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A POLICY ADVOCACY GUIDE ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR) FOR YOUNG KEY POPULATIONS (YKPS)

TABLE OF CONTENTS

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ACRONYMS

ARV	Antiretroviral
AMSHeR	African Men for Sexual Health and Rights
HTC	HIV testing & Counselling
HIV	Human immunodeficiency virus
INPUD	International Network of People who Inject Drugs
KP	Key Population
LGBTI	Lesbian, gay, bisexual, trans & intersex
MSM	Men who have sex with men
MSMGF	Global Forum on MSM & HIV
NSWP	Global Network of Sex Worker Projects
PLHIV	People living with HIV
PWID	People who inject drugs
PEP	Post-exposure prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
SRHR	Sexual and Reproductive Health
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
WHO	Health Organization

A Policy Advocacy Guide on Sexual Reproductive Health and Rights [SRHR] for Young Key Populations [YKPs]

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IN THIS CHAPTER YOU WILL

1. Arrive at a basic understanding of the phrase 'sexual reproductive health and rights [SRHR]'

2. Appreciate the ways in which various laws and societal attitudes limit the ability of young people to experience and express their sexuality and SRHR

3. Understand who is defined as 'young key populations'

4. Understand the definition of Advocacy

5. Understand the definition of Policy

DID YOU KNOW?

Human sexual development begins in the first years of life.

• As infants that humans develop the emotional and physical foundations for understanding and appreciating sexuality, their bodies as well as the recognition and experience of emotional attachment to others.

• That no sex exists in a fetus , until sexual differentiation starts at 6weeks and becomes fixed at 12 weeks

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About 1.8 billion of the Earth's human population consist of young people. Although young people are full sexual beings bursting with ideas, potential and aspiration, their capacity and autonomy to make decisions about their health and well-being is hardly acknowledged or recognized. In many societies, young people are conveniently perceived as asexual beings and stigmatization of youth sexual expression is rife rooted in conservative values that contradict scientific facts.

Human sexual development begins in the first years of life. However, it is typically between ages 8 – 13 years old, puberty brings with it accelerated development of the sexual and reproductive systems with obvious physical changes. These changes cause a natural curiosity in the growing child, as well as a deeper sense of self-consciousness and confusion. It is therefore important that the growing child or adolescent has the information to understand these changes, appreciate the notion of autonomy over one's body.

Unfortunately, this positive and affirmative attitude towards sexuality is not the reality for young people in many countries. Restrictive legislations and policies such as those that criminalise certain behaviours and identities, limit age of consent and require parental consent for services; lack of training of healthcare professionals on specific health and well-being needs of young people; cultural taboos on sexuality; all impact on the capacity of young people to fully achieve their sexual and reproductive health and rights more commonly referred to as SRHR.

This whole sextion needs to be represented with graphs, charts, colourful fonts to illustrate the information in a more youth appropriate framing.

Sexual and reproductive health and rights [SRHR] is a technical phrase that encompasses sexual health/well-being, reproductive health and well- being and the rights related to their full achievement.

Below are definitions of some of the associated terminologies –

1. **Health** – the state of complete physical, mental and social wellbeing and not merely the absence of infirmity or disease;

2. **Rights or human rights** – these are basic freedoms and protections that belong to everyone by virtue of being human. They are based on notions of equality, dignity and mutual respect;

3. **Sexuality** – refers to the way people experience and express themselves as sexual beings from birth to death. It encompasses biological, erotic, physical, emotional, social and spiritual feelings, attraction and behaviour and gender identities. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Although sexuality encompasses all these dimensions, notallofthem are expressed or experienced. A person's experience and expression of their sexuality are affected by both their genetic and biological make-up and their environment;

4. **Reproduction** – The production of an offspring by sexual or asexual processess.

From the above, sexual and reproductive health and rights can therefore be understood as the complete physical, mental and social wellbeing in all matter related to a person's sexuality and reproductive system, and the freedoms and protections that are necessary to guarantee this state of wellbeing, which must be based on equality, dignity and mutual respect.

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS INCLUDE

• The right to life
• The right to health
• The right to privacy and confidentiality
• The right to liberty
• The right to equality
• The right to freedom of thought
• The right to be protected from harmful practices
• The right to protection from disease and violence
• The right to decide freely whether and how to control fertility and other aspects of their sexual health
• The right to be treated with respect and dignity
• The right to freedom from abuse, exploitation and discrimination
• The right to information and education
• The right to health care and health protection
• The right to be free from torture and Ill treatment
• The right to participation
• The right to access services regardless of race, gender identity, sexual orientation, marital status, age, religious or political belief, ethnicity or disability
• The right to recognition everywhere as a person before the law
• The right to choose whom we are in a relationship with, how we have sex

- The right to full expression of gender and sexual orientation without stigma, discrimination, prosecution, violence and violation.

For sexual and reproductive health to be attained and maintained, the sexual and reproductive health rights of all persons must be respected, protected and fulfilled. Sexual and reproductive health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. To guarantee sexual and reproductive health, young people's human rights need to be recognized, and perhaps even more importantly, exercised. This includes young peoples' right to have access to the information and services required to make informed decisions about their health and sexuality, free from coercion and violence.

As mentioned above, a person's environment can affect their experience and expression of their sexuality, as well as their sexual and reproductive health and rights. This may be primarily as a result of the dominant views and attitude of a person's society on sexuality, rights and reproductive health and rights. These dominant views and attitudes are perpetuated by cultural practices, religious beliefs and legal provisions that seek to place restrictions of the experience and expression of sexuality, sexual and reproductive health and rights based on a person's age, biological sex, marital status, sexual orientation, gender identity or expression, HIV or other health status, choice of work, recreational behaviour, nationality, location, among others.

Let us unpack these words and phrases further so that we can understand how these impact on the experience and expression of sexuality, sexual and reproductive health and rights:

a. **Age** - Different societies have laws that determine when a person attains adulthood and therefore considered capable of making, and being held fully responsible, for their own decisions. This age of majority is 18 years in many countries and 21 years in some. There is sometimes a disparity between the age of majority and the ages of consent to sex and medical treatment. In many countries the age of consent to sex is usually lower than the ages of majority or consent to medical treatment.

   In Namibia for instance, the age of majority, consent to sex and consent to medical treatment are 21, 14 and 18 years respectively. The practical implication of this is that although a 14-year old is considered old enough to legally consent to sexual intercourse, they are not considered old enough to seek medical treatment without parental consent. This should be highlighted in some form.

b. **Sex** - refers to whether a person is born female, male or intersex. Usually when a baby is born, they are generally characterised as male or female in most societies based on their external genitalia or reproductive organs. The external genitalia are only one aspect of the biological attributes that determine the sex of a person. The biological composition up of other internal attributes such as the chromosomes and the

gonads also contribute to determine the biological sex of a person.

Gonads - – also referred to as sex gland or reproductive glands (Testis for males and ovaries for females) are responsible for producing the sex cells or sex hormones in an organism, typically the egg cells in female and the sperms in males.

Chromosomes - – these are thread-like structures that make up the cell or DNA of an organism. In humans, the sex chromosomes are designated as X or Y, individuals having two XX chromosomes are designated as female and those having one X and one Y chromosome are designated as males.

Although there is often alignment between the external genitalia, gonads and chromosomes, this is not always the case; it is also possible for a person to possess a combination of genitalia, gonads and chromosomes that do not typically align as male or female. Such a person is referred to as intersex.

Laws, policies and cultural practices in some countries apply differently to individuals based on their biological sex. These may include the absence of policies on intersex SRHR services or policies that restrict access to contraceptives to females even when they have attained the legal age of sexual consent.

c. **Marital status** – in some countries, sex outside marriage is illegal. In Pakistan, for instance, the minimum age of marriage for girls is 16 years and 18 years for boys. In a context like this, it will be difficult for young persons to access sexual and reproductive health services, even if above the age of maturity but unmarried.

d. **Sexual orientation** – Put simply, sexual orientation encompasses a person's erotic, physical, emotional and spiritual feelings and attractions to another person. These feelings and attractions may be predominantly towards a person of a different sex [heterosexual], same sex [homosexual], all male and female bodied persons (male and female bodied persons[bisexual] and in some instances, to no sex [asexual]. Every person has a sexual orientation; it is something innate to all humans. Sexual orientation goes beyond erotic or physical attraction and so sexual intercourse is not necessarily the sole evidence of a person's sexual orientation. Most people generally have a sense of their feelings and attractions [or lack of it] towards theirs and other sexes even before there is physical sexual contact.

In many countries around the world, laws, culture and religion place limitations on the expression or experience of certain sexual orientation. As a result, it may be difficult for homosexual and bisexual persons to publicly identify themselves as such and so may lead a public life as straight or asexual in order to conform to the dictates of their immediate society.

In such societies, it will be very difficult for Harry [from our example above] to inform his healthcare provider that he also has had sex with a male, thus hindering his ability to receive appropriate information and service.

e. **Gender** – Gender refers to socially expected behaviour of person based on their sex within a context. When a person is born biologically female, there is a societal expectation that they behave in a feminine manner, and conversely when born biologically male, there is an expectation of masculine behaviour. Gender is constructed and defined by society and what is considered feminine or masculine is neither static nor universal. (Binaries and boxes link) http:// msmgf.org/wp-content/uploads/2015/09/ BinariesBoxes_slidedeck.pdf

   Gender identity refers to one's innermost sense of self whether as male, female, a blend of both or neither, irrespective of their biological sex at birth.

   Gender expression refers to external appearances of one's gender identity, usually expressed or observed through behaviour, clothing, haircut or voice, and which may or may not conform to socially-defined behaviours typically perceived as feminine or masculine Transgender persons are people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc. (unpack the meaning of each words).

   Often, people are stigmatised or discriminated against because they are perceived not feminine or masculine enough. This perception often leads to assumptions about the person's sexual orientation. Gender expression is a wrong yardstick for determining sexual orientation, that is, a female person is not lesbian because she acts masculine, neither is a male person gay because they act feminine, and so on.

f. **HIV or other health status** – HIV is a mostly sexually-transmitted disease which currently has not cure although advances in medicines has made it possible for people living with HIV to live long healthy lives and achieve viral-suppression, meaning that by staying on medication the presence of the virus is reduced to the level that one cannot transmit it.

   Much of the stigma against people living with HIV [PLHIV] stems from myths about the modes of transmission of the virus and the sexual behaviour of PLHIV at the outset of the epidemic. Young people living with HIV are particularly at risk of denial of SRHR services because of cultural bias around youth sexuality in many contexts.

g. **Choice of work** – For a variety of reasons, people choose to sell sex as a way of earning a living. There is increasing recognition of the rights of individuals to choose how they earn a living including through sex work. As with all labour spaces, there is the need to ensure that workers are not

being coerced or subjected to degrading work conditions. It is also important to ensure that workers have access to services that reduce the risk attendant to their chosen vocation.

Many countries criminalise some aspect of sex work – the sex worker, their client, anyone who benefits from the proceeds of sex work, among others. There is increasing realisation of the importance of ensuring access to SRHR services for sex workers and their clients and de-stigmatising sex work so that countries can engage with sex workers and adopt positive policies that ensure improved health and rights outcomes. Depending on the legal age for work in a particular country, a minor cannot be regarded as sex worker and so this guide uses the phrase 'selling sex' to include young people who choose to sell sex.

Religious and cultural prejudice continues to drive stigma and discrimination against people who sell sex impacting on their access to SRHR services.

h. **Drug use** – Drug use is another behaviour that is attracts a great deal of societal prejudice, stigma and discrimination. Given the advances knowledge on drug dependency and rights- based approaches to addressing the needs of persons who use drugs especially those who inject drugs, there is increasing need for inclusive policies and non-stigmatising and evidence- based interventions.

Most countries including Zambia have punitive laws for people who use drugs, Cap 96 of the laws of Zambia under section 12, 13, is the one that is used by the Drug Enforcement Commission. The Public Health Act 295 has to be looked into as far as PWUDs are concerned pertaining to accessing health. There are no specific public facilities that can help IDUs to access services freely. This population is considered as a peripheral cadre of people who have nothing to offer to society.

A lot of young populations involve themselves in drugs due to stigma and discrimination from their families and different communities. For female YKPs, it's even worse for those who misuse hard drugs; they face sexual abuse as way of acquiring drugs from the suppliers.

Young YKPs, PWUDs in particular need to access health services and have their human rights respected like any other citizen. According to the WHO, harm reduction has proved to be an important undertaking for PWUDs.

This means the punitive laws on the drug users should be abolished and repealed for the benefit of PWUDs who are considered to be criminals instead of patients. A good number of PWUDs have been put in prison and making it even more difficult for them to survive due to withdraw symptoms and other syndromes due to use of drugs.

Some of the interventions according to the World Health Organization (WHO) for PWUDs include but not limited to the following:

- Substitution therapy e.g. Heroin to methadone or buprenorphine.
- Syringe and needle exchange
- Hepatitis B or C treatment
- TB treatment
- Condom distribution
- IEC material
- Elimination of stigma and discrimination

These have proven to be very efficacy and evidence has shown very positive outcomes from countries that have implemented these programs. These can only be attained when every person has access to health care with discrimination and when their rights are respected.

i. **Location [prisons and other places of detention]** – Particularly in the context of access to SRHR services, persons in prisons and places of detention face severe access challenges because of the general attitude of retribution rather than rehabilitation of people who have been in conflict with the law and ended up in prisons. This attitude means that in a resource- constrained setting, prisoners and persons in detention are not a priority for public health interventions or SRHR services.

There is almost universal evidence of sexual assault and violence as well as bartering of sex for favours making the need for SRHR services greater for persons in prisons. The situation is more dire for young persons in prisons because in many countries they are places in the same facilities as adults increasing their vulnerability to sexual assault and sexually- transmitted infections/diseases.

Young Key Populations – Young key populations as defined by this guide include young persons who sell sex, people who use drugs, people in prison and other places of detention, lesbians, gay-identified men, bisexual and transgender persons

What makes them 'key' populations is the fact that they face frequent human rights violations, systematic disenfranchisement, violence, social and economic marginalization and/or criminalization and have much higher rates of HIV and STIs than other groups. These groups are also 'key' to improving sexual and reproductive health [SRH] outcomes in that their engagement in advocacy for strengthened service provision and for policy and law review is critical. Young people, who are also members of key populations, are a neglected subset of this group. Young key populations face additional legal, policy barriers to access to SRH services, just because they are adolescents or young adults. It is also still rare to see their specific needs, rights and SRH issues included in national strategies or even in civil society advocacy efforts.

KEEPING IT REAL

So hypothetically in a context like Namibia above where the age of majority, consent to sex and consent to medical treatment are 21, 14 and 18 years if **Henrietta** who is 15-years old has consensual sex with **Harry** who is 22 years old, that may not be unlawful however if **Henrietta** goes to the healthcare centre the next day to ask for post-exposure prophylaxis [PEP] to prevent potential HIV transmission, she may be denied treatment without the consent of her parents. The highlighted age refers to an age at or above which an individual can engage in unfettered sexual relations with another person who is also at or above that age. Other variables, for example homosexual and/or sodomy provision(s) that are illegal or close in age exceptions exist.

In Zimbabwe the age of consent is 16 years old but the discrepancy of receiving SRHR information and services is different at 18 years of age hence the contradiction. The age of consent in Angola is **12** regardless of sexual orientation and/or gender. However, while rarely prosecuted, sexual relations with a child between the ages of 12 and 15 are considered sexual abuse which is punishable with up to 8 years in prison. The age of consent is **16** for females and **14** for males, but male homosexuality is punishable by 7 years' imprisonment. The age of consent in Kenya is **18** years, as children are defined under 18 and are not able to give consent. Marriage is possible below the age of 18; although the law is unclear, this probably confers adult status to the participant. Male homosexuality in Kenya is illegal; female homosexuality may be illegal. In Lesotho The age of consent is **14** years, regardless of sexual orientation and/or gender. The age of consent in South Africa is **16**, as specified by sections 15 and 16 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007. Section 15 ("statutory rape") prohibits the commission of "an act of sexual penetration with a child who is 12 years of age or older but under

the age of 16 years", while section 16 ("statutory sexual assault") prohibits the commission of "an act of sexual violation with a child who is 12 years of age or older but under the age of 16 years".

The law includes a close-in-age exception, so that sexual acts between two children where either are between 12 and 16, or where one is under 16 and the other is less than two years older, are not criminal. Children under the age of 12 are conclusively presumed by the law to be incapable of consenting, so a sexual act with a child under that age constitutes rape or sexual assault.

DIGGING DEEPER

The word 'bisexual' has typically been used to describe a person whose feelings and attractions are towards the male and female sexes. Having understood that humans do not only present as male and female but also as intersex, what should be an appropriate word for describing a person who is attracted to all sexes?

ADDITIONAL RESOURCES

For further reading and comprehension, the following resources are important:

- https://newscenter.sdsu.edu/lgbtq/files/03109-program_skypecon14.pdf
- https://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf
- https://www.hrc.org/resources/collecting-transgender-inclusive-gender-data-in-workplaceand-other-surveys
- http://kidshealth.org/en/parents/development.html#
- http://kidshealth.org/en/teens/start-developing.html?WT.ac=p-ra;
- Risks, Rights and Health http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/hivand-the-law--risks--rights—health.html
- https://www.ndi.org/sites/default/files/
- Policy%20Development%20and%20Advocacy%20Workbook_EN.pdf

IN THIS CHAPTER YOU WILL

1. Arrive at a working definition of policy in the context of SRHR services for young key populations
2. Learn to appreciate the types of policy and the impact of policy on access to SRHR services for young key populations
3. Understand the policy advocacy process

DID YOU KNOW?

The best kind of policy advocacy campaigns build a sense of community and build community power. Building broad, cohesive coalitions is critical to these efforts. One way to think about coalition building is by developing a list of groups and individuals who share the different parts of the problem you'd like to address and what would each party gain from supporting the effort. Of course, these issues are not black and white. Assess each parties depth of support, what they—and you—risk by coming together, what they bring to the effort and how much effort will it take to reach them and maintain their presence in the coalition

DEFINING POLICY

There are several definitions of policy. For the purposes of this guide we define policy as a high- level plan or set of action points which provides general goals and procedures to a government body or public institution. These can include, 'laws, statutes, regulations, guidelines, [and] operational procedures that impact on health outcomes and the human rights environment' and can be made at different levels [national, provincial, institutional, or professional]. Policies are necessary to ensure that all stakeholders understand the common objectives and are working towards it.

For example, policy can refer to a country's youth development plan or operational guidelines for administering contraceptives used in a healthcare facility. Table A gives examples of some of the types of policies that impact on SRHR and which advocates can target at different levels. Understanding the level at which a policy is crafted and implemented is important for deciding the type and level of advocacy that is needed.

WHAT IS ADVOCACY?

Before defining policy advocacy, it is necessary to look at the concept of advocacy. The term 'advocacy' is often used as if people share a common understanding of it. In reality, there are many definitions of advocacy and much debate exists regarding which one is most appropriate to make use of. Simply put, advocacy is the act or process of pleading or arguing in favour of a cause, idea, group or policy. It includes multifaceted and multileveled strategies that can be taken to bring about/elicit societal or broad change. It is about influencing people, policies, practices, structures and systems in order to bring about such change. It can include work that focuses on one specific issue, campaigns that span a specific period of time or ongoing work that addresses a range of issues.

Zimbabwe has an ideal ASHR country programme that targets adolescents/youth and is designed to improve the sexual and reproductive health of adolescents.

In Kenya, the global Health Policy Project (funded by the United States Agency for International Development), in partnership with African Men for Sexual Health and Rights (AMSHeR), developed Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers referred to as the Decision Model. It provided country stakeholders such as advocates, policymakers, and service providers with tools to inventory, assess, and advocate policies that govern the accessibility and sustainability of services for key populations.

Advocacy can be conducted at international, national, regional or local levels. In most cases, effective policy advocacy works through what can be defined as advocacy networks or alliances. These are groups of organisations and individuals working together to achieve changes in policy, positions or programming. It is generally accepted that the mission of advocacy is to create a society that is fair and just, where the needs and interests of marginalised individuals or groups are represented and addressed.

WHAT IS POLICY ADVOCACY?

Policy advocacy is a specific type or form of advocacy, of which there are many. It is the process of taking action, using a series of strategies, to influence the creation and development of public policy. It makes use of multiple targeted actions directed at changing policies, positions or programmes.

Specifically, policy advocacy seeks to:

• Establish new policies;

• Improve on existing policies and/or;

• Challenge pieces of legislation that impact negatively on particular individuals or groups:

Policy advocacy looks specifically at public policy, which is a set of laws (or other types of legislation) taken by government, or other governing bodies that have a local, national, regional or international reach. Its development involves a system of courses of action (or inaction), regulatory measures, legislative acts, judicial decisions and funding priorities concerning a particular issue. In summary, policy advocacy is directed at shaping public policy.

Policy Type	Definition
Constitution	The Constitution is the primary document that sets out the fundamental principles that a country has agreed to be governed by. In many countries, the Constitution is the highest law of the land and all other laws and policies must conform to its provisions. Generally, most Constitutions contain a section on human rights, this is referred to as the Bill of Rights
Legislation	Laws and other documents enacted or made by the law- making branch of government such as Parliament and the National Assembly
Official policy	High level documents issued by the executive branch of government, such as the president, prime minister, and other cabinet ministers. Includes edicts, presidential or ministerial decrees, national strategies, plans and programmes
Legal decision and judicial precedents	Within the separation of power between the various branches of government, the judiciary has the responsibility of interpreting the laws made parliament as well as other **official policies** made by the executive branch. Legal decisions and the rationale that guide interpretation and implementation of specific provisions of a law become policy to the extent that they provide clarify on the specific document that they are interpreting
Regulations	Documents issued by government ministries and departments that specify how laws, decrees, and other high-level policies should be put into practice, this includes orders, resolutions, and rulings
Guideline and protocols	Published documents prepared by professional associations [e.g., medical, pharmacy, nursing, and dispensaries] that specify the content and delivery of services
Operational plans	Published documents prepared by departments and programmes [e.g., National Youth and Adolescent Health Programme], usually on an annual or biennial basis, that specify the type and number of program activities to be conducted, such as training events, supervision schedules, commodities, and/or purchases
Operational protocols	Specific guidance on day-to-day operations and standards

UNDERSTANDING POLICY ADVOCACY

Based on the above, policy advocacy is therefore the deliberate process of informing and influencing decision-makers to effect policy change or improved implementation of existing policies.

Before commencing the policy advocacy process, you will need to have a good understanding of the policy environment on particular issues.

THERE ARE KEY QUESTIONS THAT NEED TO BE ANSWERED IN DETERMINING THIS –

A.	What is the problem?
B.	Is it one that policy can address?
C.	What group or groups are impacted adversely by policy situation?
D.	What is the policy-making process within your country?
E.	What agency or institution is responsible for implementing the policy or type of policy you want to target and who are the decision - makers?
F.	Who are the other actors or stakeholders that may have an interest in pursuing this policy advocacy with you?
G.	What traditional laws, customs or religious doctrine that might affect your targeted policy and/or decision -makers?

There are multiple and interrelated reasons why the SRHR needs of young key populations may not be addressed by policies in a particular context, one key reason being outright criminalisation or the intersection of the lives of young key population with the criminal justice system. In many countries, sex work, selling sex, same sex conduct and drug use are criminalised; people in places of detention are routinely denied access to so many services, including the SRHR services; and transgender persons are often subject to arrest and detention based on ill- applied impersonation and cross-dressing penal laws.

Below are examples of some factors that affect young key populations in the context of expressing and experiencing their sexuality and SRHR.

• A young person who sells sex might experience higher levels of sexual violence and thus increasing her need for emergency contraception and post-exposure prophylaxis;

• A pregnant woman who uses drugs might require specific advice on the interaction between methadone and contraceptives. She may also be unwilling to access healthcare facilities for fear that her child will be taken from her after birth;

• A bisexual man might require support on safer sex practices with him female and male partners may be unwilling to provide because she feels that to do so may be aiding the commission of a crime;

• A young man serving a prison sentence may require information on pre-exposure prophylaxis and other HIV/STI prevention information which prison officials may be unwilling to provide because they do not want to acknowledge that same-sex sexual intercourse takes place in prison;

• A transgender man may have difficulties accessing healthcare facilities because the relevant government authority refuses to provide identification documents with the correct gender marker.

Societal prejudice, stigma and discrimination impact on the ability of young key populations to access SRHR services. Societal prejudice is also informed by religious and cultural attitudes towards sexuality and sexual reproductive health and rights.

Social prejudice refers to **adverse opinion or learning formed against an issue or a group** in a particular society without just grounds or in the absence of sufficient information. Stigma is a powerful **social process of devaluing people or groups** based on a real or perceived difference such as gender, age, sexual orientation, choice of work, behaviour, nationality, etc. Discrimination follows stigma and is **the unfair or unjust treatment** of an individual or group based on that socially identified status.

For instance, in some religions same-sex sexuality is considered unacceptable as is contraception, birth control, sex work or selling sex. Some societies accept the transgender identity, they only limit their societal acceptance in certain spheres. There is also a lot of prejudice and stigma against prisoners and detainees which severely impacts on their access to services.

POLICY INCLUSION V. EXCLUSION

Why does inclusion in policy matter? Why is it important to achieve inclusion of stigmatised and discriminated groups into policies?

When groups of people such as gay, bisexual and transgender persons, people who sell sex or use drugs, detainees and prisoners, are excluded or neglected in policies, their communities are marginalized. Although many legislated policies are general and in their provision and arguably cover 'everyone' or 'all persons' in their language, it is important to have specific policies that specifically address the needs of those groups who are more likely to be victims of societal prejudice, stigma and discrimination. Policies should therefore explicitly mention these groups as part of a human rights-based approach to promoting and protecting their sexual and reproductive health and rights.

Ideally, SRHR policies should recommend standards of care for marginalised groups, sensitivity training for healthcare providers, enforceable measures to reduce stigma and discrimination and institutional recourse for redress when rights are violated.

CRIMINALISATION

The criminalisation of same sex acts, drug use and sex work continue to impact on access to SRHR services especially for young people. Throughout sub-Saharan Africa and in many parts of the world, policies stemming from former colonial laws create environments in which SRHR interventions for young key populations can be stifled. Criminalization perpetuates a culture of fear, stigma, and discrimination including for those living in countries that may not necessarily be actively implementing these laws. These criminal provision laws create a hostile environment for key populations, forcing already marginalized communities further underground, increasing their individual risk, escalating the escalating epidemics such as HIV, and restricting health and rights services.

Identifying Policies that Impact on the SRHR of Young Key Populations

There are potentially three ways in which policies may impact on any group or populations.

A. The **policy expressly exclude or is silent on the group or populations i**n the letter of policy or portray them in a manner that logically leads to the exclusion of the group. For instance, if a policy provides that contraceptive shall be available on demand for women at all primary healthcare facilities but includes a proviso or an express exemption to providing unmarried women with contraceptive then this will be an example of express exclusion of a group or population within a policy.

Another form of implied exclusion from policy is where a policy lists beneficiary of a particular service but does not mention a group that should ordinary fall within that category. For instance, if a policy provides 'free STI testing services, that is female sex workers, transgender persons and people who use drug', the omission of 'men who have sex with men [MSM]' which is an internationally recognised key populations group, may imply that the service is not available to MSM or to male sex workers because of the express mention of 'female sex workers'.

B. There is **no policy on the issue** in which case service is provided at the discretion of the services provider. Sometimes service providers and key populations groups may prefer not to advocate for inclusive policy change on issues that they consider too sensitive especially where the exercise of discretion in service provision is largely positive. For instance, some health facilities admit to providing services to gay and bisexual men but are concerned that any attempt to include gay and bisexual men in policy may jeopardise their service provision because of the political backlash such advocacy may engender.

C. The **policy includes the group or population, but they are excluded in the implementation** of the service. Often times, the barriers to accessing SRHR services is not as a result of a bad policy or non-existent policy but the refusal of service providers to render non-discriminatory and non-prejudiced services.

Before you can advocate for policy change, you need to understand which of the three scenarios above is relevant to the issue you are considering. What policies are in place, which policies should be in place but do not exist; and what good policies are being implemented poorly or not at all?

Below is a sample matrix for identifying issues and policies in your country and how these may impact on access to SRHR services for young key populations.

TABLE B – POLICY GAPS MATRIX

Applicability	Policy							
	National HIV and STI Strategic Plan (NSP)	Access to SRHR information including comprehensive sexuality education	Universal health coverage	Non-discrimination and access to justice	Gender-based violence	Legalization/ noncriminalization Legalization/ criminalization	Community engagement	Freedom of association
Yes [Inclusive Policy in place]								
No [No policy in place]								
Impact on young key populations								

To be an effective policy advocate for young key populations' access to SRHR services, you must:

BE DELIBERATE

Policy advocacy is a deliberate process, which involves intentional actions. It requires planning and strategy. It is not effective if done in an ad-hoc manner. Before embarking on a policy advocacy process it is important to ask and answer the above questions as part of your planning and strategizing.

INFORM AND INFLUENCE

Policy advocacy is about informing or influencing people who make policy decisions. It is important that your policy advocacy is evidence-based.

Evidence could be programmatic, documented community experiences or data which demonstrate the impact of the policy in question on the change desired or the problem situation. It is important to note that advocacy need not be confrontational to be effective. The emphasis should be on meaningful engagement rather than confrontation.

TARGET DECISION MAKERS

Decision makers are the primary target of policy advocacy. These are the individuals [not institutions] who have the formal authority to effect policy change or improve implementation. Decision makers may be part of government structures or from the private sector and wield influence over the policymaking processes. Decision makers may not necessarily be the final policymakers so it is important to know, both who the final signatory of the policy is [policymakers] as well as the decision makers [who influence the process and who can make or mare it. For instance, the minister of health may be the final policymaker in respect of the national SRHR policy but the director-general or permanent secretary in the Ministry of Health may be the most important decision maker in regard to effecting changes to that policy.

Develop good policies, change adverse or contradictory policies, and ensure better implementation of existent good policies

The aim of policy advocacy is to develop good policies, change adverse or contradictory policies, and/or ensure better implementation of policy. Policy change may be necessary due to the absence of a policy, an adverse or inadequate policy, or the improper enforcement of an already existing policy.

BE FLEXIBLE

The stages of policy advocacy do not always go in any chronological order. Although this Guide presents the advocacy process in stages [In Chapter 3], it is important to understand that a number of intervening circumstances and events may occurs that warrant the need to be ingenious with the advocacy process. In some instances, you may begin one advocacy intervention, and then, based on changes in the policy environment or political landscape, will need to switch strategies, focusing on different kinds of interventions and activities.

KEEPING IT REAL

"I think being a good advocate is tied to how you treat and work with people, both within your organization and with those to whom your advocacy is directed. It's very important to always be responsive and approachable, have reliable facts, know your audience and identify areas where your agenda priorities overlap with theirs. Be constantly engaged, even if you don't have a clear ask at a particular moment. All of these factors help build stronger relationships for when action may be needed." **Beth DeBrosse**

DIGGING DEEPER

Any discussion on doing advocacy would be incomplete without taking a look at who you may need to target to achieve your goal. Once you've decided what institutions or individuals have power or influence to enact your policy, then you must (through research) determine all the ways you can access and influence the process (personal contacts, media, as voters or taxpayers, freedom of information requests, etc.).

ADDITIONAL RESOURCES

- https://www.healthpolicyproject.com/pubs/
- 744_KenyaMSMDecisionModelReportFORMATTEDfinal.pdf
- https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Zimbabwe%20Final%20Report.pdf
- http://msmgf.org/wp-content/uploads/2015/09/BinariesBoxes_slidedeck.pdf
- http://catalogue.safaids.net/sites/default/files/publications/LGBTI_Binaries-Boxes_Poster.pdf
- http://www.sadc.int/documents-publications/show/
- Protocol_on_Gender_and_Development_2008.pdf
- http://www.undp.org/content/dam/undp/library/Democratic%20Governance/Youth/
- UNDP_Youth-Strategy-2014-17_Web.pdf
- https://www.ncbi.nlm.nih.gov/books/NBK379684/

IN THIS CHAPTER YOU WILL

1. Understand the various stages of policy advocacy

2. Learn the importance of involving and engaging affected groups in every stage of the policy advocacy process

3. Appreciate the diversity within various population groups and the need to engage as many of them as possible in order to get a full picture of a community

4. Identify strategies for engaging young key populations meaningfully

DID YOU KNOW?

- There are generally four common stages of policy advocacy

- No one understands the experiences and needs of a particular group better than the group itself

- Policies that do not meaningfully engage affected groups in the policy advocacy process inevitably impact the groups negatively

- No group of people is similar in identity, the only way to get a full picture of the experiences of any group is to interact with the group in its diversity and in all their multiple overlapping identities

- Social prejudice, stigma and discrimination may force certain groups off the mainstream of society, but no group is truly 'hard-to-reach' if one is sensitive and respectful in their approach to reaching them

STAGES OF POLICY ADVOCACY

As mentioned in the previous section, policy advocacy is a deliberate process and in order to ensure that none of the important aspects of the process is overlooked, we have identified five stages of the policy advocacy process and these will be discussed in the succeeding chapters. It is often the case, that opportunities and situations may occur that that may necessitate speeding up, delaying or amending the order of the stages, nevertheless, it is important to plan with these stages in mind so that no aspect of the process is inadvertently overlooked.

WHY IS POLICY ADVOCACY IMPORTANT FOR IMPROVING ACCESS TO SERVICES FOR YKP?

Policy advocacy is important for a number of reasons including to highlight an area of gaps in service provision for a particular population e.g. YKP, sex workers. As these populations are key to the epidemic and key to the response, the universal access and the 3 zero targets will remain illusory if specific interventions are not targeting these populations. Further, the GCHL found that even without a medical miracle millions of lives could be saved by policy change and States' compliance with human rights obligations. It is also important for ensuring that policies align with the States obligations, particularly it human rights obligations to its citizens. It can also be a tool for holding decision- makers accountable where they are not fulfilling their obligations e.g. when policies foster discrimination or marginalisation of certain populations, advocacy can be used to suggest concrete solutions to decision-makers.

Policy advocacy is a deliberate process that requires planning and strategy. It is a process of informing and influencing decision-makers with evidence with aim of effecting policy change or improved implementation.

To be successful, steps that need to be followed as part of this deliberate process. These steps are illustrated below:

ANALYSING THE ISSUES & THE POLICIES
Identify the issue and the policy theme
Identify key actors and institutions
Analyse the policy environment
Identigy options for policy change

OUTLING AN ADVOCACY STRATEGY-
Frame the policy point
Define the policy goal
Identify the stakeholders(Stakeholders Matrix)
Select the target audience

FINALISING THE ADVOCACY STRATEGY-
Identify key messages
Define advocacy activities
Set a timeline
Cost the intervention

EVALUATION THE ADVOCACY INTEVENTION-
Develop a LogFrame
Plan for monitoring and evaluation
Documenting the process

NIHIL DE NOBIS, SINE NOBIS –

NOTHING FOR US WITHOUT US

The most important thing to bear in mind through the policy advocacy process is the phrase – nothing for us without us. This phrase is used to communicate the idea that no policy should be decided by any policymakers without the full and direct participation of members of the group or groups affected by that policy. This is particularly so for groups that perpetually experience social, political and economic marginalisation. In its earliest recorded usage, principle of the phrase or its Latin translation – Nihil de nobis, sine nobis was used in the constitutional legislation that transferred governing authority from the monarch to parliament in 16th century Poland.

The phrase 'Full and direct participation', is usually used synonymously with 'effective representation' in this Guide.

The main reason given for the exclusion of lesbian, gay, bisexual and transgender persons, young people who sell sex, sex workers, people who use drugs or people in prisons and places of detention from policies is that they are invisible or hard-to-reach. As a result, there is almost zero- mention of these groups in national SRHR policies or very poor representation of their experiences, needs or required interventions. In some countries, public officials have gone as far as stating that these groups do not exist in their countries and often challenge these groups to make themselves visible.

It follows logic, that in societies where certain identities are criminalised or severely stigmatised often with pain of physical violence, the affected groups will not easily make themselves visible for fear of negative repercussion and thus often choose, at great emotional and psychological pain, to present mainstream identities in order to self-preserve or live outside the mainstream in the fringes of society where they are further marginalised or made invisible. Someone once said – **it is not that these groups are hard-to- reach but rather that they are easy-to-ignore**. This is often because the societal prejudice against these groups is often experienced vicariously by those close to them or who speak up for them such as their families, friends and advocates.

There are two practical applications of the phrase, nothing for us without us, for members of marginalised groups embarking on policy advocacy:

1. **No marginalised group is similar in its identity** or experiences therefore even if you belong to the group whose issue you are taking up, always remember that your identity and experiences is not the full story of that group. Therefore, in order to get to as much a comprehensive picture of the experiences of the group, their needs and their opinion on solutions to the issues, as possible, consult widely, including with those members of that group whose identity intersect with other identities. We will discuss 'identities and intersectionality' in a section below.

2. The other side of the coin on the principle of Nothing for us without us has to require that those who will be engaging on policy advocacy will need to engage with other stakeholders who will be impacted by the new policy beyond the primary groups who are the focus of the policy. This may include service providers, care givers, relevant Government departments and ministries – health, gender, youth development, justice, education, etc.

The process of consulting with other stakeholders also has the benefit of informing you of the potential points on which there may be opposition to your policy advocacy efforts. Knowing this in advance helps you plan with those points in mind. Secondly, consulting with other stakeholders helps you build alliances with other groups beyond the one that is most directly affected by the issue, also sometimes referred to as allies. These allies, if engaged effectively can bring a lot of positive contributions to the policy advocacy process.

Note – It is important to be very deliberate and strategic about which stakeholders are engaged, when and to what extent. Many a policy advocacy process has been sabotaged because information and engagement of other stakeholders where not managed properly. People are generally comfortable with the familiar and so generally instinctively fight the idea of change, especially if it challenges their prejudices.

DIVERSITY, IDENTITIES, VULNERABILITY AND INTERSECTIONALITY

As already stated severally, no group is homogenous/similar in its experiences, needs or relevant solutions. There are a number of circumstances that render a person more vulnerable to the injury [physical and otherwise] stemming from societal prejudice, stigma and discrimination against a group.

The word 'vulnerability' comes from the latin word for 'wound' – vulnus. Vulnerability connotes the state of being open to wound or injury. It can also be defined as the state of being exposed to the possibility of being attacked or harmed either physically or emotionally. Social inclusion or exclusion, access to resources – economic or otherwise, level of education, etc impact on the vulnerability of a particular person.

While societal prejudice and attitudes against a particular group based on their identity may by itself make them vulnerable, however the more the number of such identities that person has and the level of social exclusion and lack of access to resources, the higher the person's vulnerability.

For instance, Harry may face some vulnerability being a bisexual man in a society that criminalises homosexual conduct. However, if Harry is also a sex worker then the level of his vulnerability is further heightened, especially if he sells sex in a city where sex workers are frequently subjected to physical and sexual violence. If additionally, Harry is a foreign national in a country with xenophobic attitudes and if he is a n undocumented migrant, each of these identities – bisexual, sex worker, male sex worker, foreign national and undocumented migrant – predisposes Harry to a certain level of vulnerability. That vulnerability is further heightened if Harry is poor, lives in a slum and is uneducated.

Harry's experience will be completely different from the experience of Abdul, another undocumented foreign national who is bisexual and a male sex worker who prefers to meet his clients online or in upmarket bars and lounges, and who is relatively more affluent, lives in the suburbs and has the passport of a country that is not traditionally considered a 'producer of undocumented migrants'. Harry and Abdul are both bisexual, sex workers but their other identities and realities intersect in ways that may predispose one to possibility of attack or injury [vulnerability] more than the other.

So, if you are embarking on a policy advocacy process aimed at improving access to services for male sex workers, you will benefit from the experiences of the Harrys and the Abduls, as well as their friend in the same context who is a national of that country or of a different race, or of a different age or living with HIV, etc. The more the engagement with the diversity of a particular community, the better it is for ensuring that the policy addresses the different needs of these various identities to the fullest extent possible.

STRATEGIES FOR ENGAGING YOUNG KEY POPULATIONS - "NOTHING FOR US WITHOUT US"

There are different strategies for engaging marginalised groups. The appropriate strategy for engaging young key populations will depend on the purpose of the engagement and the level of engagement anticipated.

The engagement at the beginning of the process must be as robust and as diverse as possible to ensure that there is a more complete understanding of the experiences of members of the group on whose behalf the advocacy is being done. The second and more sustained engagement will be during the advocacy process itself. Since this process often requires a level of devotion of time, identifying members of the groups who have the interest, time and skills to commit to the process is important.

The African Men for Sexual Health and Rights [AMSHeR] uses an approach to policy advocacy known as the Utetezi Model [See A Guide to Advocacy on MSM Health, pg. X] which consists of holding community dialogues with a cross- section of members of the groups during which time they mostly share their experiences of accessing their health rights and services. These day-long sessions are aimed at collating as much information as possible to aid an accurate understanding of the extent of their problems and how it impacts on the groups in their diversity. These sessions also serve the purpose of documenting testimonies which may be used at a later stage as part of the advocacy process.

During these sessions the policy advocacy goal is explained and members of the group volunteer to join a small representative group which will participate throughout the policy advocacy process.

When engaging with young key populations, it is important to bear the following in mind –

A. Duration of session - convening one full-day community dialogue session with many participants may not be feasible. Consider holding a series of focus group discussions with a smaller number of participants. Earmark considerable time for these initial consultations since they will form the basis of the policy advocacy project.

B. Convenient platform - these focus group discussions may take place using a variety of platforms including face-to-face meetings or group calls using platforms such as Skype, etc. It may also be useful to set up closed groups of interested participants on social media platforms such as Facebook or WhatsApp and have moderated discussions within the groups which are geared towards answering the pre- determined questions. Participants may also be sent the questionnaires to complete and return to a designated member of the advocacy team.

C. Mode of response – young people are often inspired by processes that are fun and creative. It might be important to provide the options for members of the group to express their experiences using diverse modes that they are comfortable with including through drawing or painting, poems, music, writing a play, pointing out movies they have watched with scenes that contain experiences that they have had.

D. Convenor – the person moderating the focus group discussions whether they are face-to- face or virtual is very important too. Should it be a professional or a peer of what age or sex? Their level of experience and expertise moderating depends on the chosen platform. When using a social media platform, it important to pay attention to the digital footprint of the moderator or their previous activities online – twitter, Instagram, Facebook as these may enable or mare the ability of the participants to connect to the process.

E. Whatever platform, mode and duration these engagements take, it is important to be mindful of the security of the participants so the questions/questionnaires should be designed mindful of this, setting up closed groups on social media should use a system that vets those joining the group to minimise the risks of infiltration, informed consent should be sought and obtained from the participants to use the content of the sessions during the advocacy process in a respectful manner that will not attribute the stories to specific participants except if they choose otherwise.

KEEPING IT REAL

"Know your story. Have your evidence and your research so ingrained in everything you say, that you're not making stuff up." Kathy Bernstein Harris

DIGGING DEEPER

Discuss with your advocacy team, the various identities that the persons in the examples below carry and how each of the identities intersect to heighten the vulnerability of the persons. What groups of people will you consult to improve your understanding of the experiences of each of the persons below?

a. A young person who uses drugs and is a street child;
b. An LGBT person who uses drugs
c. A woman who used drugs and is pregnant
d. A transgender woman in prison
e. A home-based or internet-based sex worker

ADDITIONAL RESOURCES

- http://www.officeforyouth.sa.gov.au/__data/assets/pdf_file/0008/39680/Final-Better-Together-
- Youth-Engagement-Guide-V3-2016-02-09.pdf
- http://partnersforeachandeverychild.org/wp-content/uploads/2017/03/
- P4_EngagementHandbook_ESSA_0616.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5809959/pdf/13012_2018_Article_717.pdf

CHAPTER 4 ANALYSING THE ISSUES AND POLICY ENVIRONMENT

IN THIS CHAPTER YOU WILL

1. Understand the importance of doing some background research to inform the development of your policy advocacy strategy

2. Identify and prioritise the main issues impacting access SRHR services for young key populations

3. Analyse the policy environment and identify key actors, stakeholder and institutions

4. Identify options for policy change

DID YOU KNOW?

- That consensual same-sex acts are illegal in 71 countries [State-Sponsored Homophobia, ILGA 2017]
- Under 'fetal assault' laws, pregnant women who use drugs risk imprisonment and losing their parental rights. The fear of imprisonment and of losing their babies, impacts on the willingness of these pregnant women to access SRHR service [Criminalising Pregnancy, Amnesty International report 2017]
- In the United States, criminal justice policies endorse the practice of trying and convicting young persons as adults. Between 1990 – 2010, the number of young people in adult jails increased by 230%. [Children in Adult Jails, The Economist 28 May 2015]
- In some countries in the Middle East and North Africa including Algeria, Bahrain, Iraq, Kuwait, Libya, Syria and Palestine, 'marry-the-rapist' laws allow rapists to avoid criminal prosecution by marrying their victim [Human Rights Watch, 2017]

DOING BACKGROUND RESEARCH

In any given country there may be a variety of policies on the themes of sexual and reproductive health rights, young people's access to services generally, and key populations. These will generally cover a range of issues, some of which have already been mentioned above, including policies on service provision – who is qualified to provide what service, who is eligible to access what services, limitations on provision of services such as age, marital status, etc; policies that govern communication of information related to sexuality, SRHR, comprehensive sexuality education and at what age or education levels these information are made available; policies that penalise certain identities and behaviours; how government funds SRHR services; among others.

Before you get started, take the time to do some background research. Research is used very loosely in this context to mean 'dig deeper' and 'get as much information on the issues as you can possibly get'. Explore the big picture: what is the range of issues that affect young key populations? How do they affect them, not just as individuals but at community, national, regional, and even international levels? How various young key population do groups experience the same issues, are their experiences similar or different?

Although the focus groups discussions may already provide significant information to answer some of these questions, it may be necessary to consult a trusted expert on SRHR policies, sexuality and key population issues to help you in finding answers to some of the above questions, including those providing direction on how to research on policies – which often can get very technical.

BARRIERS TO ACCESSING SERVICES

Issues around young key populations access to SRHR services are complex and often go beyond the health system to include social and educational systems. A variety of experiences of societal prejudice, stigma and discrimination can affect the capacity and willingness of young key populations to access SRHR and how they will be impacted by various policies.

The main aspect of work at this research stage is to identify the intersection of policies on sexuality education and information, access to SRHR, criminalisation of key populations, healthcare service delivery for young people, in order to determine what the access barriers could be from a policy point of view. Very few countries will have a comprehensive policy framework on SRHR for key populations so as part of their background research, the advocacy team will need to check, if access to SRHR policies have provisions that are age-specific hence limiting the capacity of young people to access them; what these limitations are, e.g. parental consent, accompaniment by an adult or social worker; what are the relevant criminal law provisions related to selling sex, same-sex conduct, drug use, gender expression and limitation on the rights of detainees and prisoners. The policy issues in this area will likely arise from the gaps in service delivery, silence and exclusion of young key populations in the policies. Comparing these with the experiences of young key populations gleaned from the focus group discussions provide a more complete picture of what the policy environment, including implementation of policies look like for key populations.

INTERNATIONAL GUIDELINES ON SRHR AND YOUNG KEY POPULATIONS

There is no comprehensive international guideline on addressing the sexual and reproductive health and rights of young key populations although there are several guidance documents on youth and adolescent health, SRHR generally, access to services for key populations.

For example the UNFPA has developed an Operational Guidance for Comprehensive Sexuality Education. International guidelines are important for policy advocacy at a national level because they are 'international policies' which are the product of negotiations and agreement by governments around the world or technical bodies with the mandate to determine on the basis of credible evidence what the best, as well as, minimum standards are on these issues.

International human rights instruments provide the obligation of governments to protect the rights of its citizens and others within its jurisdiction. The Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant of Economic, Social and Cultural Rights, collectively called the International Bill of Rights contain the body of fundamental rights and freedom that all humans agreed to by all nations. The standard for policies on sexual and reproductive health and rights of young key populations should be the same as set out in the International Bill of Rights.

A quick exercise that can help you with determining what the policy issues are from the experiences of the various YKP groups that you belong to is to try and match each testimony or experience shared [issues] with one or more of the SRH rights. In doing so, it will be evident which rights the government may be violating.

Note – the government of every country is ultimately responsible for the violation or abuse of the rights of citizens and residents regardless whether they are performed or not those acting as government officials. In the case of private citizens or companies abusing the rights of other citizens, it is the duty of that government to redress the situation and create an environment that discourages such behaviour, including performed by enacting enabling law and policies and implementing them

A.	How do these issues affect our communities and which ones do we consider most urgent and why?
B.	Is it possible to cluster the issues that are similar? Will addressing a particular issue automatically lead to the resolution of another issue?
C.	Are there other groups doing advocacy on any of the issues? How much progress have they made? Are there lessons to learn from the process?
D.	Are the resources - human, time, technical expertise and financial, available to tackle the issue and at what scale to make any meaningful impact.
E.	What is the social, political and cultural context in which you are taking on such an issue? Is there a political moment to take advantage of or to avoid? For instance, anecdotal evidence shows across Africa that an election year is not always the best period for policy advocacy on key population issues.

BARRIERS TO ACCESSING SERVICES

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The main aspect of work at this research stage is to identify the intersection of policies on sexuality education and information, access to SRHR, criminalisation of key populations, healthcare service delivery for young people, in order to determine what access barriers could be from a policy point of view. Very few countries will have comprehensive policy framework on SRHR for key population so part of their background research, the advocacy team will need to check, if access to SRHR policies have provisions that are age-specific hence limiting the capacity of young people to access them; what these limitations are, e.g. parental consent, accompaniment by an adult or social worker; what is

PRIORITISING THE ISSUES

Since it will be practically impossible to work on all the issues you have identified, you will have to set some priorities. This simply means that you have to create some sort of ranking of the issues that came up during the various community consultations. Some issues may be more general and widespread while some may be more isolated. Also, by organizing the issues, it will be easier to identify how they relate to policy. Work with members of the key population group and their communities to prioritize the issues, decide together which issue you will work on first.

During the prioritisation exercise, ask the following questions:

MAP THE POLICY LANDSCAPE RELATED TO THE ISSUES

Once you have prioritised the issues and highlighted the ones you are considering working on, the next step is to determine what policies currently speak to those issues. What relevant policies exist? Are they being effectively implemented or are there gaps in implementation?

Are there policies that are missing that are vital for your issue? To examine what policies and laws exist, and which are missing, turn to government offices or organisations already doing policy advocacy work on the same or related issues. Some international bodies, such as the United Nations agencies, particularly UNDP, UNFPA, UNAIDS, UN Women current country policies on their websites. Consider the many ways that these and other laws and policy impact the lives of young key populations.

The Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers is a useful tool for examining a whole range of policies that impact on gay men and other men who have sex with men, transgender persons and sex workers, and the extent to which they include and meet the needs of these groups. Although the Decision Model is written in the context of HIV, the policies are comprehensively identified in a manner that can be applied to other issues beyond HIV.

The Decision Model mentions four main components of any policy looking at addressing access to service: framework; community partnerships; legal environments; and intervention, design, and implementation. For a policy to have an effective and positive impact, it needs all four components.

The table below briefly describes these four components. Use this table as a worksheet for thinking through how policy could effectively address the issues you have chosen to do advocacy on, and write your thoughts in the 'comments column'. This quick exercise is useful for the next step which is developing an advocacy strategy

TABLE C – POLICY COMPONENTS

Component	Description	Comment
Framework	How SRHR interventions and services are coordinated by various sectors, the integration of these interventions and services, how planning and budgeting for interventions are made and whether these are informed by data and evidence; the systems for monitoring and reporting on outcomes	
Community partnerships	Beneficiary community engagement and participation in policy design, programme implementation, monitoring and evaluation are quite essential. Community partnership is also about how organisations operated by members of the beneficiary communities are supported to understand the policy, and to contribute to its effective implementation and to holding relevant stakeholders accountable.	
Legal environment	The legal environment includes, the laws that govern public health interventions and services and how public health policies deals with authorisation, consent, privacy and confidentiality, and stigma and discrimination. The criminal law is also an important part of the legal environment for young key populations. How criminalised activities and behaviour impact health outcomes and the human rights environment, whether there are anti-discrimination provisions and other human rights guarantees in the law, access to legal service for accused persons, etc.	
Intervention, design and implementation	The process of intervention design and implementation and access, including procurement and supply management, eligibility criteria for various interventions, referral mechanisms, and other aspects of policy implementation that may impact health outcomes and human rights of young key populations.	

KEEPING IT REAL

Once you've assessed your organizational and community capacity, your allies and opponents as well as the gatekeepers who have the power to enact your policy, you are ready to develop an action plan for your campaign. The actions you take should be flexible and engage your community. Make sure that your target is clear and that the policy recommendations are within their power; specific; and can be articulated in a way that is easily understood. Set time limits for certain tactics and develop an alternate plan if your original tactics are not yielding results. Also, make sure you include a plan for monitoring your target institutions and the policies once they are implemented. Above all, be tenacious and remember that changing policy means changing minds—and that takes time.

DIGGING DEEPER

An advocacy alliance is a formal or informal partnership in which nonprofit organizations and companies work together to alter their operations, promote changes in public policies, support self-regulation, or endorse operating or ethical standards. Sometimes these relationships begin as adversarial ones that evolve into collaborative arrangements.

ADDITIONAL RESOURCES

- https://www.unfpa.org/sites/default/files/pubpdf/UNFPA%20Operational%20Guidane%20for%20CSE%20-Final%20WEB%20Version.pdf
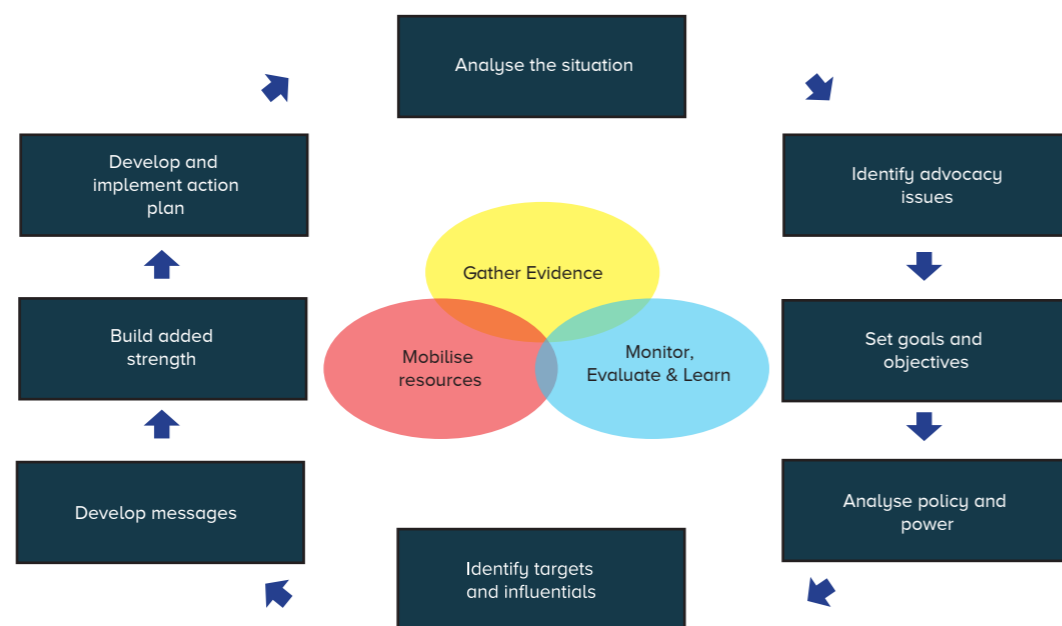- https://www.rutgers.international/sites/rutgersorg/files/PDF/171130-effective-srhradvocacy-2030-agenda-web.pdf

IN THIS CHAPTER YOU WILL

1. Define your policy advocacy goal

2. Decide what type of intervention to undertake to address your issue

3. Identify key stakeholder and target audiences

The diagram illustrates the advocacy intervention cycle.

There are generally 8 stages to follow in the advocacy cycle.

The following table briefly explains each and every stage in the advocacy intervention cycle:

TABLE 1-11 ADVOCACY STRATEGY TEMPLATE

Background	• Brief context & situational analysis
	• What's the problem? Why advocate on a policy? Human rights, commitments, accountability
Aim	• Long term goal that you want to contribute towards e.g SDG 3&5
Objectives	• SMART specific Measurable Attainable Realistic Time-bound change objectives
	• Do these contribute to the realization of your aims
Targets	• Who has the power to make the necessary changes?
	• Who influences these people?
Allies/ Partners	• Who can you work with to build momentum and support?
	• Different perspectives
Activities & Outputs	• Policy and research
	• Advocacy\popular mobilization
	• Engagement of key stakeholders
Key Messages	• For each audience
Timeline	• Moments/opportunities for influence. How to be prepared for these with evidence and advocacy needed?
Roles & Responsibilities	• Who is charged to do what?
Budget	• What activities cost?
	• What gaps and capacities- How to fill them
M&EAL	• Logframe

DID YOU KNOW?

In the last decade, lesbian, gay, bisexual, transgender, and intersex people around the globe have witnessed incredible progress in both legal reforms and shifting social attitudes. Indeed, over 100 of the United Nations' member states have reformed legislation and enacted measures protecting the rights of LGBTI* people.

It is quite possible that despite the prioritisation exercise, your team [which includes members of the key population groups] has not been able to agree on the issue to focus the policy advocacy intervention on. This is not uncommon given that in many countries young key populations face a number of barriers in accessing SRHR services which make daily living very difficult. In a context like that, each issue seems to be the most pressing a nd des erv ing of immediate intervention. One practical way of dealing with this may be to agree on three issues that the team feel most strongly about and then deciding on the top issue based on which will require the least resources and shortest time to undertake. Policy advocacy can easily become resource- intense and demanding time-wise, so it is always advisable to start with an issue that is not likely to require a lot of resources and time.

As mentioned in an earlier chapter, the essence of the principle nothing for us without us requires that other stakeholders who will be affected by the policy advocacy agenda need to be consulted too. This consultation is most important at the stage of planning the advocacy intervention. All relevant stakeholders including young key populations, other affected groups and communities, national and provincial agencies and institutions, civil society organisations, development partners, etc, should be involved in planning the advocacy intervention. The key objective is to enable stakeholders to agree on an intervention that will improve access to SRHR services for young key populations thereby improving human development and health outcomes and the human rights environment.

Discuss the advocacy points identified with the relevant stakeholders with a view to learning as much information as possible to further the advocacy agenda. Below are some questions to explore with stakeholders:

•   What is the relative contribution of the policy to the problem?

•   What is the likelihood that the intended policy change will have a substantial impact on many members of the affected population?

•   What is the likelihood of success (win-ability) within the timeframe?

•   What are the potential risks?

•   Do we have the capacity for implementing the advocacy intervention?

In the table below an example [Policy Point 1] is provided using the example of an issue identified after consulting young gay and bisexual males. They complained about the inaccessibility of lubricants for sex. The advocacy group is considering an advocacy agenda to get the government to recognise and include lubricants as an essential commodity for HIV and STI prevention among gay and bisexual males. Using this example answers the above questions with stakeholders on Policy Points 2 and 3.

TABLE D - POLICY ADVOCACY INTERVENTION TABLE 1-12. POLICY ADVOCACY INTERVENTION

Criteria	Policy Point 1 – Non-Inclusion of lubricants in essential commodities list	Policy Point 2 – National policy to remove the requirement for parental consent to get a test for sexually-transited infections [STIs] for persons under 18	Policy Point 3 – Sexual diversity to be included in education curriculum of junior school
Relative contribution to the problem	Data from research conclusively demonstrates the l ink between non- use of appropriate lubricant in anal sex and condom tear leading to infection		
Potential impact on a large number of the affected population	Data from research demonstrates that the lack of access to appropriate lubrication and use with condoms contributes to 63% of new infection among gay and bisexual males in Tikaland		
Likelihood of success within the timeframe	The recent study which provided data on the link between lubricants and rate of new infection was well received by the Ministry of Health and the National AIDS Council		
Potential risk	Medium risk: Potential Opposition by the Minister of State for Health who is averse to 'HIV commodities that promote homosexuality' and instigation of media frenzy on the issue		
Capacity for implementa tion	Two participants from the group are members of National HIV/AIDS Task Force in the Office of the Prime Minister

One participant is on the National Essential Medicines Committee | | |

DEFINE THE POLICY ADVOCACY GOALS

Now that you have identified your policy advocacy intervention, that is how you will tackle your issue, you will need to set clear and specific goals. When goals are not well articulated, the aim of the intervention can be interpreted differently, leading to confusion among stakeholders and poor implementation. Goals for an advocacy intervention should be SMART: specific, measurable, agreed upon, realistic, and time-bound. They should clearly state what would change, who will make that change, by how much, and by when.

In setting goals, it is important to bear in mind the three different types of goals that are important for any policy advocacy process; they are policy, effect and impact goals.

1. Policy goals are the specific actions you expect policymakers to take to improve the lives of young key populations

2. Effect goals refer to the changes in systems or practice that occurs because of the advocacy intervention.

3. The impact or final goal refers to the overall change that is expected as a result of the intervention. Policy change itself is never the final goal of an intervention. Ultimately, policy change should translate into positive improvements in access to SRHR services, health outcomes, and human rights for young key populations.

MAP THE STAKEHOLDERS

Once you have decided on your intervention and goals, you are ready to give deeper thoughts to understanding your stakeholders. Literally, a stakeholder is an individual, groups of individuals or organisation that has a stake in the outcome of the policy advocacy intervention. They may be decision makers who develop the policies, or technical partners who provide resources and expertise on the implementation of the issue, service providers who will be responsible for administers services associated with implementing the policy or they could be private sector companies who have a business stake in the status quo or who may see a business benefit in the implementation of your proposed policy.

A. Who are the decision makers for the issue and policy you have chosen?

B. Which technical groups and key stakeholders need to be engaged to help move the policy intervention forward?

C. What are the primary interests of these decision makers, technical groups, and key stakeholders in moving this policy intervention forward?

D. How are you currently engaging with these decision makers, groups, and stakeholders, and what are the opportunities for engaging with them?

Once the stakeholders have been identified categorize them and determine their level of commitment. This will help with the planning process, particularly as it relates to time frames, budgets, and resources.

TABLE E below provides a template to help you get started in identifying, categorizing, and determining the commitment and value-added of various stakeholders. When identifying stakeholders, it is also worthwhile to discuss potential opponents to your advocacy agenda. That way you will be able to anticipate and prepare for criticism and opposition, if or when they arise.

Stakeholders' participation in the advocacy process may vary from full, partial or no consultation. When considering stakeholders, it is helpful to ask :

1. What benefit is there in having this stakeholder participate in the process?

2. Are there any drawbacks in consulting any of the stakeholders selected?

3. At which stage in the process should the stakeholders be involved?

4. What should the nature of the participation be – private or in conjunction with other stakeholders?

TABLE 1-11 STAKEHOLDER MATRIX

Stakeholder name	Stakeholder description (Primary purpose affiliation, funding)	Potential role in the policy process (Vested interest, role, responsibility)	Level of knowledge of the issue (Specific area of expertise)	Level of commitment (Do they support or oppose the intervention, to what extent, and why?)	Available resources (Staff, volunteers, money, information, technology, influence)	Constraints (Limitations: need funds to participate, lack of personnel, political or other barriers, etc.)
Political /Public Sector [Government offic ials, Minister, Minister's Advisors, Permanent Secretaries, Political Party, MPs, Government Technical Committees, relevant national agencies for human rights, gender, women affairs, youth development, etc]						
Private Sector [Private companies and corporations, major business persons, financiers of political parties, lobbyists]						
CSO/NGO Sector [Other civil society organisations and non - governmental organisations interested in the issues or connected issues, community representatives]						
Donors, Developmental Partners and Agencies [United Nations agencies – UNDP, UNFPA, UNAIDS, UNDP, Global Fund, etc]						

SEEK THE SUPPORT OF ADVOCACY CHAMPIONS

Key populations health and rights access, as well as youth and adolescent SRHR can often be contentious advocacy issues in some contexts. Seeking the support of advocacy champions– individuals who are highly visible, credible, and trusted by the public and political leaders will lend credibility to your cause and help you get an audience with decision makers. In policy advocacy as with most initiative, the messenger is as important as the message. It is helpful to be mindful of who the best messenger for your message to a particular audience should be, and this is one of the roles that advocacy champions may be. Your advocacy champions may not completely embody your advocacy issues, but they must understand the overall advocacy objective and how their contribution furthers the objective.

A pop star or TV personality may be an appropriate advocacy champion to get your message to young people and mobilise a following around the issue, but they may not be the appropriate messenger to take your message to members of parliament. The success of advocacy champions is dependent as much on them staying with the message and connecting to your audience, as it is on the series of activities that you engage that audience in after the advocacy champion has gotten their attention. Advocacy champions should be viewed as a means an end, not because they cannot be involved in your advocacy agenda but because their appeal to the audience often is because of their lack of proximity to that audience.

SELECT THE TARGET AUDIENCE

Now that you've identified your stakeholders, it is important to determine your target audience. The target audience of a policy advocacy intervention is the person or group of persons who can help bring about the desired policy change you are advocating for. There are two types of target audiences, primary and secondary:

• Primary audiences are those with the direct authority to make policy change (e.g. the Mayor of a city, the Minister of Health, the Director- General of a relevant national technical agency, members of parliament, etc.) Informing and influencing your primary audience will be the centrepiece of your advocacy strategy.

• Secondary audiences are those that can influence the decisions of your primary audience (e.g. business leaders, interest groups, donors, local organisations, religious or cultural leaders, etc.). They are important because they can provide avenues to reach the primary audience that may not be directly available to you.

The more you know about your audience, the more successful your advocacy intervention is likely to be. It will also help you identify and craft your key messages, increasing the likelihood that they will be easy-to-understand and effective.

KEEPING IT REAL

in 2016-2017 there was some policy advocacy around data safety in Kenya (advocacy against use of biometrics by the ministry of health to collect data around key populations). The advocacy strategy was community driven with partner support and It yielded success where the community was able to posh back efforts by the ministry because there was no initial consultation from the community.

DIGGING DEEPER

Standards of legal protection for LGBTI people vary from country to country. In fact, 73 U.N. member states continue to criminalize same-sex relationships, fail to protect queer people from discrimination or outright violence, or target transgender people for simply exhibiting gender variance. It's clear that some political leaders ignore or even encourage deep-rooted stigmas and negative stereotypes that poison cultural beliefs and ultimately lead to discrimination in the workplace and other public spheres. (And of course, there's the United States, where many political gains of the past few decades are now under attack.)

ADDITIONAL RESOURCES

- https://www.ilga-europe.org/sites/default/files/Attachments/ilga-europe_manual_make_it_work_six_steps_to_effective_lgbt_hr_advocacy.pdf
- https://www.ilga-europe.org/resources/ilga-europe-reports-and-other-materials/make-it-worksix-steps-effective-lgbt-human-rights
- http://www.thetaskforce.org/static_html/downloads/reports/reports/outingage_final.pdf
- http://menengage.org/wp-content/uploads/2014/01/Policy-Advocate-Toolkit.pdf
- http://www.arasa.info/news/laws-and-policies-sexual-orientation-and-gender-identitysouthern-africa-need-urgent-revision/

IN THIS CHAPTER YOU WILL

1. Develop key messages for your identified audience
2. Develop a plan for communicating the messages to the audience

POLICY ADVOCACY KEY MESSAGE

At this stage the advocacy team should have

A. Identified the advocacy issue through extensive consultation with members of the affected communities in their widest diversity;
B. Identified the policy points related to the issue and analysed the policy environment to determine if there are policies that address the issue and the gaps both in policy and implementation;
C. Identified the relevant stakeholders who may be impacted by the policy advocacy goals, and categorised them as primary or secondary audiences.

The next step is to develop the policy advocacy messages that will be used to engage the stakeholders. A policy advocacy message tells your target audience what they are being asked to do, why it is worth doing and the positive impact of them doing. what they are asked to do A policy advocacy message should communicate

1. What you want to achieve
2. Why you want to achieve it [and why others should want to achieve it]
3. How you propose to achieve it
4. What specific action you want the audience to take

DID YOU KNOW

Selecting the best person to deliver your message can make the difference as to whether you are successful. Smart legislative advocates know which legislators are most influential on any given issue. They also know the names of those who are in a position to influence the legislator.

It is important to start with developing one overarching message that captures what you want to achieve and why you want to achieve it. Then adapt the overall message to the relevant audiences paying attention to the issues that are of importance to the audience.

In the sample example in TABLE F below, the primary audiences are the Minister of Health of Tahitland and the Director-General of the National AIDS Commission. The advocacy goal is to have lubricants included as a HIV prevention commodity on the National Essentials Medicines List.

The message has clearly communicated a reason why these two decision makers should take action, and that is to contribute to achieving the goal of reduction in the rate of new infection in the country.

TABLE 9 DESIGNING KEY MESSAGES

Delivered effectively	Speak to your audience	Updated Regularly	Reinforced Routinely	Clear and compelling
The aim of key messages is for your audience to agree with it and take action. How you deliver your message will depend on your audience. Explore the most effective way to deliver your message. Remember that the messenger is as important as the message. Evidence based information is important to include to support your argument.	The key message should show why it is in the interest of your audience to take the action you are requiring them to. It is important to get as much information as possible about your stakeholders to enable you to determine what their interest in your issue could potentially be.	As you gather more information, remember to update and refine your messages to keep them relevant. Also think through previous messages you have used and reflect on their impact.	delivering a message once is not enough. Relating and reinforcing the message provides an opportunity to clarify any concerns that your audience may have.	Avoid vague language and the use of jargon which the audience may not be familiar with. Instead use clear, simple language and keep messages short and concise.

Finally, before delivering your messages to your target audiences, take the time to practice.

Using the examples from Column 2 in Table below craft the key messages for you the primary and secondary audiences for the policy issues. The overall messages has been developed for you.

TABLE F - OUTLINING KEY MESSAGES FOR TARGET AUDIENCE

Overall Message	Inclusion of lubricants as HIV prevention commodity in the National Essential Medicines List Let us ensure that lubricants are available as a HIV prevention commodity. Research shows that proper use of condoms and lubricants reduces the risk of HIV. Join our campaign to have lubricants included in the National Essential Medicines List	Abolishing the requirement of parental consent for STI testing for young persons aged 15 - 18. According to the National Bureau of Health Statistic, 40% of young people have contracted an untreated STIs by age 18. 70% of 15 to 18-year olds polled cited the requirement of parental consent to STI testing as a deterrent to seeking treatment. The requirement of parental consent is harming the health of our young people and should be abolished.	Inclusion of sexual diversity in the education curriculum of junior secondary school
Target Audience / Key Message	Key Message		
Primary Audience	Inclusion of lubricants as HIV prevention commodity in the National Essential Medicines List [Primary audience – Minister of Health; Director – General of Tahitland National AIDS Commission] New HIV infections among MSM are increasing at a rate of 6% annually in Tahitland. One aspect that the HIV prevention campaign in Tahitland has neglected is the provision and promotion of lubricant use with condoms. Lubricants are generally unavailable because they are not included on the National Essential Medicine List.		
	However, lubricants have been demonstrated to reduce condom breakage during intercourse and are therefore an important HIV-prevention tool. We are asking you to approve an inclusion of lubricants on the National Essential Medicines List as a HIV prevention commodity. This step will ensure that lubricants are more accessible and will contribute to a reduction in the rate of new HIV infections by 3%; a goal that the President has set for the Ministry of Health and the National HIV Control Programme.		
Secondary Audience	Inclusion of Lubricants in the Essential Medicines List will increase the profitability of your business and will also reduce the rate of new HIV infections in Tahitland. [Secondary audience – Ms. Conddie, CEO of Health Commodities International, sole supplier of HIV health commodities to the Government of Tahitland and also the President's sister-in-law]		

	Available data show that to effectively meet the government's obligation to provide lubricants for MSM in Tahitland, there should be a 5ml sachet of lubricant available for every 4 condoms supplied under the HIV prevention programme. As the national leader in HIV prevention campaign in the country, supporting this campaign will raise your company corporate social responsibility profile while increasing your profits. We are asking you to support the campaign for inclusion of lubricants in the National Essential Medicines List. This action will ensure that lubricants are more accessible and will contribute to a reduction in the rate of new HIV infections by 3%; a goal that the President committed to during his/ her election campaign.		

TABLE 1-12 IDENTIFYING STAKEHOLDERS AND KEY MESSAGES

Target Audience	Action you want them to take (Key message)	How will they be prompted to do it	Key Communication channel
Political/public sector			
Private Sector			
CSO/NGO			
Donors, Development			
Partners			
Young Key populations			

KEY STEPS IN DESIGNING A COMMUNICATIONS STRATEGY

Effective communication is driven by the purpose of the campaign: what must change and who needs to be reached so as to bring about change? Within the overall campaign strategy, the communication strategy defines how to capture the attention of the target audiences and convey a compelling campaign message.

During the intervention planning process, the problem has been identified, the situation analyzed, the stakeholders and target audiences identified, and the campaign objectives or intended outcomes set. This forms the basis to begin crafting a communications strategy.

Set the communication goal and objective	More commonly, communication goals vary according to different target audiences. This is the norm in advocacy campaigns as primary and secondary target audiences need to be reached differently and will likely take different types of action.
Develop Key Messages that effectively speak to the audiences	Messages should be tailored to resonate with the target audience(s) – various versions of the message may need to be prepared to reach different audiences. For example, the message that 'violence against KPs is a violation of human rights' could be understood differently by a parliamentarian, a religious leader, or a village elder. It may need to be adjusted – while maintaining the essence of the meaning – to be better understood. It is also important to consider who will deliver the messages, i. e. the "messengers".
Identify effective communication channels, techniques and tools	One can distinguish between interpersonal channels (one-on-one contact), community- oriented channels that use existing social networks, and media channels (including modern mass media such as radio and TV, "new media" such as the internet and SMS, and "folk media", e. g. story-telling and traditional cultural performances). What are the techniques and tools that are most likely to effectively reach the audience(s) through these different channels?
Map accessible communication resources	"Messages should be tailored to resonate with the target audience(s) – various versions of the message may need to be prepared to reach different audiences. For example, the message that 'violence against KPs is a violation of human rights' could be understood differently by a parliamentarian, a religious leader, or a village elder. It may need to be adjusted – while maintaining the essence of the meaning – to be better understood. It is also important to consider who will deliver the messages, i.e. the"messengers"."
Set and monitor time-lines, milestones and indicators in action plans	A communications action plan helps to translate the strategy into specific guidance for its activities, while monitoring helps to verify, at regular intervals, whether the strategy is progressing as planned, and whether context changes call for adjustments, e.g. different tactics.
Write up a communication strategy document	This is essential to clearly define, layout and track all the key steps mentioned above. A written document can also be shared easily with all campaigners to ensure that everyone is 'on the same page', in terms of messaging and how communications activities will be conducted.

KEEPING IT REAL

Specific communication activities or materials may turn out to work more effectively than others, which may prompt you to increase successful activities and reduce those that do not seem to work. New partners may emerge with offers of support that may require adjustments in the strategy.

DIGGING DEEPER

For key populations, particularly those experiencing multiple discriminations, mass media may not necessarily be the best way to reach them especially if this is not in a language they understand, or via a channel they have access to. Some rural minority communities for example, may not understand the national, mainstream language, and they may not have proper access to radio, TV or the internet, making print materials more useful in this case (including pictorials for illiterate communities).

In some contexts, specialized media that targets marginalized groups may exist – such as print media in Braille; radio or TV stations that broadcast in minority languages. It is useful to research how effectively these can be utilized in campaign activities. In addition, community level work, e.g. through trained activists who are part of or familiar with the target communities, can be an effective way to reach marginalized groups

ADDITIONAL RESOURCES

- https://www.nae.edu/File.aspx?id=21570
- http://www.jrmyprtr.com/great-key-messages/
- http://www.undp.org/content/dam/undp/documents/projects/ETH/Final%20C.%20and%20A.
- %20STRATEGY.pdf
- http://amecinternationalsummitstockholm.org/wp-content/uploads/2015/06/UNICEF-Global-
- Communication-and-Public-Advocacy-Strategy1.pdf

IN THIS CHAPTER YOU WILL

1. Identify specific activities to implement your advocacy intervention
2. Set a realistic timeline
3. Determine how much the intervention will cost and locate available resources
4. Reflect on what opposition to your campaign might look like
5. Prepare to change course on your intervention as other opportunities arise
6. Develop a plan for documenting your process

DEFINE ADVOCACY ACTIVITIES

Once you have developed your key messages and adapted them for your different audiences, the next step is to choose your advocacy activities. Your advocacy activities are a series of actions that will be carried out towards achieving the advocacy objectives. These will include, activities aimed at engaging your primary audiences or any other set of activities that are necessary between communicating your key messages and the policy advocacy objective – whether it is to abolish an existing policy, develop a new one or require better implementation of an existing policy.

DID YOU KNOW

Decision-makers may use their power to abuse others. Many of the problems we try to address in advocacy work arise through abuse of power, such as bribery in local government, the use of force to remove people from their land or information being kept hidden.

If we want to undertake advocacy with integrity, it is vital that we do not abuse power ourselves. Bribery and force should never be considered options, and we should never use advocacy to seek positions of power or influence for their own sake. Instead, we need to seek to transform power relations, so that they are more just and fair, and meet people's needs.

TABLE 1-12 ULTIMATE MENU OF ADVOCACY ACTIVITIES

Get onto radio and/ or television	You can broadcast on radio as young persons discussing the issue of sexual violence in your countries	Speaking on a television or radio show is free in mostcases. However, your organisation must select an eloquent person who can articulate themselves clearly and knows the subject well
Create a radio or television ad campaign or documentary	Documentaries which look at the possible negative impact of selected laws should may be produced in vernacular languages	Producing television and radio documentaries or films is costly. You need to employ script writers, producers, directors, actors and ahost of other film and media personnel.
Write a news article to expose the issue	An example of a news article that puts an issue in the public domain can be written focusing on e.g. stigma and discrimination of YKP at airports in Africa	If there are people who possess good writing skills and a firm grasp of the issues of concern, they can write articles for newspapers and magazines, which usually won't incur any costs.
Issue a press release	A press release is a communication that is sent to news media and can then be picked up by newspapers, but sometimes television should also appear on an organisation's website . They provide information on a particular matter of concern.	A press release should be written by someone with good writing skills. It bears no financial cost and allows the media to pay attention to important issues, which then alerts society at large.
Invite the media to attend an event or profile a story	The media is not always aware of important social and policy issues that are taking place. Therefore, you should invite the media to attend any marches, public talks or information sessions that you may be organising or have access to. Make an effort to develop relationships with journalists , producers and editors. Develop a database of media contacts.	If your organisation or advocacy working group or alliance has funds or resources available, you can host an event to debate or discuss an issue and invite the media to attend.
Use Facebook, Twitter, Instagram etc	Social media platforms can be used to draw attention to important issues as well as to directly communicate with key audiences. Visit the AMSHeR website amsher.org for ideas	If you have access to the internet, starting a campaign or group has no cost. You will need to identify someone to monitor and manage online activity and content.
Call a meeting with relevant government department	It important to learn to work cooperatively with government whenever this is possible. Identify allies that will support your cause and a dvocate fromwithin government	Working with government requires constant interaction. Your organisation needs to elect a lead person who will attend meetings and other events where they will be required to provide assistance and input in developing policies.
Hold government or its presentatives accountable by taking them to court	You can file complaints at the Court against representatives for e.g . hate speech , unfair discrimination and harassment of e.g women.	Taking government to courtisan advocacy strategy that must be considered very carefully. It is expensive because one has to pay legal fees and may disrupt relations between you organisation and government. Taking this approach requires a thorough risk assessment.

Write submissions (recommendations) responding to proposed legislation	Submissions are written, or oral, presentations detailing an organisation's views or opinions on a matter or piece of legislation under consideration by a governmental law-making body such as Parliament.	Submissions can be written by people who possess good writing skills and a firm grasp of the issues of concern. If they are being presented orally, such persons should know the issues well and be able to articulate them clearly.
Distribute materials such as pamphlets, booklets or manuals providing relevant information	This strategy is particularly useful if you need to share important information with community members.	This strategy may require that you produce a wide range of resource materials. Your organisation must be prepared to develop the content of such materials and pay for design and layout as well as printing , distribution and possibly translation into other languages.
Attend public hearings	Government and their various affiliates are often required to hold public hearings when developing a new law or policy. Since these public hearings will influence the development of public policy, it is important to attend these meetings so as to monitor the development of legislation and prevent the passage of policies that could have a negative impact on society.	You need to select a person or people that are able to vocalise key issues and concerns articulately. They must be prepared to engage with government officials and other organisations and be able to work collaboratively
Organise a demonstration or a sit-in	Mobilising the public can be effective in terms of placing pressure on government and policymak ers. When doing so, always ensure that any members of the public who have been mobilised understand the issue and are truly supportive.	No financial resources should be required. However, members of the public may require reimbursement for any expenses they incur, such as transport costs. If a demonstration or sit-in lasts more than a few hours, the provision of food may be necessary. Staff would need to spend time organising such an event and mobilising community members and networks in order to ensure that it is a success. Organising such an event badly could cause more harm than good.
Participate in, and issue shadow reports at, key regional and UN meetings like the African Union (AU) Health Ministers Meetings, AU gatherings, CSW etc.	Many global events at which governments are given the opportunity to submit progress reports, also allow for civil society to submit shadow reports, in order to receive a balanced view of a country's progress on a specific issue.	A significant amount of time and effort is needed to produce a comprehensive report of this nature. Staff time will be needed to conduct research and write up the findings. Financial resources will be necessary if you wish to have the report professionally designed and printed in order to make an impact. Such an undertaking however, is very valuable as any consequent work will have a very strong evidence base, lending much credibility to your campaigns.
Use national, regional and global accountability mechanisms	Explore the possibility of utilising accountability mechanisms such as national human rights institutions (for example, in South Africa: the Public Protector ,the Human Rights Commission and the Commission For Gender Equality) and regional mechanisms like the African Commission on Human and People's Right (ACHPR), AU Special Rapporteur, SADC Tribunal, UN Universal Periodic Review, International Criminal Court etc.	Staff time will be necessary to research such accountabilitymechanisms and write submissions

SET A TIMELINE

It is important to set a timeline before you begin implementing your advocacy strategy or any of the activities you have defined. Not all interventions will follow the same timeline. Yet while it is important to set your timeline at the outset, like the activities themselves, the timeline will likely shift as political events and other factors alter the policy environment. For instance, the situation of a target audience may change, an opponent may become an ally or the priorities of a key decision maker shift. Conversely, unforeseen circumstances and changes in the policy environment may provide a window opportunity that ensures the achievement of the policy goals within a shorter time than planned.

For this reason, it is important to build some flexibility into your timeline and be prepared to adapt to changing circumstances. To do this, advocacy activities need to be continuously monitored and carefully adjusted to changes in the policy environment.

COST THE INTERVENTION

Because of the unpredictable nature of policy environments, estimating the cost of an advocacy intervention can be difficult. Mid-course corrections to your activities and timeline may be necessary and can result in higher costs. The initial costing of your policy advocacy intervention should be based on your advocacy strategy and the activities you plan to undertake (e.g., lobbying, media campaigns, etc.). To get the most accurate estimate possible, include all of your activities, even low-cost activities such as holding meetings, writing media commentaries, and arranging site visits.

Consider the resources that will be required when plotting out your activities. This can include staff time, including salaries and benefits; training; office space; computers; telephone; airtime; postage; materials and supplies for planned events; etc. As you plan, include all possible activities, everything from briefing staff on the issue to a formal press conference. Consider where these resources will come from: donors; individual donations, including in-kind donations; your organization's budget; etc.

TABLE 1-13 IDENTIFYING RESOURCE NEEDS FOR YOUR POLICY ADVOCACY STRATEGY

Activities:	Resources Needed	Why this resource is important?	Where/what is the source?	Potential Cost $
Letter writing campaign to key decision makers	- Staff time - Communication tools - Materials - Space rental	Need staff to run the letter writing campaign Need postage to send letters Need paper and pens to write with Need space to write the letters in.	Donors and individual donations	
			TOTAL:	

ANTICIPATE PUSHBACK

I t is always important to consider the perspectives of those that do not agree with you. They may have their own advocacy agenda that is in opposition to your own. To counter pushback from groups in opposition of your agenda, pay attention to what they are doing and what messages they are putting out. When they do something that goes against your advocacy strategy, respond tactfully with sound, evidence- based arguments. Anticipate what your opposition to your agenda might look like and prepare these counter arguments before you put your advocacy intervention into action.

DOCUMENT THE PROCESS

As you implement your policy advocacy intervention, remember to document what you are doing and how you are doing it. By documenting your process, you will be able to tell the story of what you did, how you did it, what impact your work had, how it affected the lives of real people and how you could have done it better. Efficient documentation can help inform future advocacy interventions, capturing best practices and common pitfalls, and will make monitoring and evaluation easier. Documentation also preserves for posterity important reference material on the advocacy process.

The following needs to be documented:

A. Telephone calls, email, and letters
B. Developments and activities in the policy environment that impacted your intervention and how you adapted
C. Changes in the policy environment including new or the reshuffling of cabinet appointments
D. Records of inception meetings and advocacy workshops
E. Conversations with policymakers
F. Work planning sessions of key agencies
G. Campaign promises by politicians

COMMUNICATE EFFECTIVELY

When implementing a policy advocacy intervention, it is important to consider all the individuals involved in the process and to ensure that they are informed of any decisions or changes that take place. Knowing when to push ahead and when to hold back is one of the keys to the success of an effective policy advocacy intervention. Having everyone on the same page helps to make sure your stakeholders know what phase you are in [pushing or holding], ensures that messages are consistent, and everyone is working toward the same goals.

BE FLEXIBLE

Defining your advocacy activities at the outset will help to focus your advocacy strategy and make it easier to identify and secure the resources you will need. However, you will need to remain flexible. Your planned activities may change as your advocacy gets underway. Prepare for these changes by having contingency plans in place. For instance, if you plan to target a certain decision makermakermaker and find out that they are leaving office, be prepared to identify and target their replacement. Wherever possible, anticipate potential changes that may impact your activities and outline alternatives in your advocacy strategy, so you can quickly reference them if, and when, you need to.

PREPARE TO CHANGE COURSE

Do not be afraid to change course or put an activity on hold. Sometimes an intervention may lose steam if the issues are being dragged out over a long period of time or lose traction in response to the media sensationalising the issues or presenting information in an unfair or biased way. Managing this effectively will ensure that your advocacy intervention, and more importantly the issue, is pushed forward, not backward. If things go badly and you feel the intervention is at risk of failing, stay calm. Consider if moving forward will be the most effective way of advancing your issue and your policy advocacy agenda. Is it best to push forward or would it be more strategic to put things on hold? Do not be afraid to step back and wait for the right time.

Sometimes during an intervention, things shift. For instance, an election may result in changes in decision makersmakersmakers, or the enactment of new policies and laws, or other events occur that push new issues to the forefront. In response to these shifts, you may have to alter your strategy and intervention, and/or focus on new, timelier issue. See this as an opportunity to refocus your advocacy agenda, rather than a set- back to your planned intervention.

Gantt charts [see TABLE G] are an easy way to outline your activities and plan for the time they will take. Gantt charts can also point out potential bottlenecks and help with work flow. For instance, if you have eight activities or tasks planned for the month of April but only one in May and one in March, consider moving some of the April activities earlier or later to ensure you will have sufficient time and resources to complete each.

KEEPING IT REAL

Advocacy interacts with power dynamics because it involves:

• Holding decision-makers to account for their use of power
• Trying to change the way power is used
• Challenging the abuse of power
• Gaining access to power for those who are excluded
• Helping people to see and use the power they have in order to influence decision-makers
• Overcoming a sense of powerlessness in situations where people cannot use their power, or where it is not recognised or acknowledged.

POWER ANALYSIS TABLE

The following tool identifies and explores different types of power in order to understand how they interact to reinforce poverty and vulnerability. This is vital for planning and implementing advocacy. The phrase 'power relations' describes relationships between different types of power and relationships between different powerful people and organisations.

TABLE 1-12 POLICY ADVOCACY TIMELINE GANNT CHART

Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Research link between non- use of lubricants and HIV infection												
Present research findings and international guidelines to Ministry												
Follow-up calls and meetings with Ministry and other decision makers												
Circulate letter/ petition for inclusion of lubricants to stakeholders												

WHO?

Consider the relevant people, groups, organisations and institutions involved in advocacy:

- Who has power
- Who lacks power
- Whose needs to hear to be heard?
- Who needs to hear the advocacy message?
- Who is directly and indirectly, helping those whose voices needs to be heard?

WHERE?

Consider the culture, context, political space (closed, invited or created) and levels (international, regional, national, provincial, district, community) at which advocacy is taking place:

- Where does power exist?
- What is the culture in which the advocacy is taking place, and how does   this affect power relations?
- Which levels are most powerful?
- At what levels do voices need to be heard?
- What type of political space is available, and where does it exist?

WHAT?

Consider the types (power to, with, within or over) and forms (visible, hidden or invisible) of power that are applicable to advocacy:

- What power relations exist?
- If there is a power imbalance, what is it like?
- What types of power are these?
- What different forms of power are available, and who can use them?
- What could a change in the balance of power look like?

HOW?

Consider how appropriate different advocacy approaches are:

- How does power operate?
- How clear is our understanding of power relations?
- What methods and approaches of Advocacy are likely to work best to address any power imbalance?
- How could we overcome obstacles to better power relations?

DIGGING DEEPER

1. 1. Use media to attract public interest and support; write op-eds, letters to the editor, and use radio
2. Write letters, circulate petitions; start a letter writing campaign targeted to policy- or decision-makers https://www.youtube.com/watch?v=7NO_2tSTwCg
3. Organize meetings (formal and informal) with decision makers
4. Use social media to get your message out
5. Create information and education materials that use evidence to drive home your advocacy point
6. Partner with organizations that have more clout and recognition
7. Use personal testimonials in meetings with decision makers, advocacy materials, and events

 Hold community forums and other awareness raising events

ADDITIONAL RESOURCES

- https://www.youtube.com/watch?v=XMR1YIjHKaQ
- https://www.youtube.com/watch?v=iBRxl3Klhj0
- https://www.youtube.com/watch?v=q7rz3v588bQ
- https://www.youtube.com/watch?v=NZIeM6G5rYU
- https://www.youtube.com/watch?v=1x21H2yIxHE

IN THIS CHAPTER YOU WILL

1. Understand the methods and need to evaluate your advocacy intervention
2. Appreciate the difference between monitoring and evaluation
3. Understand the benefit of using a logical framework
4. Appreciate comprehensive M&E questions for policy advocacy
5. Understand how to communicate your results

Evaluation methods define how data are collected. They are systematic approaches for gathering qualitative or quantitative data that can be used to determine whether a strategy is making progress or achieving its intended results.

Like all evaluations, advocacy evaluations can draw on a familiar list of traditional data collection methods, such as surveys, interviews, focus groups, or polling (see box at right for other common methods). But because the advocacy process can be complex, fast-paced, and dynamic, which makes data collection challenging, and because advocacy efforts often aim for outcomes that are hard to operationalise and measure (e.g., public will or political will), new and innovative methods are being developed specifically for assessing advocacy and policy change efforts.

TABLE 10 COMMON ADVOCACY EVALUATION METHODS

Stakeholder Surveys or Interviews	Print, telephone, or online questioning that gathers advocacy stakeholder perspectives of feedback
Case Studies	Detailed descriptions and analyses (often qualitative) of individual advocacy strategies and results
Focus Groups	Facilitated discussions with advocacy stakeholders (usually about 8 to 10 per group) to obtain their reactions, opinions, or ideas.
Media Tracking	Counts of an issue's coverage in the print, broadcast, or electronic media
Media Content or Framing Analysis	Counts of an issue's coverage in the print, broadcast, or electronic media.
Participant Observation	Evaluator participation in advocacy meetings or events to gain firsthand experience and data.
Policy Tracking	Monitoring of an issue or bill's progress in the policy process.
Public Polling	Interviews (usually by telephone) with a random sample of advocacy stakeholders to gather data on their knowledge, attitudes, or behaviors.

Policy advocacy evaluation examines the progress or outcomes of a policy advocacy process or intervention. Since the purpose of policy advocacy is to influence a policy, directly or indirectly, evaluation in this case will entail looking at the degree to which your activities have influenced decision makers, as well as the outcome of that influence. It is important to understand the extent to which each activity contributed to the advancement of the advocacy goals or the policy outcome.

MONITORING V. EVALUATION

Monitoring and evaluating your advocacy intervention is important for many reasons. It will help you

• Measure the extent to which your advocacy activities are aligned to your goals
• Learn whether you need to adjust your advocacy strategy and/or activities
• Inform the planning of future advocacy interventions
• Account for the resources you used
• Demonstrate your results
• Develop evidence-based approaches to advocacy work that can be used for future projects

While monitoring and evaluation [M&E] are often grouped together, they are different activities. Put simply, monitoring is an on-going process of checking whether you are doing things the right way, evaluating is the exercise of checking whether you did or are doing the right things

The TABLE below summarises key differences between monitoring and evaluation. Consider these differences when deciding how you will monitor and evaluate your policy advocacy intervention.

TABLE 1-13 MONITORING VS EVALUATION

	MONITORING	EVALUATION
Timing	Continuous throughout the project	Periodic review at significant point in project progress – end of project, mid-point of project, change of phase
Scope	Day to day activities, outputs, indicators of progress and change	Assess overall delivery of outputs and progress towards objectives and goal
Main participants	Civil society organisations working on SRHR on young key populations, communities of young key populations, partners, stakeholders	External evaluators/ facilitators, Advocacy working group on young key populations, donors
Process	Regular meetings, interviews, monthly and quarterly reviews, etc.	Extraordinary meetings, additional data collection exercises, etc.
Written outputs	Regular reports and updates to communities of young key populations and organisations, partners, management, and donors	Written report with recommendations for changes to policy for access to health for young key populations, presented in workshops to different stakeholders [policy makers, Minister of Health, etc.]

There are a few points to bear in mind when examining the impact of your activities on a policy outcome:

A. Since policy advocacy is often a longer term, rather than a short-term process, it is often challenging to accurately measure the impact of an activity on the final outcome. It is therefore advisable to measure the impact of activities on an on-going basis and to be able to report on interim progress; this approach also gives the advocacy term the opportunity to fine-tune your strategies in light of the lessons learned from the evaluation process.

B. In evaluating the impact of your advocacy activities or intervention, it is important to determine to what degree your activity resulted in a particular outcome or together with other activities by other actors resulted in a particular outcome. The nature of policy advocacy is such that, although your policy advocacy team initiated the process, other actors and stakeholders may have engaged in other activities independent of your team that resulted in a particular outcome. Being realistic about your contribution or the attribution of an outcome is crucial to evaluating the policy advocacy process.

C. The flexibility that is required in order to adapt to changes in the policy environment as well as adjust the advocacy strategy makes it more challenging monitor the progress.

Policy advocacy is not an easy process. It is important to recognise that progress is being made even if it seems to be very slow. Continuous monitoring and documentation, including documenting the short-term [or mid- way] achievements of each activity, in addition to the final outcomes, are crucial for informing future advocacy efforts and for making sure that stakeholders and affected communities remain engaged and informed.

Evaluations are systematic and based on data [quantitative and/ or qualitative]. Think through the goals of each activity and how you will be able to measure whether you achieved the goal.

Ideally this type of evaluation will happen before you move on to the next component in your strategy so that you are able to improve as you go. For instance, if the activity is a one-on-one meeting with a key policy maker to persuade the policymaker of the need for including modules on sexual diversity in the junior school curriculum [policy], or at least to engage with the issues, then the evaluation asks the following:

• Did the policymaker agree that there is a need for a policy and will s/he be supportive of this process?
• If not, as a second-best position, did the policymaker agree to participate in an event with representatives of young key populations in order to be exposed to the issues?

If the activity did not achieve its intended objective, question why by asking

• What was planned that did not happen?
• Was the messenger/message well-articulated?
• Was the planning for the activity adequate?
• Did stakeholders understand the target audience correctly?

Policy advocacy on the SRHR of young key populations is often very dynamic due to the sensitive nature of the issues, the constantly changing attitudes and values of decision makers and stakeholders, and developments in the global policy arena that impact on country- specific policy decisions.

For these reasons, it is helpful when designing the M&E plan to:

• Evaluate your outcomes mid-way through your intervention in addition to your final [impact] goals
• Focus on contribution rather than attribution. It is not about who does what, it is about what they do.
• Use your evaluation to strengthen your intervention during the policy advocacy process, not just as an end-of-project evaluation
• Find creative ways to measure success. Measuring the success of advocacy can be difficult. Use numbers [quantitative data] as well as stories [qualitative data] to show your impact and measure success.

EVALUATE FOR THE FUTURE

The only way to become a more effective policy advocate is to carefully monitor and evaluate your interventions with the aim of using what you learn to inform and improve future advocacy efforts. Document best practices and lessons learned as you go and review them before planning your next policy advocacy intervention.

DEVELOP A LOG FRAME

Logical frameworks [Log Frames] provide a visual framework for showing the relationship between your goals and your proposed activities for achieving those goals, your target audiences, your timeline, and the ways in which you plan to measure success [indicators]. Although Log FramesFramesFrames may be cumbersome, it provides a simple visual of your process that helps everyone on the advocacy team track the process.

TABLE J - POLICY ADVOCACY INTERVENTION LOG FRAME

Issues/ problems	Advocacy point	Goals	Activities	Indicators	Target audience	Timeline	Responsible persons	
			[Linked to effect goals]	[Linked t o effect goals]				
		Impact goal	Effect goal	Policy goal			Primary audience	Secondary audience

Five questions for planning advocacy monitoring and evaluation

This section presents five essential questions for all monitoring and evaluation planning:

1. M&E Question 1: Who are the monitoring and evaluation users?
2. M&E Question 2: How will monitoring and evaluation be used?
3. M&E Question 3.: What evaluation design should be used?
4. M&E Question 4: What should be measured?
5. M&E Question 5: What data collection tools should be used?

M&E QUESTIONS

Who are the monitoring and evaluation users?	AMSHeR secretariat and membership Young Key Populations
	Advocacy Working Groups External donors
	Allies – government bodies, development partners, civil society organizations, communities
	Other external users – UN agencies, medi
How will monitoring and evaluation be used?	Accountability
	Informing decision-making National and global learning
	National and global learning
What evaluation design should be used?	"(for Accountability)-Single- or multiple-case studies, General elimination method, Contribution analysis, Participatory performance story reporting, Cost-benefit analysis, Performance monitoring (for Informing decision making) - Developmental evaluation, Real-time evaluation/ rapid assessmentc(for national & Global Learning)- Success (or failure) case studies"
What should be measured?	"(Activities) Digital outreach, Earned media, Media partnerships, Coalition building, Organising, Rallies/marches, Voter education, Briefings, Polling, Pilot projects, Policy analysis, Policy development, Policy maker education, Relationship building, Litigation, Lobbying (Interim Outcomes) Organisational advocacy capacity, Partnerships, New advocates, New champions, Organisational or issue visibility , Awareness, Salience, Attitudes or beliefs, Public will, Political will, Constituency growth, Media coverage, Issue reframing (Advocacy goals) Organisational advocacy capacity, Partnerships, New advocates, New champions, Organisational or issue visibility , Awareness, Salience, Attitudes or beliefs, Public will, Political will, Constituency growth, Media coverage, Issue reframing (Impacts) Improved services and systems, Positive social and physical conditions"
What data collection tools should be used?	"(Pre-Intervention assessment and mapping)- Advocacy capacity assessment, Network mapping-(before advocacy), System mapping- (before advocacy) (Ongoing monitoring of advocacy activities) Media tracking, Media scorecards, Critical incident timelines, Intense period debriefs, 360-degree critical incident debriefs (Interim effects fro advocacy audiences)- Research panels, Crowdsourcing, Snapshot surveys, Intercept interviews, Bellwether methodology, Policymaker ratings, Champion tracking, ECCO analysis, Network mapping (during/after advocacy) (Policy or systems change results)- Policy tracking, System mapping (after advocacy)"

COMMUNICATE WITH STAKEHOLDERS

Monitoring and evaluation both rely on effective communication with stakeholders. This could be through regular meetings, reports, or other established channels of communication. Whatever the method, it's important for those working on the advocacy activities to meet regularly to determine if milestones (mid-way goals/outcomes) are being met. If they are not it may be useful to consider if the policy advocacy strategy and/or activities need to be adjusted. You may want to ask: Have we identified the right stakeholders and/or target audiences? Are we using the most appropriate messages, activities, and messengers? Is there another way to best approach the issue?

It is also important for stakeholders to have the most up-to-date information as you work through your advocacy strategy. One piece of an advocacy strategy often impacts many others. For instance, if a meeting was scheduled with the Minister of Health, but was later cancelled, this information should be communicated back to partners and stakeholders, so they can make adjustments to other activities in the overall strategy that may be affected [e.g., thank you letter to the Minister, follow-up calls to his staff, etc.]. In this way, the monitoring process can also serve as a check on whether the strategy is still on the right track [i.e., are we doing things the right way in order to achieve our set objectives?].

KEEPING IT REAL

Since advocacy is often a long-term effort involving many actors, it requires an M&E approach that recognizes the unique, collaborative and complex nature of advocacy work. Advocacy occurs in a dynamic and fast-changing environment, which requires flexibility and at the same time makes monitoring and evaluation all the more essential.

DIGGING DEEPER

Evaluation, if done well, informs your work on an ongoing basis. Your group should periodically review each step of your action plan to assess if it's working. Some questions to ask yourself:
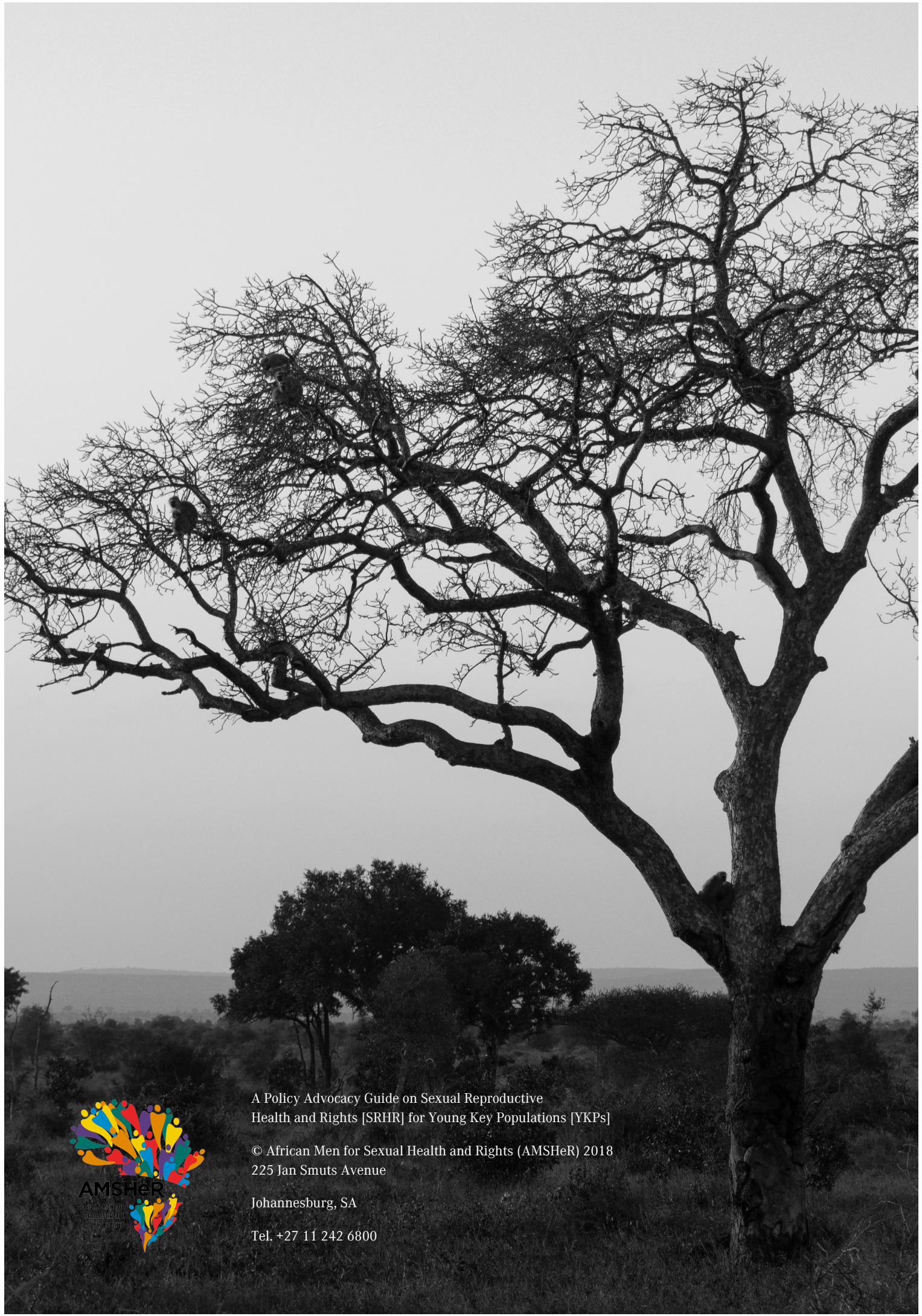
- Did we do what we said we would do?
- What have we gained (people, resources, exposure−related and not related to your goals)?
- What have we changed (policy, community or press relations, etc.)?
- What still makes sense to continue?
- What isn't working?

Use your evaluation information to make necessary changes to your action plan. Also, make sure that you just don't focus on your shortcomings. This is hard work, so take time to celebrate your achievements no matter how small they may seem.

ADDITIONAL RESOURCES

- http://www.pointk.org/resources/files/Unique_Methods_Brief.pdf
- http://www.3ieimpact.org/media/filer_public/2017/12/22/wp29-advocacy.pdf
- https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8928.pdf
- https://www.hewlett.org/wp-content/uploads/2016/08/Elusive_Craft.pdf
- https://www.unicef.org/cbsc/files/Advocacy_Toolkit_Companion2.pdf
- https://www.innonet.org/media/fdn_rev_morariu_brennan.pdf

A Policy Advocacy Guide on Sexual Reproductive
Health and Rights [SRHR] for Young Key Populations [YKPs]