

Advocating for Adolescent Reproductive Health in Eastern Europe and Central Asia

Authored by Anika Penn

Adapted from *Advocating for Adolescent Reproductive Health in Sub-Saharan Africa*
authored by Adam Shannon

Edited by Sue Alford



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James Wagoner, President
2000 M Street, NW, Suite 750
Washington, DC 20036 USA
P: 202.419.3420
www.advocatesforyouth.org

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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Chapter 1. An Introduction to Advocacy

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. Advocacy accomplishes this by building support with the public and with 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 efforts involve 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 really 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 traditional 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 women's improved access to education.

These are just some of the many ways that you and other young people can advocate for sexual and reproductive health information and services.

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 so you can make responsible choices about your life and enjoy 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 affecting youth. 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, traditional leaders, school officials, parent-teacher association leaders, religious leaders, business people, or staff 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. 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.

What Is the Manual for?

This advocacy kit is designed to help young advocates develop the skills to advocate for young people's sexual health education and services in Eastern Europe and Central Asia. 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 Eastern Europe and Central Asia. 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 needs assessment looks at what is going on with a particular group of youth 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 three things:

- Data on the sexual and reproductive health status of young people in the 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 to and use by adolescents of 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 adolescents in the community. Accurate information will permit advocates to design clear, achievable goals and objectives and to 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 an urban area, or other populations.

Local, regional, and national statistics can help you to identify local problems. While recent figures can provide a “snapshot,” noting larger trends is also important, such as whether the rates of pregnancy or STIs are increasing or decreasing. The following data may be extra 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 24 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 among young women in the target age group;
- Average age at marriage and at first birth;
- Infant and child morbidity and mortality rates 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 the association with pregnancy, sexual harassment, and school failure;
- Number of out-of-school youth in the community;
- Number of street 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 sex 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 reproductive health 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 Adolescents' 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 known and followed even though it is not law. Unwritten rules, while harder to identify, may be crucial to young people's well-being, as they shape often the attitudes of decision makers.

Identifying all the regulations that affect young people's reproductive health is an important part of the needs assessment because 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 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, traditional leaders, and health providers affect the sexual and reproductive health needs of youth? Do these beliefs reflect unwritten policies or cultural norms among the community's leaders?
- 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 assessment of need can be difficult. For many NGOs, assessing need 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 that are committed to the well being of youth. Working with other organizations may bring additional expertise and information to the assessment process. Working with other organizations will be addressed in the next 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 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 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. It may also be 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 increase 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.

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 "within five years, increase by 25 percent the funds allocated by the Ministry of Health to adolescent reproductive programs."

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 by advocacy efforts. For example, an outcome objective might be to increase 40 percent within three years the number of parliamentarians voting for progressive adolescent sexual and reproductive health policies by. 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.

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 five 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.

Case Study—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
Implementer	Association Against AIDS in Romania
Partners	Local public health NGOs and local NGOs working on the issues of street youth and underserved populations, the Ministry of Health, UNICEF, UNAIDS, USAID, UNFPA, WHO
Methods Used	Needs assessment through surveys, interviews, and database creation

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 its outreach work to disadvantaged populations ARAS understood that young people living on the street were not adequately served by the health care system. The goal was to create a set of recommendations to be adopted by the local government and health officials to improve health care services for street youth.

To achieve this aim, ARAS conducted a year long needs assessment. Realizing that street youth are little documented, ARAS set out to learn:

- What services were available to street youth?
- What limitations on services faced street youth?
- What problems did street youth have when accessing services?
- Did street youth attempt to get services?

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

From there, ARAS interviewed social workers who work with and accompany street youth to services, as well as nurses at the health centers where street youth attempt to get services. The social workers and nurses were asked about service barriers and limitations that street youth face. The results of the interviews showed that street youth were only allowed to access emergency treatment. Participation in the health care system required identification papers, which most street youth lack. Therefore, specialists, prescriptions and regular non-emergency visits were not free for street youth. Additionally, both the nurses and the social workers stressed that street youth were often discriminated against by providers and said that providers' beliefs that street youth were 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 ARAS' outreach networks, staff conducted over 40 interviews with street youth to determine how difficult it was to get health care. ARAS was able to document that when street youth attempted to get services, they were often turned away by service providers. Additionally, the organization kept a record of the sexual health outcomes of street youth over a period of three years. The 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 (which indeed they were).

Finally, ARAS conducted a literature review of European Union models of providing health care to disadvantaged groups, studying models in France, Germany, the Netherlands and Italy.

This thorough needs assessment allowed ARAS and its partners 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 2). 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 forming your advocacy goals. Using a variety of research tools can strengthen your data by providing a complete picture. ARAS found that using studies demonstrated the current situation of street youth in Bucharest and provided the evidence necessary to convince policy makers of the need for an alternate plan for service delivery for this population.
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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—can demonstrate wide support for particular policies or programs.

Many organizations use the term *coalition* to describe a group of organizations sharing the same advocacy goals. The term *network* here refers to a group of organizations that communicate and collaborate on a shared advocacy strategy to reach a united goal. This publication uses *network* to emphasize the important role of *communication* in uniting groups 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 in order to advocate more effectively for adolescent health policies and programs.

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.

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

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, and network members may not always agree on the goals, objectives, and strategies of the network.
- The network must build trust among its members. For example, member organizations and programs may compete for funding from the same donor agencies. Building trust in the face of such competition can be 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. 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 operate via cooperation among all members, rather by the control of the most powerful members.
- Members must agree on the 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 that includes information on contraceptives, a group that insists this education should talk only about 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 still serve as a means to evaluate 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, and 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 that the network focuses on its goals and is realistic in assessing possible activities. A short-term activity might be to conduct an assessment of 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 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 teens' 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, it means that the majority agrees, and no member organization feels so strongly opposed that it will publicly oppose the effort. Networks need to decide *in advance* 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 committees' 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 at least often enough to respond to current events. Hold meetings at regular intervals. Hold meetings at a time and location convenient for all members. Start and end on time. Consider whether meeting times should rotate between day and evening hours. Consider whether meetings should 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 regularly 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 and working with the media. The spokespeople may or may not be the same people as the leadership team. Spokespeople should include both youth and adults. 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 facilitate 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 already plan to attend. 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.

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 work to improve adolescents' sexual and reproductive health. Sponsoring events and donating to programs demonstrate a company's commitment to social responsibility.

Case Study—Romanian NGO Reproductive Health Coalition, Part 1

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
Implementer	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. Its mission was to educate the public on sexual health rights and the importance of making sexual health service delivery affordable and accessible to males and females, youth and adults, in rural areas.

Before the campaign, basic family planning services were not funded through the national health insurance plan; nor neither were contraception, sex education and counseling for family planning. The initial coalition also realized that obstetricians and 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 practice (GP) physicians, 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 the numbers 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 its findings and offer training on basic family planning medical services. At first the GPs were 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 to learn new skills. The small group of physicians was so convinced that they began recruiting other GPs 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 GP physicians. After showing the ob/gyns the barriers rural populations face in obtaining services, they reached a consensus on the need for a two-tiered approach. This approach allowed: 1) rural GPs to be trained to provide basic sexual health examinations, counseling and contraception; and 2) ob/gyns to act as specialists for rural populations and to 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 power of its campaign. By educating and bringing together both ob/gyns and the GPs who served mainly rural areas to establish a more accessible health service delivery system, the Coalition 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. Increased knowledge of the gaps provided

momentum for the campaign. One year later the Romanian state budget included money for screening for STIs, 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 Coalition monitoring the implementation of new programs and policies. Three local networks remain active, with 11, 21 and 27 organizational members, respectively.

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 including medical, youth, women's, and ethnic minority organizations as well as government agencies and others. Having a diverse and broad-based coalition will allow your network to demonstrate wide support and to respond to the changing needs of the target population. As the Romanian NGO Reproductive Health Coalition reached each goal, a new direction and new challenges emerged. The large numbers of Coalition members allowed those outside the Coalition to give it a broad base of support. Within the Coalition, its size allowed for exchange of expertise. Coalition members relied on each other to keep the campaign moving forward.
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Case Study—Association Against AIDS in Romania, Part 2

Objectives	To improve reproductive and sexual health for street youth by advocating for an alternate health service delivery system
Implementer	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 through roundtables and a letter writing campaign

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 its outreach work to disadvantaged populations, ARAS understood that young people living on the street were not getting adequate care from the health care system. ARAS' 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. ARAS 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 were delivered to street youth.

To launch the campaign, ARAS needed to build a coalition. During the needs assessment, ARAS extended the campaign to include several organizations serving street youth. Although sexual health and HIV and AIDS were not their main focus, these organizations proved valuable and knowledgeable partners in meeting the basic needs of street youth. Those groups became the first members of the coalition. Together, the NGOs created an advocacy plan to improve the provision of services to street youth and in places other than traditional health facilities.

The first step of the campaign was a letter-writing drive targeted at providers and hospitals. The coalition asked doctors and nurses if they were interested in serving street youth. The coalition then added interested medical professionals to its list of providers, social workers, nurses, and organizations known to be friendly to disadvantaged groups. The immediate goal was to publicize the list of friendly providers in order 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 its needs assessment. (See Case Study—Association Against AIDS in Romania, Part 1.) Roundtables members discussed the best way to provide services for street youth and other disadvantaged groups. Members also presented a plan for service delivery for street youth through alternate health care facilities. 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

devised by the coalition.

In addition, 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 was a renewed commitment to the health of street youth, due in large part to the Coalition's efforts.

Though the campaign was successful, it has had its challenges. "Enlarging the coalition," was 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]... In Bucharest, NGOs are not always valued highly. So, it is difficult to present a proposal and be taken seriously."

Another challenge was being listened to regarding the issue of street youth. The sexual health campaign focused on a small section of the population (street youth) that many in the general health field did not see it as important. To combat this view and to make the case for improved access to health care for street youth, the Coalition relied on sound research that tied poor health outcomes among disadvantaged groups to increased vulnerability among the general population.

Lessons Learned	When working on a sexual health advocacy campaign, it is imperative to reach out to NGOs not solely concerned with sexuality or health. When a coalition and its advocacy campaign include organizations representing many constituencies, they can inform your research and bring more significance to your campaign. The Association Against AIDS in Romania worked with organizations representing street youth to create a successful campaign to improve sexual health services for these youth and other disadvantaged groups.
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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 the first adult realized his mistake and apologized for it.

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 not understand these words, phrases, and acronyms either. The language of the nonprofit 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 as they do, like education, family, friends, and hobbies. Be prepared to offer an alternative time for meeting, etc.

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

For tips to help adults work fairly, respectfully, and effectively with youth, visit Advocates for Youth's Web pages on youth adult partnerships:

- *Building Youth-Adult Partnerships*
http://www.advocatesforyouth.org/publications/transitions/transitions1401_7.htm
- *Barriers to Youth-Adult Partnerships*
http://www.advocatesforyouth.org/publications/transitions/transitions1401_8.htm
- *Tips for Working with Youth*
http://www.advocatesforyouth.org/publications/transitions/transitions1401_9.htm

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
Implementer	Moldovan Family Planning Association
Partners	Center for Maternity Health Care in Moldova, peer educators and other young people
Methods Used	Adult allies and youth adult partnerships for meeting 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). The two organizations 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 about 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 the 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 addressed 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.

Lessons Learned	It is important to have adult allies on your side. Manana Blaja and her colleagues were able to convey to a skeptical audience of adults that youth’s participation and partnership was vital to the advocacy campaign. By persuading her colleagues, Blaja enabled both young people and adults to come together to work on the campaign and, later, the sexual health curriculum.
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Case Study—Bosnian Coalition’s Youth Information Centers

Objectives	To improve sexual and reproductive health information for young people by advocating for and providing youth-lead information, education and counseling sessions
Implementer	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 and youth adult partnerships for information dissemination and referral, media outreach, and meeting with parliamentarians

In 2003, the Bosnian Coalition began a campaign throughout Bosnia to raise awareness about Bosnian youth’s sexual and reproductive health. In order to reach the entire community, the campaign relied heavily on youth adult partnerships. The campaign included developing sexual health information and education centers within existing youth NGOs in four different cities. Each center provided youth with information and education materials as well as free contraceptives and access to peer educators. The peer educators referred requesters to local youth friendly sexual health services.

After the information centers opened, peer educators took charge of a public education campaign to let their 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, such as fairs, discos, concerts, and schools. 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 the campaign. The peer educators connected the importance of the information centers with the themes of the film festival.

Peer educators also held their own events. The peer educators worked with popular music groups to offer free concerts. Then the peer educators advertised in the media that a having a condom meant free admission to the concert. Peer educators 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 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 newsworthy events to their superiors. This proved to be a successful strategy.

In addition to the 61 media events during the campaign, the Coalition set 11 additional indicators for evaluating their effectiveness. 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 information centers within their premises.

The peer educators worked on the campaign with adults as partners rather than as supervisors. Each center’s peer education program has an older adolescent coordinator, and all four are supported by an adult program manager and project assistant. The activities in the campaign are youth 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 Bosnian youth sexual and reproductive health. 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 also they increased the number of youth using sexual and reproductive health services. By working in partnership, both young people and adults were able to increase awareness of issues related to youth’s sexual health.
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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 its support to community and national opinion leaders. Opinion leaders are much 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 prevention may educate local businesses about the negative effect of HIV and AIDS on employees and on 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;
- 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;
- A list of member organizations.

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 event 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 and 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.

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 chose to highlight stories that portray young people either as reckless or as helpless victims.

Your campaign can have an effect on the way the public views young people if you work *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.

Step 1: Define the role of the media in the advocacy campaign. Providing public education through the media enhances outreach efforts and supports advocacy goals and objectives. Build contacts with the media long before the contacts 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's attention is focused on the candidates' campaigns. This may leave little room for other campaigns.

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 read another paper or even no paper. Others may not see the story. Some may not be literate in the language of that particular paper. Defining the audience will help point to the media that may be most effective.

Finally, some advocacy campaigns choose not to work with the media at all. For example, if you have 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.

Step 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 also needs 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 and other STIs. To win the support of parents, the campaign may want media stories that focus on the HIV and 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.

Step 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.

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. Provide selected reporters 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 more 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 available to give to reporters in small press packets.

Step 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

Identify 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.

Respond to reporters' 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 or fair and neutral.

When you don't know, say so! 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.

Plan 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.

Use 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 uninformed or 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?*"

Time it carefully. 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 or the week before 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.

Develop press lists. 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.

Prepare 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 HIV, STIs, 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.

Ways to Connect with the Press and Public

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.

Invite the media to already planned events. This 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.

Submit 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.

Distribute 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.

Remember to include 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 services, and to improve rural people's access to care
Implementer	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. Its mission was to educate the public on sexual health rights and the importance of delivering affordable sexual health services to male and female youth and adults living in rural areas.

Public education was integral to the success of this campaign for improved rural sexual health service delivery. During the advocacy campaign for better service provision, the Coalition began educating the rural male and female youth and adults on their sexual health and rights.

To educate these communities, the Coalition arranged a series of caravans. (See glossary for definition.) The Coalition invited experts to join the caravan. This traveling group of experts was tasked with educating the public. The experts included doctors knowledgeable about 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 halls, cultural centers, or other large meeting spaces. The experts spoke to the crowds about the importance of sexual health and family planning, answered questions, and split up into groups for individual consultation with community members. Many community members were referred to a local general practice physician for care.

In addition to the caravans, the Coalition held health fairs in some communities. At the fairs, every organization with something to offer relating to sexual health had a booth. Educational materials were given out and community members were able to visit providers at booths and learn what was available to them in the area. The Coalition received donations from companies for the fairs.

The Coalition also produced a resource bag containing IEC materials, lists of providers, pictures and descriptions of contraceptives. The bags were distributed at the caravans and health fairs and all 71 members of the Coalition. To reach out to a wider audience the materials were translated into Roma.

Although there was no formal evaluation in most of the areas visited, one area measured the effect of the caravan, finding an increase in the number of people coming for services to their GP physician and the family planning clinic and an increase in the number of young people demanding sex education in 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. The Coalition 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 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 coming to services and demanding better care.
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Chapter 6. The Art of Persuasion: Getting the Support of Opinion Leaders and Policy Makers

Advocacy takes place any time opinions are shared. In the most effective advocacy campaigns, leaders determine which policy makers or opinion leaders should be convinced to support the issue and suggest 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 your 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 always want to be aware of what is being planned in the community and may be unsupportive if he/she feels ignored.

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

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/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/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. It will help you to role play what to say and how to respond.

Create 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 her/his 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 visitor who 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 will oppose and what their position will be. 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 big difference to supportive opinion leaders.

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

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 her/his 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/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/she failed to follow up on a promise.

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 her/him again. Do not argue heatedly, and never threaten a leader. Even if she/he opposes this issue, the opinion leader could be a strong supporter on another issue!

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 just 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, deliver the letter by hand.

Follow up. If the opinion leader has a phone, make a quick call to confirm that he/she received the letter. If the opinion leader does what was asked, write again to thank him/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 she/he 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
Implementer	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 opinion leaders and policy makers through roundtables, outreach to important allies and provision of information

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 of 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 opinion leaders for the campaign.

The campaign began by surveying youth about the services young people need and use. The LFPA developed a questionnaire for young people and trained its youth members, volunteers and peer educators to administer the survey. The results of the research provided a clear view of the types of services needed by Latvian youth.

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 LFPA 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 especially for young people.

The purpose of the roundtables was to educate leaders on the importance of creating youth-friendly service centers. Members of the campaign provided research materials highlighting the need for youth-friendly services in Latvia, details of youth-friendly services in other countries in the region, and data on adolescent sexual health throughout the region. The meetings' goal was to get country leaders' commitment to financial support for 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, available at no cost to young people. After gaining the support of policy makers, LFPA asked for assistance in finding a place for a youth-friendly health center.

The LFPA 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 throughout the country to the young people and adults closely involved in the campaign.

Finally, after the political will was established, the LFPA conducted an education campaign, targeted to public health professionals, about implementing youth-friendly services. 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 the campaign’s effectiveness is difficult, the goal of creating political will was achieved. LFPA’s next goal was to establish the first youth-friendly service center by 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 policy makers and opinion leaders who may be allies to your cause. The LFPA worked with policy makers and government officials with whom it had worked in the past. With the backing of those key allies, LFPA was able to expand outreach to other crucial stakeholders, eventually reaching the goal of political will and funding for a youth-friendly service center.
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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
Implementer	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 policy makers and opinion leaders through public education efforts

In the late 1990s, the Romanian NGO Reproductive Health Coalition was formed with 11 sexual health and medical organizations. The mission was to educate the public on sexual health rights and the importance of delivering affordable sexual health services to rural male and female youth and adults in Romania.

Many of the successes of the Coalition’s campaign came with the help of government officials. The Coalition realized early on that it needed the support of officials who were unfamiliar with the sexual health issues facing rural populations. To educate the officials, the Coalition organized a letter writing campaign, highlighting the status of sexual health and family planning services in rural Romanian communities. The letters included an invitation to participate in the caravans or health fairs organized for rural communities. (See Case Study—Romanian NGO Reproductive Health Coalition, Part 2.)

“It was the first time anyone invited them to travel to rural areas” recalled Daniela Draghici of the Coalition. Public officials traveled as part of the group of experts and addressed sexual health and family planning services 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, officials learned first-hand about the dire state of sexual health care and family planning services in rural areas of the country.

Often the presence of a high-ranking official led 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 in the health caravan compelled the attention of local officials. With the First Lady’ support, the Coalition succeeded in keeping 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 to challenge them to do more. In more than one area, the local mayor met the caravan. Twice, Coalition members publicly thanked a mayor for his support, presenting him with a bag of condoms and challenging him to create a sexual health service center for men. Since there were strong local coalitions in many of the areas, local coalitions held the mayors accountable for their pledge. (See Case Study—Romanian NGO Reproductive Health Coalition, Part 1.)

The caravans also earned media attention, due to the presence of the officials and the novelty of the events. The media attention led to increased awareness among others who didn’t attend about the need for more and better sexual health services in rural communities.

Lessons Learned	When attempting to get the support of stakeholders, be innovative. By creating an original way to involve opinion leaders in the campaign, the Romanian NGO Reproductive Health Coalition garnered vital support from public officials. Participating in the caravans allowed these officials to interact with citizens and to witness the conditions in a part of the country many had never seen. Their participation also earned the Coalition media attention and led to the adoption of policies and programs important to the sexual health of rural populations.
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Chapter 7. Common Questions for Advocates: Talking about Adolescent Reproductive Health

This chapter includes questions that may arise during an adolescent sexual and reproductive health campaign. Questions can be seen as criticism; but questions 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 a campaign, advocates should anticipate questions and criticisms that may arise and plan and practice their responses. This chapter provides examples of questions. Some may apply to your particular area or campaign, and some may not. After reading this, try to think of some additional questions that may arise for your campaign; plan how you will 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. Communication between parents and children is very important. Unfortunately, many adults do not know what to say or how or when to say it. Parents may also feel uncomfortable talking with young people about sexuality. Also, families today may have little opportunity to communicate about sexuality. A family's silence can give young people the message that sexuality is secret and/or bad and not to be discussed. With no other clear source of knowledge and values, young people often look to the popular media and their peers for information.

Formal sex education can create opportunities for dialogue between youth and parents or other caregivers and can help refute myths about sexuality that young people may hear from their peers or media. Moreover, sex education can supplement the education provided by the family and can also help adults overcome the difficulty of being the only provider of information and guidance around sexuality.

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 and other STIs 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 sex education are more likely to report using contraceptives at first intercourse than are teens who received no formal sex education.

Why not just teach abstinence?

Reproductive health education begins with abstinence—the only completely certain way for youth to protect themselves against pregnancy and STIs, including HIV. To successfully practice abstinence, young people need

skills, such as how to make decisions, how to communicate clearly, how to negotiate abstinence and/or condom use, and how to resist pressure. When abstinence is taught as the *only* option for young people, youth do not receive enough information and skills to remain safe *when* they become sexually active. Without all the information provided by comprehensive programs, 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 helps youth act responsibly, now and in the future and also acknowledges the challenges young people face growing up in a complex world. 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
- Awareness of sexually transmitted infections
- Skills to resist peer pressure.

Second, among youth that have had sex, information and access to sexual health services can help young people avoid unwanted pregnancy as well as HIV and other STIs. Research shows that giving youth information on sexual health and providing them with reproductive health services does not encourage them to have sex nor make it more likely that they will have sex.

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

When communities first discuss youth issues openly, more support for reproductive health programs may emerge than anyone would have imagined. Everywhere, people want youth to grow up healthy. Adults worry about HIV, and they are often willing to discuss potential solutions.

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 long-held beliefs around sexuality. Educating the public about the positive effects of sexual health education can help allay fears and build public support for adolescent programs and services for youth.

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

Sex education is *very* important to unemployed and homeless youth. Research shows a strong link between young people's economic well-being and their reproductive health. For example, out of school and street youth are at greater risk for unintended pregnancy and STIs than are their more fortunate peers because out of school and street youth often lack access to information and services and far more vulnerable to exploitation.

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

Peer education programs should not disrupt anyone's education. Rather, by encouraging students to remain healthy avoid pregnancy and STIs, youth programs also help keep students *in* class. Health education 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 or condoms on young people; rather, they educate youth about how to prevent STIs and pregnancy. Young people need information, skills, and support to act responsibly when faced with difficult situations and/or hard choices. Forcing youth to accept condoms and/or contraceptives would do *nothing* to prepare them to make and maintain responsible decisions.

Why introduce comprehensive sex education in the schools?

The goal of sex education is to promote young people's health. Good sex education provides both accurate information and also opportunities for youth to build skills in setting goals, talking about sex with partners and peers, negotiating abstinence or contraceptive use, and resisting peer pressure. In many schools, reproductive health education focuses only on anatomy and physiology or on population issues, neglecting the important roles of family life, relationships, and communication in sex education.

School programs can play an important role in educating young people about sexual health and about making decisions. Sex education in schools can help young people, increasing their motivation to delay sexual intercourse and to use contraception consistently when they do eventually initiate sex.

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. Having information about condoms and about how to use condoms increases the chance that youth will use condoms correctly and consistently. Accurate information helps teens make responsible decisions about whether to have sex and about the most appropriate way to avoid STIs and unintended pregnancy.

Chapter 8. Responding to Opposition and Criticism: Dealing with Disagreement

Every program has critics. Advocates for sexual and reproductive health programs for youth must be prepared to face disagreement from people who do not support such programs. Facing disagreement may not be easy, but it provides an opportunity to educate and communicate with the public. Remember that some critics will not openly disagree. It is important to anticipate what they may be saying and to respond openly and accurately. Some opponents of reproductive health programs for youth can be made supporters if they are heard respectfully, have their questions answered accurately, and are invited to contribute to the debate. Others, who support sexual health programs, may not say so publicly unless they think it is important to speak out. Providing information, listening to others, answering questions, and responding to concerns provide the best chance of building support in a community.

Almost all advocacy efforts depend on convincing people to support a cause. So, advocates must always be ready to make a clear case for their position. Remember that open discussion allows everyone to be heard and different ideas to be considered. Open communication can also lead to compromises that are acceptable to all sides and that strengthen the support for sexual health programs for youth.

Sources of Opposition

It is very important that you know who opposes the program or proposal for which you are advocating. Opposition can arise from many sources:

- Some people oppose a policy because they question the need for it, what is being proposed, or how the plan will be put into practice. Listening to their concerns, providing them with more information, and working to incorporate their ideas into the plan can transform these critics into supporters *and* make the plan better and more feasible.
- Some people oppose reproductive health programs because they believe the programs could undermine their culture or are a sign of outside influence. Listen to these concerns and work to show how the program reflects the values of the community and culture. Or, incorporate their ideas so that the program is reflective of community and culture. Such actions can help convince opponents to support the program. Moreover, earning support from a respected traditional leader may be one of the most critical elements in winning the community's support for the program.
- Some people believe that teaching young people about reproductive health is wrong (religiously and/or morally). Listen to these people's concerns; show them how the program reflects the most vital values of the community. Find common ground that can win their support. For example, nearly all religions strongly support efforts to aid women and children as well as to help those who are sick, friendless, and/or helpless. Information and services to secure and/or improve the reproductive health of young people complies with this deeply held traditional value. The endorsement of a respected religious leader may help convince doubters that the program is consistent with their religious beliefs.
- Some people think adolescent reproductive health programs are unnecessary because they believe that teens are generally very healthy. These critics need more information about the health issues that young people face. A focused public education campaign can effectively build public awareness about teens' health issues. For example, sharing health indicators respecting local youth and describing how the proposed program can improve those indicators can persuade many people to support the program. The needs assessment is a good way to gather health indicators. (See Chapter 2, Laying the Foundation.)

- Some people object because they feel that they have been left out of the process. Advocates should make every effort to involve all areas of the community, from the *earliest* discussions about a desired policy. It is particularly important to include parents and traditional and religious leaders. Winning support from these important people helps ensure that the entire community is involved in and will support the campaign.
- Some people are unsupportive for personal reasons, such as the involvement in the advocacy campaign of someone they dislike or distrust or their own experiences as teenagers. One benefit of working in a network is that others can step forward to show that the idea is bigger than any one person or group and deserves consideration on its own merits, quite aside from personalities or personal history.

Essentially, it is important that you know why people oppose the program and what arguments and strategies may convince these critics to support the program. 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.

How to Deal with Opposition and Criticism

After listening carefully, the most important tool in convincing critics is clear, accurate, and responsive information. Many people form opinions based on information. Giving them more information may help them reevaluate their opinions. Others form opinions based on emotion or convictions. They may want to talk about morality or about whether a reproductive health program conflicts with cultural values or religious beliefs. A reproductive health advocate must learn to listen for the underlying reasons for criticism. Be ready to respond to those underlying reasons as well as questions or misperceptions relying on “facts.”

Strategies

Form networks with other youth-run and youth-serving organizations. Working as a group makes each member stronger. (See Chapter 3, Building Networks.)

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 to consider who might object to the advocacy campaign and what he or she may say. Consider whether past statements give a sense of what kind of information he/she hears and how she/he makes decisions. 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 HIV and AIDS. In this case, emphasizing that the program will prevent HIV infection may be more effective than giving general information. Or a person who is concerned that the program undercuts his religious beliefs about abstinence may be won over by an argument that focuses on deeper religious value to heal the sick and to protect children. Focusing on the areas where people agree with the advocacy campaign’s 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. This is not talking “down” to people; it is showing them courtesy by using commonly understood language.

Know when (and when NOT) to be defensive. Sometimes, ignoring the statements of critics makes their opinions sound valid. When opponents use inaccurate information, answer them with statistics, anecdotes, and other accurate information. Such information can give people the basis for determining to support the program. It is equally important, however, to know when to back down. For example, seeming to attack a popular person or institution can seriously damage an advocacy campaign. Having a public “war of words” with a policy maker or a religious leader *might* attract helpful attention to the cause, or it *might* ruin the campaign. Think carefully about possible reactions before responding.

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

Look for other ways of reaching goals. Sometimes, despite everyone’s best efforts, advocates are unable to make a supporter of a policy maker whose support is critical to the success of the advocacy campaign. In such cases, one influential opponent may be able to block a plan for a long time. In this case, look for other ways of reaching the goal. For example, if a school’s head refuses to allow a peer education program in the school, advocates might seek support from another institution, like the local youth center, as a base for the peer education program.

Compromise

When an opinion leader or policy maker remains un-persuaded, advocates may face a decision regarding compromise. Compromise can be difficult, even causing disagreement among members of the coalition 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. For example, if the goal is to establish youth-friendly sexual health services in the community, then a compromise that would keep youth from using sexual health care should be entirely ***unacceptable***. But a compromise might be acceptable to operate the services three evenings a week out of an already established family planning clinic rather than to fund and build a new and separate youth clinic.

What is key to reaching consensus on a compromise? Strong leadership is key to reaching consensus. Reaching compromise can lead to difficult discussions, especially if some members of the coalition feel that their priorities are being ignored. Compromise can breed disagreement among allies. Only strong leadership may enable the coalition to survive the process of reaching consensus on a compromise.

What are the guiding principles for compromise? Once members have agreed that compromise is necessary, advocates must determine the shape and extent of the compromise they can accept.

- ***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 could 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 part of the city; or offering youth free transportation to a youth-focused health center in another town.

- ***Advance in small steps.*** For example, if the goal is to provide sex education for all students over ten years old, an acceptable compromise may be to advance sex education for students ages 15 to 19. In several years, parents may be more comfortable with the idea of sex education for younger students.
- ***Decide when to cut your losses.*** If compromise will completely undermine the original goal of the advocacy campaign, then it is time to stop. This is ***not*** the time to compromise and end up with a program that is totally unsatisfactory and that the community believes the coalition has adopted and endorsed.
- ***Reassess.*** Determine what you have learned from the failure and decide what to do next. For example, if the community will not support a policy making contraceptive methods freely available to youth in all clinics throughout the town, what other strategy will increase youth's access to contraception? Perhaps more quiet efforts to change a family planning clinic's policies on serving unmarried youth will accomplish what you need without stirring up a lot of opposition.

Chapter 9. Monitoring and Evaluating Advocacy Efforts: Learning from Successes and Challenges

Ways to evaluate the effectiveness of an advocacy effort include process, outcome, and impact evaluations—ranging from simple tracking systems to rigorous research conducted by outside professionals. The type of evaluation should match the goals and objectives of the campaign and the resources available to the coalition. 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 are most appropriate. However, if the goal is much larger and more ambitious, such as to decrease national rates of pregnancy and HIV 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, the satisfaction of participants after a workshop, or a policy maker's satisfaction with information received from the campaign.

A process evaluation answers questions related to how many, where, when, and what:

- How many opinion leaders received information?
- How many pieces of educational material were distributed to the public?
- What types of information were distributed to the public?
- Where were workshops and public meetings held?
- When did presentations or meetings occur with opinion leaders?
- How many favorable articles or programs about adolescent reproductive health appeared in the media?
- What type of coverage did these articles provide?

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 operation of health clinics or schools. Results from an outcome evaluation will indicate progress toward meeting those objectives. Outcome evaluation gets more to how well a campaign worked, answering questions such as how well, how thoroughly, to what extent, and why:

Outcome evaluation assesses such questions as:

- To what extent has awareness of adolescent reproductive health issues increased among opinion leaders? How many more opinion leaders publicly support the goal now than did at the start of the campaign?
- Did the target organization's policies change as a result of the activities? To what extent did the policies change?
- Was there a measured increase in the public's support of these policies?
- What influenced the public's increased support? (Why did public support increase?)

Impact Evaluation

Impact evaluation examines progress made toward the long range goals. Often these goals relate to health indicators across a region or nation. Impact evaluation is the most expensive type of evaluation and is normally used to examine only the most ambitious advocacy efforts. An impact evaluation may take place three to five years after advocacy activities. It also answers questions such as to what extent, how long, and why, *always* in comparison to another area not affected directly by the campaign and/or to baseline data in the campaign area.

- Between the start of the campaign and its end, was there a change in adolescent pregnancy rates in the campaign area? Were there changes in comparison to another area not affected by the campaign?
- Were STI and HIV rates among young people go down in the campaign area as compared to another area outside the campaign? As compared to baseline?
- Between baseline and follow-up, did adolescents increase their use of contraceptive methods in the campaign area? In the comparison area?
- Comparing baseline and follow-up, do more adolescents receive reproductive health information and services in the campaign area? In the comparison area?

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 for permission to use the data for a thesis or dissertation. Conversely, the increased credibility of a professional evaluation may offset the additional expense of hiring a known and 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 funding sources. Successfully persuading a ministry of education to require family life education in all secondary schools may result in an increase in healthy sexual behaviors among these youth. While it is seldom possible to attribute an increase in healthy behaviors directly and solely to a 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
Implementer	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.

The campaign included partner NGOs from Macedonia, Serbia, Kosovo, and Bosnia and Herzegovina. During a four-day interactive workshop, each partner developed individual advocacy campaigns with similar messages but adapted to the local environment and target population. Each country chose a different target population of youth: Serbia chose young people with disabilities; Macedonia focused on HIV-positive youth; Croatia targeted gay, lesbian, bisexual, and transgender 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, BPFA 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 for changes to improve the effectiveness of one campaign.

Lessons Learned	Monitoring the effectiveness of your plan, both during and after the campaign can help strengthen your campaign. 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. BPFA was also able to replicate one of the more effective aspects of another campaign without waiting until the effort was complete.
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Annex. 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 work to change a program, or conditions for a specific group.

Advocacy—Advocacy means to promote or support a cause including a program, law, rule, or proposal.

Caravan—A procession of people traveling together; in this manual, “caravan” was the word for 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; this manual does not use the term “politics.”

Policy—A set of rules, regulations, or ways of doing things, usually written

Promiscuity—Casual (uncommitted) sexual intercourse with more than one person

Strategy—A plan or method of achieving your goals; an advocacy campaign can employ many different strategies to achieve its objective