for definition) inviting experts to come along. This traveling group of experts was tasked with educating the public. The experts were doctors working on sexual health, high-ranking government officials, local city officials, public health administrators, community leaders and, in some cases, clergy. The caravan traveled to rural communities and met with people from the area. Because the turnout was usually quite high, the meetings were held at city hall, a cultural center or other large meeting space. The experts then spoke to the crowds about the importance of sexual health and family planning, answered questions, and split up into groups for individual consultations with community members. Many community members were referred to the local General Practitioner for services.

In addition to the caravans, the Romanian NGO Reproductive Health Coalition held health fairs in some communities. At the fairs every organization with something to offer community members relating to sexual health had a booth. Educations materials were given out and community members were able to visit providers at booths and learn what

is available to them in the area. The coalition received donations from companies to hold the fair.

The coalition also produced a bag with IEC materials, lists of providers, pictures and descriptions of contraceptives. The bags were distributed at the caravans and health fairs. They contained the logo of the campaign so community members could identify all 71 of the coalition members as part of this campaign. To reach out to a wider audience the materials were translated into Roma.

Although there was no formal evaluation of all the areas visited, one area did measure the effect of the caravan. In that area there was an increase in the number of people coming for services to their general practice physician and the family planning clinic. There was also an increase in the number of young people demanding sex education in their school.

LESSONS LEARNED

An informed public is an essential ally to your campaign. The Romanian NGO Reproductive Health Coalition realized that populations in rural areas were not getting the services they needed. They set out to inform them of their rights through a series of caravans. Not only did they observe an increase in people coming in for services, but many in the audience joined the campaign.

When trying to capture the attention of a particularly hard to reach community, be creative. The Romanian NGO Reproductive Health Coalition decided to take information and medical professionals to rural communities, instead of waiting for rural populations to come to services. Through the caravans and health fairs, the coalition increased the numbers of people requesting services and demanding better care.

CHAPTER 6. **THE ART OF PERSUASION: GETTING THE SUPPORT OF OPINION LEADERS AND POLICY MAKERS**

Advocacy takes place any time opinions are shared. The most effective advocacy campaigns determine which policy makers or opinion leaders should be convinced to support the issue and offers exactly what they should do to show their support.

Many of the basic strategies for approaching and persuading opinion leaders are the same whether they are at the community, regional, or national level. Use this information to help design the most effective strategy for your advocacy efforts.

GENERAL TIPS FOR ADVOCACY

Target efforts. Assess which opinion leaders' agreement and support will be necessary for the advocacy campaign to reach its goals. Decide whom to approach and in what order. Start with people who are very supportive and move on to those who are somewhat supportive or undecided in their views. Be sensitive to any opinion leaders who should be approached very early in the campaign. For example, a community leader may want to be aware what is being planned in the community and may not be supportive if he or she feels ignored.

Be gracious and respectful. Always begin by thanking the opinion leader for his or her time. Opinion leaders who support adolescent reproductive health may be taking a controversial and difficult position in the community. Sincere thanks will be greatly appreciated.

Be professional. Be professional in both dress and manner. Avoid criticizing other leaders, public figures, or organizations.

Be focused. Talk only about one subject in the visit or letter. Advocates frequently feel they have to share as much information as possible with a leader, but too much information will only confuse the message and dilute the point, especially if the opinion leader's time is limited.

Be prepared. To prepare, try to determine the opinion leader's position on the issue. The position can be discerned through comments he or she has made about the issue in the past, the kind of events the leader attends, his/her political affiliation, and past policy decisions. Working within a network helps with this research, because at least one organization will be likely to have had some contact with the opinion leader. Explore the opinion leader's personal connections with youth: is he or she a parent, uncle, aunt, or grandparent of adolescents? Design a persuasive approach that is based on knowledge about

the leader's followers, views, background, and interests. Different arguments compel and move different people. Role playing what to say at the meeting and how to respond to possible comments will help in preparations.

Creating a personal relationship. If you have friends, relatives or colleagues in common, let the opinion leader know. Also, if you are meeting with a representative and you live in his or her area of representation, you should mention it. Creating a personal relationship may make the difference in the effectiveness of the visit. Leaders are often more likely to remember and think favorably about a visit that had some personal connection to them.

Be an information source. Some opinion leaders have so much to think about that they cannot focus too long on any one issue. They may not be as informed as they would like to be, so fill the information gap. Encourage leaders to ask questions about the issue. Do not imply that the leader is not intelligent or knowledgeable. Instead, be helpful and informed.

Tell the truth. There is no faster way to lose credibility than to give false or misleading information to an opinion leader.

Know who else supports the issue. Opinion leaders like to know which other leaders and organizations support the position. Providing this information illustrates support and may provide the opinion leader with additional reasons to support the position. When possible, bring community members on visits to leaders.

Know who disagrees with the issue. The opinion leader may be faced with a difficult decision if another powerful institution or individual opposes the issue. Anticipate who the opposition will be and what their positions are. Discuss with the opinion leader the potential arguments of the opposition, and why the leader should not support that position. When there is opposition, the ability to anticipate criticism and defend the issue will make a difference.

Acknowledge when more information is needed. If an opinion leader wants information that is not available, or asks something not known, admit a lack of knowledge. Then, offer to get the information he or she is looking for and do so as quickly as possible after the meeting.

CHAPTER 6. **THE ART OF PERSUASION: GETTING THE SUPPORT OF OPINION LEADERS AND POLICY MAKERS**

Make a specific request. Walk into the meeting knowing exactly what the opinion leader will be asked to do in support of the issue. For example, advocates might request that the leader put his or her name on a letter, change a school policy, answer a question, make a public endorsement, or vote for increased funding for youth programs. Ask directly and attempt to get a direct answer.

Follow up. Find out if the opinion leader did what he or she committed to doing. Send a letter of thanks after the conversation, and restate the position. Thank the leader for any supportive actions. Politely ask for an explanation if he or she has failed to follow up on promises.

Do not create enemies. It is easy to get emotional over strongly felt issues. Be sure to leave the relationship with the opinion leader on good terms to permit working with him or her again. Do not argue heatedly, and never threaten a leader. Even if he or she opposes this issue, the opinion leader could be a strong supporter on another!

COMMUNICATING WITH OPINION LEADERS

Tips for writing a letter

Identify the writer, organization, issue, and relationship with the opinion leader. If possible, use paper with a letterhead. When writing on behalf of an advocacy network, identify member organizations either in letterhead or in the text of the letter. Provide a one-line mission statement or statement of purpose that gives the leader a better understanding of your campaign's goal and why it is important. If writing on behalf of a network, include complete contact information for one or two people to whom the opinion leader can respond.

Mention a specific issue. The letter will be more effective if it concentrates on one specific issue.

Be brief and succinct. A one-page letter has the most impact. Give the main point in the first paragraph and cover only one issue per letter. For background, include a fact sheet, newspaper clipping, or short publication that discusses the issue in greater depth. Respectfully, but clearly, indicate what kind of action is desired from the opinion leader.

Make it personal. Opinion leaders are more likely to pay attention to you and remember letters that include real life experiences. Give an example of how the leader's decision

will affect you or people in your community. Describe an experience that illustrates the point.

Ensure that the opinion leader receives the letter. Verify that the address is correct. If the opinion leader is located nearby, hand-deliver the letter.

Follow up. If the opinion leader has a phone, make a quick call to confirm that he or she received the letter. If the opinion leader does what was asked, write again to thank him or her.

Tips for face-to-face visits

Schedule a meeting. Call the opinion leader, or send a representative to schedule a meeting. Make appointments well in advance, prepare for the meeting, confirm the meeting, and invite other colleagues. Keep a record of who attended, what information was shared, and any actions promised.

Be flexible. Expect interruptions and changes in schedule. Be willing to accommodate the opinion leader's busy schedule. If the opinion leader has to reschedule, set up another meeting right away.
Be prompt. Do not be late, as it sets a bad tone for the meeting before it has even started.

Be prepared. Make the most of the visit. Plan the presentation in advance and divide up roles for group members to take on, including a note taker. Plan a 5-minute presentation (10 minutes at the most) and stick to the point. Introduce members of the group, but have one member do most of the talking. Make important points in a clear and succinct manner, and let the opinion leader know respectfully, but clearly, what he or she is being requested to do.

Leave something behind. Develop an information packet to leave with the opinion leader. It should include a short (one or two pages) summary about the group, the issue, the action requested, background information, and any other materials or fact sheets that may be useful to the leader. Avoid loading the packet with too much information. Leave out long publications, detailed reports or research, and unrelated materials, unless the opinion leader expresses an interest in seeing this information as well.

CASE STUDY:
LATVIAN FAMILY PLANNING ASSOCIATION

OBJECTIVES	To improve sexual and reproductive health services for youth by advocating for the establishment of youth-friendly service centers
IMPLEMENTERS	Latvian Family Planning Association
PARTNERS	Engender Health, WHO, peer educators, and several other partners
METHODS USED	Educating and Involving Stakeholders and Getting the Support of Gatekeepers through roundtables, outreach to important allies and information provision

In August of 2002, the Latvian Family Planning Association (LFPA) began an advocacy campaign to establish youth-friendly services. The goal of the campaign was to build the political will with policy makers to create youth-friendly service centers all over the country. Integral to the campaign's success, was educating and getting the support of gatekeepers for the campaign.

The campaign began by asking youth via surveys what services young people need and use. The LFPA developed a questionnaire for young people and trained its youth members, volunteers and peer educators to give the survey. The results of the research provided a clear view of the types of services needed within Latvia.

After generating a plan for youth-friendly services, the LFPA created a series of roundtables with political leaders to discuss ways to finance a youth-friendly service center. Ilze Melgave of the Latvian Family Planning Association said: "First we approached policy makers who work in institutions responsible for health and education, field ministries, municipality commissions, [and] advisers of ministers." After meeting with those initial contacts, the campaign contacted politicians and policy makers they worked with already, as well as those who worked with the partners on the project. Young people who served as spokespeople for the campaign attended the meetings to educate policy makers about the importance of sexual and reproductive health services targeted to youth.

The purpose of the roundtables was to educate leaders on the importance of creating youth-friendly service centers. To educate policy makers, members of the campaign provided research materials highlighting the need for youth-friendly services in Latvia. They also provided materials detailing youth-friendly services offered in other countries in the region and comparing the state of adolescent sexual health in the region. The goal of

the meetings was to obtain commitments from country leaders to financially support the first center. The LFPA specifically asked the Ministry of Health for support in requesting funding from other sectors of the Latvian government. Chiefly, the campaign wanted the services to be included in the state health budget, and therefore be available at no cost to young people. After gaining the support of policy makers, they then asked for assistance in finding a place for a youth-friendly health center.

The Latvian FPA worked closely with several organizations on the campaign, including Engender Health and the World Health Organization. Integral to this partnership was a coalition of nine peer education organizations representing local areas all over the country. Not only did this coalition provide much of the support for the initial needs assessment and roundtable meetings, but it provided constant feedback from youth communities throughout the country for the young people and adults closely involved in the campaign.

Finally, after the political will was established, the LFPA conducted an education campaign about implementing youth-friendly services targeted to public health professionals. There, young people were again, involved in the campaign, helping to draft educational materials such as a brochure entitled, "What are Youth-Friendly Services?"

While the LFPA admits that measuring their effectiveness is difficult, the goal of creating political will was achieved and they now have the newly created goal of establishing the first youth-friendly service center at the end of 2003. Ultimately, getting the support and commitment of important stakeholders from all over the country was integral to the success of the campaign.

LESSONS LEARNED

Working from the "inside out," means beginning with stakeholders and gatekeepers who may be allies to your cause. The LFPA worked with policy makers and government officials with whom they had worked in the past to gain their support. With the backing of those key allies, they were able to expand their outreach to other crucial stakeholders, eventually reaching their goal of political will and funding for a youth-friendly service center.

CASE STUDY:
ROMANIAN NGO REPRODUCTIVE HEALTH COALITION, PART 3

OBJECTIVES	To educate young people, women and men in rural areas about their right to sexual and reproductive health, and to improve the access of rural populations to reproductive and sexual health services
IMPLEMENTERS	Romanian NGO Reproductive Health Coalition
PARTNERS	71 organizations representing public health advocates, the medical profession, government, constituent groups and others
METHODS USED	Educating and Involving Stakeholders and Getting the Support of Gatekeepers through involving them in public education efforts

In the late 1990s, the Romanian NGO Reproductive Health Coalition was formed with 11 sexual health and medical organizations. Their mission was to educate the public on sexual health rights and the importance of making sexual health service delivery affordable and accessible to young people, women and men in rural areas.

Many of the successes of the Romanian NGO Reproductive Health Coalition's campaign came with the help of government officials. The NGO Coalition realized early on that they needed the support of officials who were unfamiliar with the sexual health issues of rural populations. To educate this population, the coalition organized a letter writing campaign to highlight the status of sexual health and family planning in rural communities. Included in the letters was an invitation to participate in the caravans or health fairs organized for rural communities (see Case Study – Romanian NGO Reproductive Health Coalition, Part 2 – Public Education).

"It was the first time anyone invited them to travel to rural areas" recalled Daniela Draghici of the Romanian NGO Reproductive Health Coalition. The public officials traveled as part of the group of experts and addressed sexual health and family planning during their visits. In one instance the Minister of Health, a medical doctor, traveled on a caravan with the First Lady of Romania. Both spoke on the importance of family planning. At each of the caravans, various officials learned first hand the dire state of sexual health and family planning in rural areas.

Often the presence of a high-ranking official lead the local government to act to address sexual health. In one of the areas the First Lady visited, the local health center was slated to be closed down. However, her presence at the local health caravan compelled the atten-

dance of local officials. With the support of the First Lady, the coalition successfully advocated to keep the health center open.

The coalition also took the presence of high-ranking officials as an opportunity to thank local officials for their work and challenge them to do more. In more than one area the local mayor was at hand during the caravan. In two instances, members of the coalition publicly thanked the mayor for his support, presented him with a bag of condoms and challenged him to create a sexual health club for men. Since there were strong local coalitions in many of the areas (see Case Study – Romanian NGO Reproductive Health Coalition, Part 1 – Coalitions), the local coalitions were able to hold the mayors accountable for their pledge.

The caravans also earned media attention, due to the presence of the officials and the novelty of events. The media attention led to increased awareness about the need for increased sexual health services for rural communities.

LESSONS LEARNED

When attempting to get the support of stakeholders, be innovative. By creating an original way to involve gatekeepers in their efforts, the Romanian NGO Reproductive Health Coalition garnered support from vital public officials. Participating in the caravans allowed these officials to interact with citizens and witness the conditions in a part of the country many had never seen. Their participation also earned the coalition media attention and lead to the adoption of policies and programs integral to the sexual health of rural populations.

CHAPTER 7. **COMMON QUESTIONS FOR ADVOCATES: TALKING ABOUT ADOLESCENT REPRODUCTIVE HEALTH**

Listed below are questions that skeptics may raise during an adolescent sexual and reproductive health campaign. Although questions can be seen as criticism, they actually provide opportunities to educate opinion leaders and the public. Answering questions accurately and honestly shows that advocates are professional and serious about the issues. Before beginning an advocacy campaign, advocates should anticipate questions and criticisms and plan their responses. This chapter provides examples of questions. So many may apply to your particular area or campaign, but some may not. After reading this, try to think of some additional questions for your campaign, and how you would respond to them.

Shouldn't family members and elders be the ones responsible for teaching children about sexuality?

Young people often say they want to be able to talk with their parents about their reproductive health, and communication between parents and children is very important. Unfortunately, many adults do not know what to say, how, when to say it. Parents may also feel uncomfortable talking with young people about sexuality. As societies change, fewer families have the opportunity to communicate about sexuality education. A family's silence can give its young people the message that sexuality is bad and should not be discussed. With no other clear source of knowledge and values, young people often look to the popular media and their peers for information.

Sexuality education can create more opportunities for dialogue between youth and adults and help refute the myths about sexuality that young people often hear from the media and from their peers. Supplementing the education provided by the family can also help adults overcome the difficulties they face when they are the only providers of information and guidance.

Doesn't reproductive health education promote sex and lead to promiscuity?

No. Providing information about sexuality does not lead young people to experiment with sex. In fact, providing accurate information before young people begin to have sex has been shown to help teens abstain from sex. In the case of youth who are sexually active, accurate sexuality education helps them protect themselves against HIV/AIDS and other STDs by increasing the chances that they will use condoms.

A recent World Health Organization review of reproductive health education programs from all over the world found that the young participants were not more likely to engage in early sexual activity, nor did they show increased sexual activity compared to their peers. Studies consistently show that teens who receive accurate sexuality education are more likely to report using a contraceptive at first intercourse than are teens without sexuality education.

Why not just teach abstinence?

Reproductive health education begins with abstinence—the only completely certain way for youth to protect themselves against pregnancy, STDs, and HIV/AIDS. To successfully practice abstinence, young people need skills, including decision making, communication, negotiation, and refusal skills. When abstinence is taught as the only option for young people, youth do not receive information and skills that will help keep them safe when they become sexually active. Without all the information, young people are less able to make responsible choices.

How can you teach abstinence and contraception at the same time?

Abstinence and contraception are the two best ways for youth to protect themselves and stay healthy. Telling young people about both acknowledges the challenges young people face growing up in today's complex world and helps youth act responsibly, now and in the future. Research shows that programs that teach both abstinence and contraception are more effective at reaching youth and promoting healthy behavior than are programs that teach abstinence only.

What are the effects of reproductive health education?

First, reproductive health programs can help teens remain abstinent by giving them accurate information about their own bodies, raising their awareness of sexually transmitted diseases, and helping them build the skills to resist peer pressure. Second, among youth that have had sex, information and access to contraceptives helps keep young people safe from HIV, other STDs, and unwanted pregnancy. Research shows that giving youth information on sexual health and/or providing them reproductive health services does not make it more likely that they will have sex.

CHAPTER 7. **COMMON QUESTIONS FOR ADVOCATES: TALKING ABOUT ADOLESCENT REPRODUCTIVE HEALTH**

What will the community think of me if I support reproductive health information and services for youth?

When communities discuss youth issues openly for the first time, more support sometimes emerges for reproductive health programs than anyone would have imagined. People everywhere want young people to grow up healthy. They wonder what to do about the spread of HIV/AIDS, and they are often willing to discuss potential solutions when their opinions are heard.

Most of the opposition to reproductive health education comes from the fear that discussing sexuality will promote promiscuity among youth. Research shows that this is not true; but, it takes time and effort to encourage the public to examine their long-held beliefs and values. Educating the public about the positive effects of reproductive health education can help allay fears and build public support for adolescent reproductive health programs.

What good is reproductive health education to a youth with no job or no home?

Reproductive health education is very important to unemployed and homeless youth. There is a strong link between young people's economic well-being and their reproductive health. Out of school and street youth are at greater risk for unintended pregnancy and sexually transmitted infections because they often don't have access to information and services. They are also more susceptible to exploitation.

Don't in-school peer education programs disrupt the school day?

Peer education programs should not disrupt a young person's education. Rather, by keeping students healthy, preventing pregnancy, and encouraging healthy behavior, youth programs help keep students in class. Programs for young people contribute to their education, they do not distract from it.

Don't sexual health programs for youth impose contraceptives on young people?

Providing information and services to youth is about helping them stay safe, not about encouraging them to have sex. Responsible programs never push contraceptives on young people; rather, they educate youth about how to prevent STDs and pregnancy. Young people need courage and skills to act responsibly when faced with difficult situations in which they must make hard choices. Forcing youth to accept contraceptives would do nothing to prepare them to make responsible choices.

Why introduce comprehensive sex education in the schools?

The goal of reproductive health education is to promote young people's health. Good sexuality education focuses on both factual information and skills development in setting goals, communicating about whether to have sex, negotiating abstinence or contraceptive use, and resisting peer pressure. In many schools, reproductive health education focuses only on anatomy and physiology or population, and neglects the important role of family life, relationships or communication in sexuality education.
School programs can play an important role in educating young people about sexual health and decision making. Reproductive health education in schools helps young people before they start having sex, increasing their motivation to delay sexual intercourse and to use contraception consistently.

Don't condoms fail? Won't telling teens they should use condoms give them a false sense of protection?

When used consistently and correctly, latex condoms are extremely effective. Most condom failure results not because condoms break or leak, but because they are used incorrectly. More information about contraceptives, and more education about how to use them, increases the chance that contraceptives will be used correctly and consistently. Accurate information will help teens make responsible decisions about whether to have sex and about the most appropriate way to avoid STDs and unintended pregnancy.

CHAPTER 8. **RESPONDING TO OPPOSITION AND CRITICISM: DEALING WITH DISAGREEMENT**

Every program has critics. Advocates for youth sexual and reproductive health programs must be prepared to address disagreement from people who do not share their views. This may not be easy, but it provides an opportunity to educate and communicate with the public. Some critics will not be confrontational about their beliefs. It is important to anticipate what they may say and respond accurately. Open discussion allows everyone to be heard and different ideas to be considered. Open communication may lead to a compromise that is acceptable to all sides.

Almost all advocacy efforts depend on convincing people to support a cause. So, advocates must successfully argue their position. Many people who support programs to help young people make safe and responsible decisions about sex will not say so publicly unless they think it's important to speak out. Even some opponents of reproductive health programs for youth can be made supporters if they receive information, have their questions answered, and are invited to contribute to the debate. Providing information, listening to others, answering questions, and responding to concerns provide the best chance of building support in a community.

SOURCES OF OPPOSITION

It is very important to know who opposes the program or proposal under consideration. It is also important to know why they oppose it, and what arguments and strategies these critics will use. Opposition can arise from many sources.

Some people object because they feel they have been left out of the process. Advocates should make every effort to involve representatives of all areas of the community. Everyone must be involved from the earliest discussions about a desired policy. It is particularly important not to leave out community leaders, religious leaders, or parents. Spending the time to win support from these important people ensures that the entire community is involved in the campaign.

Some people may oppose a policy because they have questions about its necessity, what is being proposed, or how the plan will be put into practice. Listening to their concerns, providing more information, and working to incorporate their thoughts into the plan can transform these critics into supporters.

Some people oppose reproductive health programs because they believe the programs undermine their culture. They may see these programs as a sign of outside influence. Take

the time to hear these individuals' concerns. Then, show them how the program reflects the values of the community and culture. This may help convince them to support it. Earning support from a respected traditional leader may show others that the program is needed and appropriate.

Some people believe that teaching young people about reproductive health is religiously and morally wrong. As in the above example, listening to these critics' concerns, showing how the program reflects the morals of the community, and finding common ground may win their support. The endorsement of a respected religious leader may help convince these people that the program is consistent with their religious beliefs.

Other critics may think adolescent reproductive health programs are unnecessary. A focused public education campaign is an effective way to build public awareness about teen health issues. Share some local youth health indicators with the public and describe how young people's health will be improved by the proposed program. This can persuade many people to support it. The needs assessment is a good way to gather health indicators *(see Chapter 2. Laying the Foundation).*

Some people may not be supportive for personal reasons. They may not wish to support a program or policy that a particular person is backing. One benefit of working in a network is that others can step forward to show that the idea is not the property of any one person or group.

HOW TO DEAL WITH OPPOSITION AND CRITICISM

The first step in dealing with uncertain or unsupportive people is to listen to their concerns. Listening to the other side of the issue and understanding what causes another person to disagree demonstrates respect for his or her beliefs and permits an effective and appropriate response.

The most important tool in convincing critics is clear and accurate information. People form opinions based on the information they have. Giving them more information may help them reevaluate their opinions. Others may want to talk about morality, or whether a reproductive health activity is supported by cultural values or religious beliefs. A reproductive health advocate must learn to listen for the underlying reasons for criticism and be prepared to respond to those underlying reasons as well.

CHAPTER 8. **RESPONDING TO OPPOSITION AND CRITICISM: DEALING WITH DISAGREEMENT**

STRATEGIES

Form networks with other youth-run and youth-serving organizations. Working as a group makes each member stronger. *(See Chapter 3, Building Networks for more information.)*
Think strategically. One influential leader can help persuade other people. Before seeking to convince people who may disagree, concentrate on an opinion leader who is likely to be supportive. Use his or her support to convince others.

Be prepared. Look ahead at who might object to the advocacy agenda and what he or she may say. Consider whether past statements give a sense of what kind of information he or she may listen to. Prepare the message before meeting with the person.

Pick a persuasive message. Different kinds of information convince different people. For example, a parent may be concerned that a new education program will provide too much information about sexuality, but will agree that youth need more help understanding and preventing AIDS. In this case, emphasizing that the program will prevent AIDS is more effective than giving general information. Focusing on the areas where people agree with the goals will help build common ground.

Speak in terms the audience understands. People working on sexual and reproductive health sometimes speak to the public using technical terms. Remember to use language that will be understandable to the audience.

Know when (and when NOT) to be defensive. Sometimes, ignoring the statements of critics makes their opinions sound valid. When opponents use inaccurate information, prepare to answer them with statistics, anecdotes, and other information. Providing this information can give people a better basis for making up their own minds. It is equally important, however, to know when to back down. When advocates seem to be attacking a popular person or institution, the perception can seriously damage an advocacy agenda. Having a public "war of words" with a policy maker or a religious or traditional leader might attract attention to the cause, or it might ruin the effort. Think carefully about possible reactions before responding.

Encourage open and civilized debate. Communication is essential to addressing the concerns of the public and the objections of the opposition. Participate in programs where the program or policy is being discussed. Ensure that all public meetings adhere to rules that encourage order.

Look for other ways of reaching goals. Sometimes, despite everyone's best efforts, advocates are unable to convince a policy maker whose support is critical to the success of the advocacy campaign. One influential opponent may be able to block a plan for a long time. For example, if a school headmaster refuses to allow a peer education program to run at school, advocates for the program might ask another institution, like the local youth center, to permit the peer education program to be based there instead.

COMPROMISE

When an opinion leader or policy maker will not be completely persuaded, advocates may be faced with the decision of whether or not to compromise. Compromise is often difficult and may cause disagreement among members of an organization or network. The questions below may help groups come to agreement regarding compromise.

Is the compromise acceptable?

There are probably some points where no one will agree to compromise. These issues should be clearly recognized and stated. Advocates must sometimes set priorities and decide what they can give up to achieve the greatest good.

The possibility of compromise may lead to difficult discussions. Especially if some members feel their priorities are being ignored. Compromise can breed disagreement among allies. Strong leadership is key to reaching consensus.

What are the guiding principles for compromise?

Once compromise has been agreed on, advocates must determine the shape and extent of the compromise they can accept. Advocates should consider both the best possible and other acceptable outcomes. For example: If the goal is to have a policy making contraceptive methods available to adolescents in a town, advocates will need to consider what to do if there is resistance from local service providers. Possible outcomes may include making fewer methods of contraception available to youth; setting up separate services for youth in a new clinic; supporting a full spectrum of services for youth in another city; or several other possible variations in services for young people.

Advancing in small steps is not compromising when it is clear that this is the best strategy to advance the issue. For example, if the goal is to introduce sexual health education into the schools for all students over ten years old, a network may help by promoting reproductive health education for students ages 15 to 19. In several years, parents may be

more comfortable with the reproductive health education, and the network can then discuss teaching younger students.

What about failure?

Advocates must know how to continue when it becomes clear that their efforts may fail. They must think about when to quit, what they learned from the failure, and what to do next. For example, perhaps a policy to make the all contraceptive methods available to youth is unpopular. The network should try to determine whether a different strategy might achieve the original objective.

CHAPTER 9. **MONITORING AND EVALUATING ADVOCACY EFFORTS: LEARNING FROM SUCCESSES AND CHALLENGES**

There are many ways to evaluate the effectiveness of an advocacy effort. The different ways include everything from simple progress tracking systems to rigorous research conducted by outside professionals. The type of evaluation chosen should be informed by the goals and objectives of the advocacy campaign and by the resources available. If the goal is modest in scale, such as making reproductive health information and services available to young people at a local health center, then process and outcome evaluations will be most appropriate. Alternately, if the goal is much more ambitious, such as to decrease national pregnancy and HIV rates among adolescents, then process, outcome, and impact evaluations will all be necessary.

PROCESS EVALUATION

A process evaluation is the least expensive and most simple type of evaluation to conduct. It examines whether activities are reaching the intended audience, are occurring as planned, and are adequately funded. Quantitative data from a process evaluation show the number of activities conducted, such as the number of media interviews or meetings with opinion leaders that take place. Qualitative data can capture the mood of a meeting or a policy maker's degree of satisfaction with information received from the campaign.

A process evaluation addresses such questions as:
• How many opinion leaders received information?
• How many pieces of educational material were distributed to the public?
• How many presentations or meetings have been held with opinion leaders?
• How many favorable articles or programs about adolescent reproductive health appeared in the media?
• How many members does the network have?

Collecting this information is important to determine whether the network is on track in pursuing its activities, but it is also important not to become too preoccupied by the process. While advocates may be able to point to the number of trainings conducted and materials distributed, remember that the goal is to improve adolescents' access to information and services by affecting policies.

OUTCOME EVALUATION

Outcome evaluation measures the network's intermediate impact. For example, if a goal is to ensure access to reproductive health information and services to any young person who requests them, the objectives may relate to affecting policies regarding the opera-

tion of health clinics or schools. Results from an outcome evaluation will indicate progress toward meeting those objectives.

Outcome evaluation assesses such questions as:

• Has awareness of adolescent reproductive health issues among opinion leaders increased? How many more opinion leaders publicly support the goal?
• Did the target organization's policies change as a result of the activities?
• Was there a measured increase in the public's support of these policies?

IMPACT EVALUATION

Impact evaluation examines progress made toward the long range goals. Often these goals relate to affecting health indicators or policies on a national or local level. Impact evaluation is the most expensive type of evaluation and is used to examine only the most ambitious advocacy efforts. An impact evaluation may take place three to five years after advocacy activities.

Impact evaluation addresses such questions as:

• Was there a change in the incidence of unintended adolescent pregnancy?
• Were STI and HIV/AIDS rates among young people lowered?
• Was there an increase in adolescent use of contraceptive methods?
• Do more adolescents receive reproductive health information and services?

Any evaluation should be practical and sensitive to resource or labor limitations. If outside experience is needed, help may be found at a local college or university. The social sciences, psychology, education and public health departments may have professors or students who can help with the project. Often, graduate students are eager for experience and will work for lower fees than those charged by professional evaluators. Or, they may be permitted to use the data for theses or dissertations in exchange for their work. Conversely, the increased credibility of a professional evaluation may offset the additional expense of hiring a known, respected evaluator.

USING EVALUATION RESULTS

While evaluating an advocacy campaign can be time consuming, the results of a well executed evaluation are usually very useful. Results showing that a campaign has been effective in achieving its goals or objectives can motivate network members and funders. Successfully persuading a ministry of education to require family life education in all sec-

ondary schools may result in an increase in healthy sexual behaviors among these youth. While it is not possible to attribute the increase in healthy behaviors directly and solely to the policy change, the network's success in affecting the ministry's policy can be cited as a possible contributing factor.

At times, it is difficult to attribute changes in policies or programs directly to the network. Such changes may take place due to a general change in attitudes or because of another campaign or advocacy effort. In order to accurately assess the impact of the campaign, it is important to be aware of similar efforts in the target area which may affect policy makers or program planners. It is easy to assess the outcome when specific language used by the network is incorporated into policy documents or if key leaders are using this language. When government or other organizations cite the network documents in support of policies and programs, this is further indication of the effectiveness of efforts.

Evaluation results also can be used to identify the most and least effective components of the campaign. Advocates must reformulate strategies when evaluation data indicate a lack of progress. Likewise, as an advocacy campaign matures and accomplishes its goals and objectives, new goals and objectives should be developed that target changes in other indicators of adolescent reproductive and sexual health.

CASE STUDY:
BULGARIAN FAMILY PLANNING ASSOCIATION

OBJECTIVES	To improve the accessibility and availability of sexual and reproductive health services for at-risk youth populations
IMPLEMENTERS	Bulgarian Family Planning and Sexual Health Association
PARTNERS	Albanian Family Planning Association, NGOs in Macedonia, Serbia, Croatia, Kosovo, Bosnia and Herzegovina
METHODS USED	Monitoring and Evaluation through tracking quantitative measures, conducting interviews and observing benchmarks

From July of 2001 to the end of 2003 the Bulgarian Family Planning and Sexual Health Association (BFPA) ran a campaign entitled: "Promoting Sexual and Reproductive Health Services and Human Rights for Youth." The campaign had several goals, mainly to promote sexual health services for young people and to improve the accessibility and availability of those services.

Through the campaign, partner non-government organizations (NGOs) were identified from Macedonia, Serbia, Bosnia and Herzegovina, and Kosovo to work regionally. During a four day interactive workshop focused on advocacy campaigns and lobbying, each partner developed an advocacy campaign, with similar messages but adapted to each local environment and target population. Each country chose to focus on a different target youth population; in Serbia it was young people with disabilities, Macedonia focused on HIV-positive young people and Croatia targeted gay/lesbian/bisexual/trans-gendered youth.

Throughout the campaign, the BFPA monitored the progress of each partner, conducting a mid-term evaluation of each campaign's progress. At six month intervals, they took into account quantitative measures such as the number of people reached and trained, the number and type of materials disseminated, media coverage, etc. At the half-way point of the campaign, the Executive Director, a representative of IPPF and an independent evaluator visited all countries involved in the campaigns, conducting interviews with stakeholders, representatives from the target groups, members of the media, and in some cases representatives from the medical community, to gauge the reach and effectiveness of the campaigns.

The mid-term evaluation team was able to determine which components of each plan worked well and which components needed to be adjusted. For example, after the mid

term evaluation, it was concluded that the materials for disabled youth, particularly the blind, were quite popular and very effective in reaching this target group. The feedback from constituent groups and service providers was quite positive. As a result, the campaign is considering replicating the materials in other areas. Additionally, the team was able to make several changes to the project running in Kosovo, namely changing the leadership to make it more effective. The evaluation team found that the original implementers were not meeting their benchmarks and completing work in a timely fashion. The project is now run by a team of organizations, including the Albanian Family Planning Association and several community based organizations. The team also plans to conduct a final evaluation after the campaigns are complete.

Had it not been for the midterm evaluation and monitoring, the BFPA would not have been able to strengthen and replicate successful strategies before the project's end. Also, monitoring allowed the campaign to successfully make changes to improve the effectiveness of one of the campaigns.

LESSONS LEARNED

Monitoring the effectiveness of your plan, both during and after the campaign can help strengthen your campaign before it is too late. By observing a campaign's progress half-way through, the BFPA and its team of evaluators made a crucial change to the leadership of an ineffective campaign. They were also able to replicate one of the more effective aspects of another campaign without waiting until the effort was complete.

GLOSSARY OF TERMS

ABSTINENCE – Not engaging in sexual intercourse of any kind.

ADVOCATE – Advocates are people who work to make change. They may work to change rules or laws, or they may want to make changes in a program, or for a specific group.

ADVOCACY – Advocacy means to promote or support a cause. The cause may include a program, law, rule, or proposal.

CARAVAN – A procession of people traveling together. In this manual, caravan was the name given to the traveling group of experts gathered by the Romanian NGO Reproductive Health Coalition to educate rural communities on their sexual health rights. *(See Case Study - Romanian NGO Reproductive Health Coalition, Part 2).*

COALITION – An alliance of organizations, people, or governmental associations working together towards the same goal. The term, "coalition," is often used interchangeably with network.

COMMUNITY POLICIES – Rules, regulations, or procedures accepted within a particular community.

CONTRACEPTION – A means to deliberately prevent pregnancy. One method of contraception – the condom – is also used to prevent the transmission of sexually transmitted infections during sexual activity.

HEALTH INDICATORS – Sets of information that, taken together, give a picture of the health of a group of people or of a community.

IMPACT EVALUATION – A way of determining the effect of an advocacy campaign on a group, area or law.

MEASURABILITY – The ability to assess a campaign by using criterion. Examples of the types of criterion that can be measured are: the number of materials distributed, the number of opinion leaders who support your issue, the number of young people who are getting services as a result of your campaign, or laws, regulations, or rules that change. Before beginning your campaign or your evaluation, make sure that your indicators of success can be measured.

NETWORK – A group of people and organizations that communicate and collaborate towards the same goal. The term, "network," is often used interchangeably with coalition.

OPINION LEADER – A person or group with influence in the community. This person may be a religious leader, a businessperson, a member of parliament, a school headmaster, or someone else in the community who has authority.

POLITICS – A means to gain or use power and leadership in a government or other institution.
For this manual the term "politics" will not be used.

POLICY – A set of rules, regulations, or ways of doing things, usually written.

PROMISCUITY – Casual sexual intercourse with many partners.

STRATEGY – A plan or method of achieving your goals. An advocacy campaign can employ many different strategies to achieve its objective.