ADVOCATING FOR
ADOLESCENT
REPRODUCTIVE HEALTH
IN SUB-SAHARAN AFRICA

ADVOCATES
FOR YOUTH

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ADVOCATES
FOR YOUTH

UNFPA

Advocates for Youth is dedicated to creating programs and promoting policies which help young people make informed and responsible decisions about their sexual and reproductive health. We provide information, training, and advocacy to youth-serving organizations, policy-makers, and the media in the U.S. and internationally.

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AN INTRODUCTION TO ADVOCACY

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ADVOCACY IS CRITICAL in efforts to improve adolescent reproductive health. Advocacy helps ensure that programs for youth are enacted, funded, implemented, and sustained by building support with the public and opinion leaders. Through education and example, advocates support young people's development to ensure that all youth grow up safe, responsible, and healthy.

WHAT IS ADVOCACY?

Advocacy is the effort to change public perceptions and influence policy decisions and funding priorities. Advocates educate about an issue *and* suggest a specific solution. All advocacy involves making a case in favor of a particular issue, using skillful persuasion and strategic action. Simply put, advocacy means *actively supporting a cause and trying to get others to support it as well.* This volume specifically addresses advocacy efforts to improve adolescent reproductive health.

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

WHY ADVOCATE FOR YOUTH?

National and community policies—written and unwritten—significantly affect young people's health. Other institutions which touch the lives of youth, such as clinics and schools, may have internal policies that also influence young people's reproductive health. Policies are a reflection of a society's commitment to its young people. Improving policies that affect young people's reproductive health is important in helping youth make a safe, responsible transition to adulthood. Thus, communities and YSOs advocate to build support and improve policies.

WHO CAN BE AN ADVOCATE?

YSOs, health care providers, researchers, parents, members of religious groups, and youth themselves can all be adolescent reproductive health advocates. *Anyone* who cares about the health of young people can be an advocate. The only requirement is to be *actively committed* to the issue. Too often, people who work with youth do not see them as advocates and think they lack the training or funding to engage in advocacy. In fact, staff of youth-serving and community-based agencies, teachers, health care professionals, parents, and youth are often articulate and compelling advocates for better programs and policies.

HOW DOES IT WORK?

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

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

HOW DOES ONE START?

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

Advocating for Adolescent Reproductive Health in Sub-Saharan Africa provides some examples of advocacy efforts by looking closely at the strategies and activities of reproductive health advocates in sub-Saharan Africa. These examples provide guidance to new campaigns, stimulate ideas, and generate new contacts among reproductive health advocates from around the region.■

Whether they are large or small, *effective* adolescent health advocacy campaigns include a few basic, but strategic, steps and activities. This advocacy kit provides information on how to:

- Perform a needs assessment,

- Formulate goals and objectives,

- Work with other organizations and individuals,

- Involve young people,

- Educate the public, often by working with the media,

- Persuade the public and policy makers to support adolescent reproductive health education and services,

- Answer questions commonly asked about adolescent reproductive health,

- Respond to opposition, and

- Evaluate the results and adjust strategies.

LAYING THE FOUNDATIONS: PERFORMING A NEEDS ASSESSMENT, SETTING GOALS AND OBJECTIVES

THE NEEDS ASSESSMENT
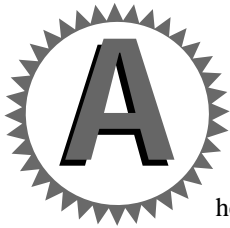
A REPRODUCTIVE HEALTH NEEDS assessment examines the reproductive health status of a defined group of people and analyzes factors that affect the reproductive health of that population. It should provide clear, complete, and accurate information on the health of young people in the target area, the services available to them, and the policies affecting them. The needs assessment provides a baseline from which to assess the impact of interventions, helps identify the most effective programs and policies supporting young people's reproductive health, and also determines where to focus advocacy efforts.

A complete needs assessment includes three components:

- Assessment of the reproductive health status of young people in a chosen community, region, or nation;

- Information on the availability and utilization of reproductive health information and services by young people, including gaps and barriers; and

- Assessment of local, regional, institutional, and national policies that affect the availability and utilization of adolescent reproductive health information and services.

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

ADOLESCENT REPRODUCTIVE HEALTH INDICATORS

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

It is helpful to collect and compare local, regional, and national data to identify local problems to address. While recent statistics provide a "snapshot," noting larger trends is also important, such as whether the rates of pregnancy or STD infection are increasing or decreasing.

The following data may be particularly useful:

- Percentage of all adolescents who report sexual activity;

- Average age at first intercourse;

- Average age of menarche;

- Birth rates among young women, both unmarried and married;

- STD rates among youth;

- HIV and AIDS cases among those 15 to 19 and 20 to 30 years old;

- Percentage of sexually active youth using condoms and/or other contraceptives;

- Abortion rates by age;

- Rates of maternal morbidity and mortality due to unsafe abortion and early childbirth;

- Average age at marriage;

- Average age at first birth;

- Percentage of girls subjected to female genital mutilation (FGM) and rates of morbidity and mortality resulting from the practice;

- Infant morbidity and mortality rates of children by age of mother;

- Rates of alcohol and/or drug use connected with sexual activity among youth;

- Incidence of sexual abuse and violence;

- Prevalence of prostitution among youth;

- Percentage of youth reporting having "sugar daddies" or "sugar mummies;"

- Percentage of young people with stable sources of income;

- School dropout rate and association with pregnancy, sexual harassment, and school failure;

- Number of out-of-school youth in the community;

- Number of street- or street-involved youth in the community;

- Number of youth orphaned as a result of the HIV/AIDS epidemic;

- Percentage of youth enrolled in primary and secondary schools and universities.

ASSESSING INFORMATION AND SERVICES

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

Useful questions to ask include:

- What primary health care services exist in the community?

- What reproductive health services exist? In particular, are testing, counseling, and treatment for STDs and HIV available? Are contraceptives and contraceptive counseling available?

- Are these services available to young people?

- Are services "youth friendly"? For example, do clinics offer convenient hours and lower prices for young people? Has staff received special training?

- Are reproductive health services completely confidential?

- Are services available to unmarried, as well as married, youth?

- What services are not available?

- How many young people use reproductive health services each month? In six months? Each year?

- Is transportation to services available?

- What prevents teens from using existing services?

- Do schools provide family life education that addresses sexuality, reproductive health, and life skills? Do other organizations provide such education? What subjects are covered?

- How are young people traditionally educated about sexuality and reproductive health?

- At what age does school-based sexuality education begin?

- Do peer education programs provide young people with reproductive health information? Who are the peer educators' intended audiences? What information do peer educators provide?

- Do some groups of young people in the community receive reproductive health information and services? Do some groups not receive this information and services?

- Do national or local media campaigns target youth directly with information on reproductive health? What types of information do they provide?

- What other efforts exist to provide youth with reproductive health information and services?

POLICIES THAT AFFECT ADOLESCENT ACCESS TO SERVICES AND INFORMATION

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

Policies may be written, such as that life planning education is provided in schools, or unwritten, such as that pregnant students should be expelled. Unwritten policies, while more difficult to identify, may be crucial to young people's well-being as they shape the behavior of decision makers.

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

- Do school family life education curricula include realistic reproductive health education and HIV/AIDS prevention education?

- Do schools provide age-appropriate reproductive health information before most young people initiate sexual activity?

- What policies address girls' educational attainment?

- Do schools provide additional training for school teachers who will be teaching reproductive health topics?

- What is the policy of schools toward students who become pregnant or who impregnate another student?

- Do policies prohibit the discussion of contraception, condom use, or other important reproductive and sexual health issues in schools?

- Do clinics train their staff in adolescent health? What information and skills training are provided to staff?

- Do clinic policies restrict unmarried youth from obtaining information and services?

- Do policies restrict or ban FGM?

- What is the minimum age of consent for marriage for girls? For boys?

- Does a statutory rape law exist? To what age does the law apply?

- What policies exist regarding teachers who have sexual relationships with students?

- Which national and local policies support or limit the efforts of NGOs which work with young people?

- What attitudes among parents, educators, traditional leaders, and health providers affect the reproductive health needs of youth? Do these beliefs reflect unwritten policies among the community's leaders or cultural norms?

- Do local businesses, factories, and companies educate young employees about HIV/AIDS prevention? Do they encourage employees to get information and services to prevent STDs and unintended pregnancy?

- Do local businesses work with other organizations in supporting young people's reproductive health?

OBTAINING THE DATA

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

Data for a needs assessment can come from a variety of sources. The Ministry of Health is able to provide information on national, regional and local health indicators. Local sources, including other YSOs, may also have data. Research institutions, universities, donors, and technical assistance organizations may be willing to share health studies or demographic information. Hospitals, family planning clinics, and YSOs may have statistics about the number of adolescents who use their services and the incidence of sexually transmitted diseases (STDs) or pregnancy rates among these youth. Peer programs based in schools or community organizations can provide qualitative and quantitative information about adolescent health.

OTHER MEANS OF LEARNING ABOUT YOUNG PEOPLE'S HEALTH

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

SURVEYS

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

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

FOCUS GROUPS

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

FORMING GOALS AND OBJECTIVES

Once the needs assessment data are collected, advocates must identify and rank needs. Each need should be assessed by creating a set of criteria.

Criteria for ranking may include the following questions:

- How severe is the problem? Is it life threatening? Does it cause permanent disability?

- How frequently does the problem occur? Do many young people experience the problem? Do most experience it? Or is it rare?

- What are the social or economic consequences of the problem? What impact does it have on an individual, a family, a community?

- Can advocacy meaningfully affect the problem?

- Are resources available to support the proposed actions?

- Given existing resources, public attitudes, and current policies, can advocates realistically have an effect on the problem?

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

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

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

- Increase funds allocated for adolescent reproductive health programs;

- Change laws or policies affecting young people's access to information and services;

- Encourage ministry support of, and collaboration with, youth-serving organizations;

- Revise internal policies of businesses and companies; and

- Identify and change unwritten policies within communities, schools, clinics, businesses, or other institutions.

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

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

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

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

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

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

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

CASE STUDY
THE KENYA YOUTH INITIATIVES PROJECT (KYIP), PART 1

The Kenya Youth Initiatives Project (KYIP) was implemented from April, 1994, through December, 1996, and was designed with the long-term goal of reducing unwanted pregnancies and rates of STD infection among Kenyan youth. The project was chaired by the National Council of Population and Development in coordination with the Family Planning Association of Kenya (FPAK), and was developed and implemented by a number of Kenyan YSOs. Johns Hopkins University Population Communication Services provided technical assistance and the United States Agency for International Development (USAID) provided funding.

KYIP's advocacy component was based on the findings of a Kenyan youth information, education, and communication (IEC) needs assessment carried out by a team of representatives from Kenya and U.S.-based NGOs, as well as a USAID representative. The assessment found the policy environment in Kenya to be unfriendly to youth and youth-serving programs, with numerous restrictive laws preventing programs intended for youth from providing appropriate services and education. The survey also identified the need for policy makers, youth, and parents to have more accurate information about youth reproductive health issues.

KYIP's advocacy sub-goals included:

- Increasing the knowledge of policy makers and community leaders about the consequences of unwanted pregnancies, STDs, and HIV/AIDS among Kenyan youth, and

- Encouraging policy makers and community leaders to support and advocate for appropriate sexuality education, counseling, and services for youth.

RESEARCH

With the assistance of the Centre for the Study of Adolescence (CSA), a Kenyan research organization, KYIP undertook three research projects to help determine appropriate advocacy strategies and messages for opinion leaders and the public.

KYIP began by analyzing the content and nature of media articles reporting on adolescent reproductive health issues, looking for topics such as rape, female circumcision, early marriage, pregnancy, school dropout, family life education, and STDs. KYIP found that issues related to morality received more media coverage when youth were involved, and that the media played an important role in generating public alarm about adolescent reproductive health issues.

The second study examined the national legislative policy environment for adolescent reproductive health by reviewing existing laws, policies, and sessional papers. KYIP discovered that policies on adolescent access to reproductive health services were based on laws written to address either children specifically or the population in general. Existing laws about reproductive health were vague, misleading, and contradictory and included no adequate definition of "youth." Family life education in primary and secondary schools was not comprehensive and did not address sexuality and reproductive health. As a rule, the Kenyan government was reluctant to make reproductive health information available to youth. Adolescents receiving reproductive health services were required to obtain parental consent.

As the third part of the study, CSA conducted in-depth interviews with 100 national, local, and community policy makers and opinion leaders to understand their feelings and beliefs about adolescent reproductive health. Respondents identified the top problems affecting youth in Kenya today as: unemployment (21 percent); reproductive health problems (21 percent); drug abuse (20 percent); and idleness (18 percent). Respondents believed Kenyan youth engage in sexual activity because of 1) financial problems (21 percent); 2) lack of sexuality information because of a breakdown in

tradition around families providing this education (19 percent); 3) parents' reluctance to talk to their children about morals and values (19 percent); and 4) idleness (15 percent). Policy makers noted several issues, including reproductive health, that were related to adolescent well-being and development; but few felt that policy makers should make a priority of reproductive health for adolescents.

When asked what changes they believed were necessary to address adolescent reproductive health problems, policy makers and leaders cited both a need for information to be more available to youth and their parents and also a need for training of health care providers in adolescent counseling. They also recommended holding forums to educate parents about adolescent health as well as giving supporters and opponents of school family life education an opportunity to discuss their differences and find common ground.

DEVELOPING AN ADVOCACY STRATEGY

Based on the research, KYIP concluded that individual leaders supported the provision of reproductive health services to youth, but that most were reluctant to raise the issue because they feared a negative public reaction. KYIP decided to make adolescent reproductive health a topic for public debate, believing that policy makers would be more comfortable discussing adolescent reproductive health once it was demonstrated to be a serious concern of Kenyans.

KYIP's strategy was to present information about adolescent reproductive health to policy makers in a new and interesting manner. KYIP used workshops to develop compelling messages and interesting materials that would encourage leaders to take action to improve reproductive health services for youth. KYIP developed three key messages for leaders:

- Invest in preventive health services because most young people's reproductive health problems are preventable.

- The consequences of sexual activity can be costly to youth.

- Leaders have a responsibility to foster and support improved reproductive health services for youth.

KYIP also recommended three key actions that leaders could take to address the identified problems:

- Speak out in favor of programs that provide services, information, and counseling to youth.

- Support legislation and policies which facilitate young people's access to reproductive health information, counseling, and services.

- Encourage other leaders in the community, such as religious leaders, teachers, health care providers, and the media, to discuss youth issues.

KYIP provided leaders with written materials that permitted them to speak confidently and factually about adolescent reproductive health issues. KYIP's strategy packets included fact sheets with statistics about adolescent reproductive health in Kenya, a booklet called *Supporting Kenyan Youth: A Leader's Guide to Action*, and a poster condensing some of the most crucial information from the fact sheets. Packets were distributed to local and national leaders, the media, and health care professionals.

TRAINING YOUTH ADVOCATES

Communities throughout Kenya nominated people to participate in a two-week training workshop to become youth advocates. The advocates included religious leaders, health care workers, and people already committed to youth issues in their communities. The advocates, determined to raise local awareness of adolescent reproductive health, received training in advocacy skills and current adolescent reproductive health problems. Young people also participated in the training workshop to give the adult participants a youthful perspective on adolescent reproductive health issues.

Participants returned to their communities to serve as resources in adolescent reproductive health and to create a dialogue between existing community groups and District Development Committees. The youth advocates' mandates were to raise awareness of youth issues in the community, educate leaders about adolescent reproductive health, and encourage local leaders to take actions to improve adolescent reproductive health in their communities. Having local leaders bring information about adolescent reproductive health into their communities empowered community members to take action. Communities that were sensitized to adolescent reproductive health needs placed pressure on the legislators representing them on a national level.

RESULTS OF THE PROJECT

An evaluation completed by the youth advocates at a follow-up workshop showed that they were pleased with the KYIP materials, wanted more information, and desired to be more involved in youth issues in their communities. KYIP's evaluation showed that youth advocates increased public awareness of adolescent health issues and contributed to the growing debate on the provision of adolescent reproductive health information and services in Kenya. As a result, legislators who had been hesitant to voice their concerns about adolescent reproductive health may have become more vocal, knowing that they had the encouragement and support of their constituents.

SOME LESSONS LEARNED FOLLOW:

- Leaders are parents first. Resolving adolescent reproductive health problems, therefore, is important to them both as parents and as leaders, making them obvious targets for a number of different advocacy messages.

- Messages that are personal and compelling are most effective.

- Obtain broad consensus among as many groups and leaders as possible. Over time, advocacy messages can become more specific, as leaders become sensitized to adolescent reproductive health needs.■

BUILDING NETWORKS: COLLABORATING FOR COMMUNITY EDUCATION AND ADVOCACY

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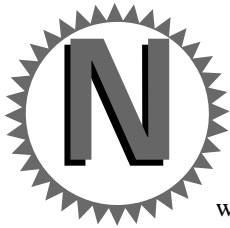
NETWORKS CAN PLAY AN IMPORTANT ROLE in public education and advocacy on adolescent reproductive health. Networks allow different groups to work together toward a shared goal by coordinating strategies and pooling resources. Networks which include a range of organizations, groups, and individuals demonstrate to policy makers wide support for particular policies or programs.

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

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

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

CHALLENGES TO BUILDING A NETWORK

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

- Building **consensus** is a time-consuming process. Still, network members may not always agree on the goals, objectives, and strategies of the network.

- The network must build **trust** among its members. Member organizations and programs may compete for funding from the same donor agencies, hampering their ability to collaborate. Building trust in the face of such conflicts is difficult.

- Members may have **previous experiences**, both personal and professional, with each other, that affect their ability to work collaboratively.

- The larger the network grows, the more complex it is to manage its **logistics**. Keeping all members aware of meetings, actions taken, results, and upcoming activities is important.

- The network must find a means of **dividing up work** equitably among members.

- The network must remain a **collaborative effort** among all members, rather than the possession of one or several of the most powerful members.

- Members must agree on **rules** necessary for the network to operate smoothly and effectively.

- The network must decide how to leverage **resources** for its collaborative activities.

Organizations and Groups to Involve in a Network

young people

school faculty and staff

teachers' organizations

health professionals and clinic staff

researchers

traditional leaders

parents

reproductive health organizations

family planning providers

youth-serving agencies

religious leaders and organizations

community associations

youth groups and centers

parent-teacher associations

representatives of government ministries

supportive local elected officials

cultural associations

businesses that employ or offer apprenticeships to youth

local representatives of the national government

AIDS prevention and care organizations

women's groups

GUIDELINES FOR EFFECTIVE NETWORKS

Some basic tips follow for creating and maintaining an effective network.

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

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

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

The mission statement clarifies what issues the network supports and addresses obvious criticisms. Highlighting program components such as "involving parents" and "promoting abstinence" helps forestall criticism and prevent misunderstandings. For example, a network seeking comprehensive family life education might adopt a mission statement that the network seeks to promote family life education which stresses the

importance of abstinence, provides young people with accurate information on how to protect themselves if they become sexually active, and builds communications skills with parents and peers.

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

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

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

facilitate an equal division of duties and responsibilities, the network may wish to establish a mechanism to share or rotate leadership among the members. The network may choose to create a broad leadership team that includes representatives of major groups and organizations. A diverse team can be highly successful in providing effective leadership on issues as complex and multi-faceted as teen reproductive and sexual health.

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

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

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

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

Involve youth. Articulate and committed young people can help the network remain true to its mission of serving youth. Youth are excellent representatives for programs designed to address their needs. Young people can organize students, friends, and other young people to support the network's advocacy campaign. Many community groups already work closely with youth and can help bring them into the network. Young people's participation may be hampered, however, by their fear that taking a leadership role among adults would be inappropriate. Some adults may have difficulty considering young people as full partners in the network. To promote active, meaningful youth participation, network members should commit to being open to young people's suggestions, actively seeking their input, and finding appropriate ways to ensure their full participation.

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

Select spokespeople who will represent the network to the media. Early in the network's development, identify members who have experience in public speaking or interacting with the media. The spokespeople may or may not be the same people as the leadership team. One spokesperson should be a young person. Members should agree on a process for handling inquiries from the media.

RESOURCES AND FUNDING

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

Faced with the need for resources and support, network leaders may choose to make the network into an NGO. While this offers the possibility of a stable source of funding, a network NGO may have difficulty maintaining inclusiveness and responsiveness to its members. Turning an open network into an NGO may cause the network's activities to be identified only with the chair and his/her organization. Other members may feel that they are receiving no credit for their contributions or that funding is not being divided fairly among members. If the network seeks funding as an NGO, it will need responsive leaders, a clear understanding of what will be done with funds, and open discussion of how all members will receive credit and attention for their activities.

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

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

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

- *Use existing opportunities to meet and communicate.* Hold meetings in conjunction with other events, such as a conference or workshop that members are already attending. Use members' existing newsletters and

publications to disseminate information on what the network is doing.

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

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

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

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

CASE STUDY
THE KENYAN ASSOCIATION FOR THE PROMOTION OF ADOLESCENT HEALTH (KAPAH)

In 1992, three hundred participants from twenty-eight countries attended the First Inter-African Conference on Adolescent Health in Nairobi, Kenya, to discuss the current situation of adolescent health in Africa. One of the principal recommendations from that conference was to establish "an umbrella body... to supervise and coordinate the activities of the various organizations dealing with adolescent health... to erase duplication of studies and programs and end the scramble for the meager funds that are available from donors." [1] Delegates proposed the formation of the African Association for the Promotion of Adolescent Health (AAPAH) and mandated that it promote the formation of national networks focusing on adolescent health.

The YSOs in attendance at the conference had found their day-to-day work hampered by their small size and isolation. They reported facing organized opposition from religious groups wanting to restrict sexuality education and services to adolescents. There was little coordination between local, district, and national NGOs to establish consistent messages, health services, and policy goals for youth.

In 1994, the Centre for the Study of Adolescence (CSA) organized a workshop in Nairobi— *Advocacy for Rational Approaches to Adolescent Reproductive Health*—and invited YSOs from all over the country. In addition to providing an opportunity to discuss adolescent reproductive health at a national level, the workshop established Kenya's

1 Mbugua W, Kizito P, Takon T, ed. *The First Inter-African Conference on Adolescent Health: Adolescent Health in Sub-Saharan African, Present and Future, 24th - 27th March, 1992, Safari Park Hotel, Nairobi, Kenya. Nairobi:* s.n., 1993.

branch of AAPAH, the Kenya Association for the Promotion of Adolescent Health or KAPAH. CSA drafted a statement of policies, procedures, and objectives, which was revised and approved by the attending participants. Six KAPAH officials were elected to form the National Executive Committee, which met at least once a month. Individuals and organizational representatives made statements of commitment, indicating the steps they planned to take to promote adolescent reproductive health at the peer, family, community, and organizational levels. KAPAH members were divided into five subcommittees: 1) service delivery, 2) publicity and information, education, and communication IEC, 3) fund-raising, 4) research, and 5) administration. KAPAH set the following objectives to promote adolescent health policies and activities in Kenya.

- Recruit additional members to secure the objectives of the association.

- Support the establishment of quality adolescent health services including counseling, treatment, and community centers.

- Promote adolescent friendly activities through public education, primary health care, and school education programs.

- Encourage the establishment and implementation of positive policies by the government, ministries, and local authorities.

- Network and communicate with other groups with similar interests, locally and internationally.

- Fund-raise to sponsor adolescent health activities.

- Support adolescent research projects.

- Hold periodic workshops, seminars, and conferences on adolescent health.

KAPAH is a loose network of organizations and individuals, which includes CSA, the Family Planning Association of Kenya or FPAK, Kenya's cultural associations, the Young Women's Christian Association of Kenya, the Girl Guides, the Program for Appropriate Technology in Health, Pathfinder International, the Single Mothers Association, the Ministry of Health's Division of Family Health, and youth representatives, among others.

KAPAH'S ACTIVITIES

The individuals and organizations that comprise KAPAH have worked together to 1) write a series of fact sheets, 2) publish articles in the Nairobi *Daily Nation* to present the facts on adolescent sexuality in Kenya, and 3) foster public discussion about incorporating family life education into the school curriculum. KAPAH has often met significant resistance from the Catholic church, which has long been opposed to family life education in schools. Yet, working together, KAPAH members have asked government officials to make speeches on youth issues at public events and have provided them with facts and talking points. As a result, other policy makers have asked CSA to write speeches for them on population and youth issues. In addition, CSA drafted the adolescent health sections of a pending population policy. CSA has marketed itself as a reliable source of information on youth and population, and it is frequently consulted by opinion leaders.

CASE STUDY
THE GHANA UNITED NATIONS STUDENT ASSOCIATION (GUNSA)

In 1996, GUNSA organized the First African Youth Conference on Sexual Health with the theme "Youth and AIDS: Challenges for the 21st Century." The purpose of the conference was to discuss the sexual health issues faced by African youth who grow up in a climate of rapid urbanization and social change. The International Youth and Students Movement for the United Nations (ISMUN) used its extensive networks to attract youth to the conference, while GUNSA supervised organizing and fundraising with the cooperation of other Ghanaian and international organizations.

GUNSA is an accredited member of ISMUN and works to empower young people to develop healthy knowledge, skills, and attitudes. Students run 150 branches of GUNSA in schools throughout Ghana, and the organization has a nationwide membership of 5,000. GUNSA created a variety of in-school programs which are designed to meet student interests and local needs. GUNSA chapters are careful to involve school administrators and to gain their support at each level of organizing and implementing youth activities. By engaging school leaders from the very beginning, GUNSA develops positive relationships based on responsibility, reliability, and trust.

INVOLVING THE PRIVATE SECTOR

GUNSA representatives believed that there was considerable fundraising potential from private corporations in Ghana. Recognizing that corporations might be reluctant to sponsor a controversial event, such as a conference on sexual health, GUNSA developed a strategy to convince corporations of the importance of their support. GUNSA sent corporations letters which explained the conference's goals and requested meetings with the company presidents. At these meetings, representatives outlined the scope and urgency of the threat pf HIV/AIDS to young people in Ghana. GUNSA emphasized that corporate sponsorship would provide an opportunity for the business to receive recognition in the communities for being sensitive to the needs of youth.

By framing the problem of HIV/AIDS as a public health concern for the country's youth, GUNSA was able to secure support and endorsement from a wide variety of Ghanaian businesses, including *Coca Cola*, Legend Design House, Ghana Postal Services, and the Ghana Broadcasting Corporation. The name and logo of each company appeared in the conference program, along with a message wishing "all participants at the First African Youth Conference on Sexual Health a successful conference." Companies became sponsors by providing an official service or product for the conference. For example, Astek Ghana provided the "official water" to the conference.

Although some companies declined to become sponsors either for financial reasons or because of the conference's content, GUNSA created widespread support for the conference in local communities and in the print media. In planning the conference, GUNSA already had the advantage of being well known for organizing successful workshops on adolescent pregnancy and on drug abuse and for raising awareness of adolescent reproductive health in communities. This established reputation made companies more likely to provide sponsorship when they might otherwise have been reluctant to do so.

Although often overlooked as a funding source, private sponsorship of conferences and programs provides benefits for both YSOs and businesses. Businesses benefit from having a new advertising outlet and having their products associated with a community-supported activity. YSOs benefit from having a new and influential way to promote their advocacy messages and from receiving desperately needed financial resources.■

iNVOLVING YOUTH: STRENGTHENING A CAMPAIGN BY WORKING WITH YOUNG PEOPLE

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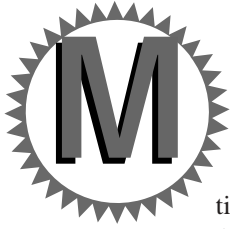
MANY NGOS SEEK TO INVOLVE YOUNG PEOPLE in the design, implementation, and evaluation of youth-serving programs. Youth involvement provides the organization with valuable insight into the needs of adolescents. Youth involvement also builds the leadership and communication skills of young people. Creating effective youth involvement, however, is a challenging process, one that demands commitment and flexibility on the part of both NGOs and young people themselves.

Youth involvement is equally important in the development and implementation of an advocacy campaign. Young people can provide accurate insights into the effects of various policies, or lack of policies, on their peers, and can help an advocacy network better define its goals, objectives, and strategies. The presence of youth in all network events and activities serves as a reminder of the issues which bring the members together. Finally, young people develop leadership skills and confidence and gain work experience.

However, youth involvement is more than just young people being present at a meeting or serving as spokespeople. Young people should play as important roles in the network as do adult members, and they should participate in decision making, planning, and implementation of activities. A number of factors, however, create barriers to youth involvement.

- Cultural norms make young people reluctant to speak out and adults less likely to listen to them.

- Young people and adults may have difficulty discussing and planning activities on the sensitive topics of reproductive health and sexuality.

- Young people may lack some of the formal training in processes that adults have, which may inhibit their participation in setting goals and objectives and defining strategies.

- Adults frequently assume that they easily understand the attitudes and challenges of youth today.

- Finding suitable locations and times for young people and adults to meet can be difficult.

- Young people, particularly out-of-school, working, and street-involved youth, may be reluctant to spend a lot of time on activities for which they receive little or no money.

Young people are a tremendous resource for an advocacy campaign. Bringing young people into the process early and getting adults and youth to agree on some first steps to build their communication and collaboration will help create the foundation of a sustainable effort. Following are tips for working with young people and involving them in advocacy efforts.

- If the network or organization does not have direct access to adolescents, contact other YSOs in the community. Invite young people who work with those programs to come and speak informally about their efforts.

- Discuss youth involvement with other organizations and identify those which are successful at involving youth in their activities. Seek information and materials that will encourage youth involvement in the advocacy campaign.

- Find locations and times for meetings that are acceptable for both young people and adults. Young people, too, should be kept informed about plans and meeting times.

- Begin with activities that will help build communication between youth and adults. Young people may need time to become comfortable before speaking up in front of adults. Adults may also need to examine their beliefs about adolescents and adolescent sexuality before they are prepared to listen to young people's opinions on the topic.

- It may take time and effort to get young people to participate fully in the network. Work to help teens feel comfortable. Do not assume that, if a teen is not speaking, that he or she has no opinion. Ask youth to contribute during meetings and discussions. Be open

and nonjudgmental about young people's insights and suggestions. Let them know that their involvement is important and valued.

- Provide training and mentorship to build the skills and confidence of young people. For example, a young person who has never participated in strategic planning may not be able to say much in a discussion about goals and objectives while a youth who has been trained in this process is far more likely to make a meaningful contribution. Young people may need information about adolescent health, the political situation, or reproductive health programs currently operating in the community. Young people may need training to become effective communicators and to feel comfortable speaking with the media or with policy makers. Providing young people with opportunities to build their skills helps expand the network's effectiveness.

- Obtain agreement of all network members that young people are equals. Youth should participate as much as possible in the decision making and should have the right to vote and hold leadership positions.

- Use the expertise of youth. Do not discredit young people's contributions as "idealistic." Young people are much more likely to contribute when their contributions are taken seriously.

- Be realistic in setting expectations. Some adults may be frustrated by the time and effort needed to integrate young people fully into the network. Be honest about your expectations for the project, the young people's contributions, and the network's benefit from youth participation. Trying to do too much at once may disappoint or frustrate everyone.

- Be prepared to offer support. Consider what is needed to involve a broad variety of community members, including youth, in the project. Support may include financial assistance, transportation, training, and information.

- Make the work interactive and fun. Like adults, young people are more likely to become and remain active in projects that are interesting and fulfilling.

- Do not make assumptions about any individuals, including youth.

Young People Can Do All This—And More!

Plan the strategy	**Plan and conduct a conference**
Do interviews with the media	**Speak to community leaders**
Plan a program	**Evaluate a program**
Design educational materials	**Get other young people involved**
Educate the community, other youth, etc.	**Conduct community interviews, research, or needs assessment**
Write letters to newspapers	**Be a spokesperson for the network**
Represent youth support for program funders	**Help represent the network to funders**
Keep the network in touch with the trends and challenges of youth in the community	**Evaluate the friendliness of information and clinical services programs for youth**

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1 Fylkesnes K, Musonda RM, Kasumba K, *et al*. The HIV epidemic in Zambia: socio-demographic prevalence patterns and indications of trends among childbearing women. *AIDS* 1997; 11:339-345.

CASE STUDY
YOUTH FRIENDLY HEALTH SERVICES IN LUSAKA, ZAMBIA

In Zambia, as in many countries, adolescent reproductive health remains a sensitive issue. Yet HIV/AIDS, early and unintended pregnancy, and illegal and unsafe abortion are widely recognized, by both young people and adults, as public health problems in need of intervention. A 1994 study found that most Zambian adolescents had limited knowledge about reproduction and sexuality and that 20.4 percent of childbearing, teenage women in urban Zambia were HIV positive. 1 Although providing family planning information and services to adolescents is legal in Zambia, youth were routinely scolded by clinic staff who were reluctant to provide services to young, unmarried people. However, AIDS prevention clubs in primary schools and TV debates, sponsored by the World Health Organization and UNAIDS, have established high levels of AIDS awareness in Lusaka. The community is open to new approaches for reducing adolescent risk.

BUILDING COMMUNITY SUPPORT

In 1994, public health workers in Lusaka clinics realized that existing health care services were not reaching youth. Zambian NGOs further found that providing reproductive health information and education to adolescents did not encourage their use of health care services. Even though youth understood the importance of using health services, they were fearful of using them. The NGOs and clinics began to collaborate to identify and reduce barriers to young people's access to reproductive health services. The Ministry of Health (MOH) Maternal and Child Health/Family Planning unit launched an Adolescent Health Task Force. The Task Force was drafted to develop a National Health Programme for Youth, made up of YSOs and clinics.

Recent policy reforms have decentralized health care in Zambia, making districts responsi-

ble for providing services to meet local needs. The MOH has established neighborhood health committees to provide a forum for communities to express concerns. The Lusaka District Health Management Team (DHMT) and UNICEF sought the collaboration of NGOs and health workers to establish what would soon become the Youth Friendly Health Services (YFHS) Project.

The need to improve adolescent access to health services had been clearly established, but detailed data from youth themselves were lacking. The YFHS set out to learn why youth felt uncomfortable using health clinics and what youth needed to facilitate their use of health services.

DEVELOPING A PLAN OF ACTION

In 1995 the YFHS Project held three workshops designed to elicit information about the health-seeking behaviors of youth. Each workshop was attended by youth, health clinic staff, and NGO representatives. Following the workshops, YFHS held a strategic planning workshop, established an action plan, and formed a YFHS committee, led by the Family Life Movement of Zambia, to implement the plan. Part of the plan called for peer education at three clinics in Chilenje, Chawama, and Kalingalinga as a means of increasing clinic use.

The YFHS committee held meetings with administrators in each district clinic to sensitize them to the idea of youth friendly services and to assess their willingness to participate in the project. Workshops were then held for administrators, clinic staff, and youth at the pilot sites to define "youth friendly services." At the workshops, participants laid out guidelines for the peer educators and developed ten standards for "youth friendly services." Fifty-two youth, ages 16 to 26 were trained to provide counseling, information, condoms, and referrals to their peers. The peer educators then conducted outreach in their communities to advertise the new program to youth.

The programs provided adolescents entering a health center with the option of speaking with a peer educator or an adult community health worker. Should the client select the peer educator,

they will meet privately. The peer educator will determine the nature of the complaint and consult the community health worker, who will decide on treatment. The peer educator then returns to the client to explain the needed treatment, bring medicines, and/or make referrals.

Peer educators meet monthly with health clinic staff and representatives from the YFHS committee. In an effort to increase community support for the project, the peer educators, clinic staff, and representatives of neighborhood health committees also meet monthly.

CARE INTERNATIONAL: IMPROVING ACCESS TO SERVICES

CARE International has taken a research-based approach to improving youth access to services in eight clinics it supports in Lusaka. In coordination with the Lusaka DHMT, neighborhood health committee representatives, and health clinic staff, CARE conducted research with adolescents using a participatory learning for action technique which encourages open discussion and allows participants to identify and analyze their own needs. The purpose of this research was two-fold: 1) to determine gaps in young people's knowledge about reproductive biology, sexuality, STDs, and pregnancy and; 2) to understand the treatment adolescents receive at health clinics and the types of services they would prefer to have available.

CARE helped youth form 28 discussion groups at the clinics. The groups met periodically to develop health messages for their peers. Clinic staff also worked with the groups to educate other young people about available services and to improve relations between the clinics and youth.

INSTITUTIONALIZING YOUTH SERVICES

Plans are underway to expand YFHS to more Lusaka clinics, and the Lusaka DMHT is looking for ways to involve more youth in peer education roles. Since YFHS programs began in August 1996, the response from adolescents has been positive. The Ministry of Health has encountered encouragement, not resistance, from the community and clinic health workers in Lusaka. Although restrictive policies remain on making condoms available to adolescents at clinics, community health care workers are becoming much more flexible.■

MOBILIZING THE PUBLIC: PUBLIC EDUCATION AND WORKING WITH THE MEDIA

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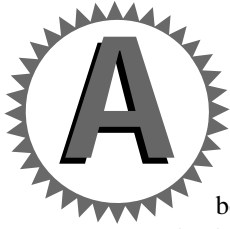
A SUCCESSFUL ADVOCACY CAMPAIGN targets three distinct groups that influence one another: opinion leaders, the public, and the media. Many opinion leaders will be more likely to support adolescent health initiatives when they believe the public agrees with their position. The media educates the public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

PUBLIC EDUCATION

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

Public education is most effective when specific audiences are targeted with tailored messages and information. Advocates may decide, for example, to target parents, members of religious groups, people in a certain part of town, or elders. Two examples follow. First, a youth-serving agency advocating for changes in school policy may focus its public education efforts on parents because their opinions may influence school officials. The campaign may also target religious leaders and school officials. Second, an agency advocating for improvements in the government's support for HIV/AIDS prevention may educate local businesses about AIDS' negative effect on employees and profits and encourage the businesses to speak out about a prevention program.

As each audience is identified, gather information and create messages that will be likely to persuade that group of people. Separate materials should be created for each audience. The concerns of parents, elders, business people, and teens will usually vary. The type of audience will also determine the strategies used to reach them. For example, an effort to reach out to people in a certain

part of the community might involve planning an event in the local community center. To reach business people, advocates may want to create and distribute a short, factual pamphlet.

Educational pieces should be short and easy to read. They should explain the need for the program as well as describe the program's components and its intended effects. Educational materials are a good opportunity to provide answers to questions, address concerns, and correct misinformation about the program.

MATERIALS SHOULD INCLUDE:

- National, state, and local statistics on adolescent reproductive health that may be affected by the proposed program or policy, such as rates of sexual activity, lack of access to medical care, rates of pregnancy, reported AIDS and STD cases;

- Factual information that describes the local situation, explains why the proposed program or policy is necessary, and describes its intended effects;

- Information on similar programs implemented elsewhere;

- Research and other facts that rebut expected criticisms from the opposition;

- Supportive media coverage of the issue, such as newspaper articles or editorials; and

- Information about the advocacy effort's purpose and goals and include a list of members.

OTHER ACTIVITIES TO EDUCATE THE PUBLIC

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

- Hold a community event to provide information about a reproductive health problem and encourage people to support the solution.

- Ask other organizations that are planning events for permission to hand out materials about the advocacy campaign and to meet with the public.

- Give presentations at local meetings, including parent teacher associations, traditional councils, training workshops, neighborhood associations, and other community gatherings.

- Ask opinion leaders to talk to their friends, family, and community about the issue. If these opinion leaders are difficult to reach, write letters and enclose materials for them to read.

- Go where the audience is, such as markets, bus stops, agricultural association meetings, community centers, and public areas. Distribute materials and simply talk to people about the advocacy campaign.

- Conduct polls or surveys to gauge community support.

- Write articles about the advocacy effort for newsletters.

WORKING WITH THE MEDIA

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

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

YSOs can have an effect on the way the public views young people by working with the media to dispel negative stereotypes. Providing the public with a better understanding of youth, as well as what YSOs offer, can build support for youth programs.

Successful media plans usually follow a four-step process.

1. **Define the role of the media in the advocacy campaign.** Getting public education out through the media enhances outreach efforts and supports advocacy goals and objectives. Build contacts with the media long before they may be needed.

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

For example, a strong message about important reproductive health education for young people may hurt the effort if it's release coincides with the illness and death of a prominent and respected opponent of such education.

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

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

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

The community is usually interested in stories about young people, particularly young people's health. However, the media often report adolescent

stories in ways that make young people seem irresponsible, dangerous, and disrespectful of traditions. This frequently confirms some people's opinions about youth as a problem and rarely helps to provide young people with increased access to information or services.

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

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

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

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

An organization or network must determine what materials and staff time are necessary for its media activities. The advocacy campaign should designate one or more spokespeople to work consistently with the press. The spokespeople should build contacts with members of the press long before the campaign begins to request press coverage. Select reporters to provide with short,

concise, and factual information on youth issues. Create personal connections by inviting reporters to attend a short, informal event with young people and members of the advocacy campaign. Reporters who work on short deadlines value contacts who quickly and promptly give them information for whatever story they are working on. Building a reputation as a reliable expert assures that when the spokesperson calls the reporter later to suggest a story, he or she will be likely to listen.

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

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

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

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

OTHER TIPS FOR WORKING WITH THE MEDIA

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

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

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

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

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

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

A packet may include:

- Information about the advocacy network (if one exists), including a list of members and the network's mission and goals;

- Contact information for the press spokesperson;

- Background data (such as fact sheets) on adolescents and AIDS, STDs, and other health issues;

- Information on YSOs and their programs;

- Positive press coverage the campaign has received;

- Information on how the proposed program or policy change will address community needs; and

- Materials that help reporters write a story, such as recent research on young people's reproductive health, quotes from the

campaign leadership, and copies of other opinion leaders' speeches or testimony.

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

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

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

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

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

and 3) contact information for the spokesperson. The main point of the news release should appear in the first two paragraphs.

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

CASE STUDY
KENYA YOUTH INITIATIVES PROJECT (KYIP), PART 2

The Kenya Youth Initiatives Project was designed to reduce unintended pregnancies and STD rates among Kenyan youth. KYIP's advocacy objectives included increasing the knowledge of policy makers and community leaders about the consequences of unintended pregnancies, STDs, and HIV/AIDS among Kenyan youth. KYIP analyzed media articles on adolescent reproductive health issues and responded with information, education, and communication (IEC) materials that presented more accurate information.

Focus group discussions were held with 37 groups of adolescents and parents throughout Kenya. The focus groups provided information on which to base IEC activities and media outreach. KYIP also held a one-week materials development workshop for YSOs throughout Kenya to develop messages based on information from the focus groups discussions.

IEC

The IEC group prepared three brochures for distribution in conjunction with other project activities. *Were You Ever Nine?* gives parents tips

and recommendations for talking with their children about reproductive health. Two booklets for youth, *Play the Game Right and Enjoy* present both factual information and stories of other young people. The brochures discuss how young people make decisions regarding their sexual and reproductive health and describe the outcomes of their decisions.

RADIO

KYIP's one-hour, weekly, *Youth Variety Show* was cited by the Kenyan Minister of Education at an Africa-wide conference as an example of quality programming for youth. The call-in format permitted discussion of sensitive issues, such as HIV/AIDS, contraception, and female genital mutilation (FGM). Each weekly show featured a diverse panel of youth, health experts, and artists who promoted responsible decision making, positive health behaviors, and increased self-confidence.

A national household survey found that, within six months, 63 percent of Kenyans ages 15 to 17 reported listening to the program. The number of youth citing radio as their reason for visiting health clinics rose from 23 percent to 56 percent among new clients. Parents appreciated the program for showing the difficulties and questions their children face growing up. Youth used the radio show as an opportunity to get answers to questions they felt they could not discuss with their parents.

The show became so popular that corporate funding continued to support the weekly broadcast after funding for KYIP ended. The show has also inspired a weekly newspaper column, *Teen Bus*, appearing in a national newspaper.

CASE STUDY
THE POPULATION IMPACT PROJECT (PIP), UNIVERSITY OF GHANA

Ghana's official population policy was established in 1969. Since then, the population has nearly doubled, yet economic growth has improved only slightly. This situation inspired leaders to convene *The Population and National Reconstruction Conference* in 1986. Conference participants focused on two major objectives of Ghana's 1969 population policy: 1) to reduce the population growth rate from an estimated 3.2 percent to 2.0 percent per year, and 2) to reduce the total fertility rate from 4.6 to 4.0 children per woman by the year 2000.

Participants felt these objectives were still desirable and achievable, and identified three reasons why the policy had so far been unsuccessful: 1) a lack of national political commitment; 2) a sense that the policy was donor driven and; 3) an emphasis on family planning at the expense of other population-related policy issues such as women's roles, the environment, and urbanization. Several professors from the University of Ghana formed the Population Impact Project (PIP) to follow through on ideas generated at the conference. The project was designed to address the identified obstacles to achieving Ghana's policy goals through a public education campaign combining PIP staff's knowledge and media experience.

PIP recognized that successfully advocating to policy makers and government officials would require broad-based support from other Ghanaian organizations involved with population issues. PIP's advocacy materials provided high-level officials with examples of problems and needs and proposed solutions to population issues based on community research. PIP also researched and presented data in a clear format that educates policy

makers and encourages policy interventions that respond to the needs of Ghanaians. National and community-based organizations clearly benefit from government support for their activities. During the course of the project, PIP has developed partnerships with a number of organizations in Ghana, including the National Population Council, the Ghana Ministry of Health, the National Council of Women and Development, the May Day Rural Health Project, and the Planned Parenthood Association of Ghana. These organizations provide valuable insights to policy makers.

ADVOCACY STRATEGY

PIP's advocacy campaign also targets leaders at the district and local levels. Traditional leaders, heads of women's organizations, educators, religious leaders, youth, and the media are important audiences for this information. PIP reaches out to diverse target audiences through a combination of activities.

1. **Developing and disseminating booklets on population-related topics.** Clear and concise booklets use uncomplicated charts and tables that can be understood by an audience unfamiliar with population and development issues. The booklets use relevant national statistics from reliable sources and are written by respected local experts on development issues.

2. **Seminars, workshops, presentations and meetings with top officials.** PIP organizes seminars and presentations for policy makers and is routinely invited to make presentations for educators, students, and public administrators as well to demonstrate the relationship between population growth and development.

3. **Radio and television broadcasts and national newspaper articles.** PIP encourages journalists to discuss population policy in the press and believes that public attention to population policy will motivate government officials to act. Media interest has grown so great that PIP established a resource center and holds workshops to educate the press about the basics of population growth.

Reporters attending the workshops meet PIP representatives who become press sources for population information.

ACTIVITIES SPECIFICALLY TARGETING ADOLESCENTS

PIP increasingly focuses its advocacy efforts on the special needs of adolescents. One publication in PIP's series of informational booklets, *Adolescent Fertility and Reproductive Health in Ghana* (1995), includes facts on adolescent fertility in Ghana, the reasons for high adolescent fertility rates, and the social, economic, and physical consequences of early sexual involvement and early childbearing. It suggests policy interventions, such as prioritizing family life education in schools, improving adolescents' access to family planning services, emphasizing education for girls, and involving adolescents in program design. To further enhance the booklet's impact, PIP developed a presentation on adolescent fertility and reproductive health for policy makers, and invites adolescents to attend these presentations at the regional and district levels.

RESULTS AND EVALUATION

PIP has experienced no open opposition to their advocacy activities concerning adolescent reproductive health. However, the National Catholic Secretariat and the Christian Council of Ghana have expressed general discomfort with widespread contraceptive availability. To allay concerns from groups that have reservations about contraception and family life education for adolescents, PIP tries to address their perspectives in presentations and seminars.

Evaluation shows that PIP has had a measurable impact on raising national awareness of Ghana's population policy. Structured interviews with 80 high ranking policy makers showed that most are familiar with the project, and many have used PIP's most widely known booklet, *Population Growth and Development in Ghana*. PIP's advocacy efforts are credited with increases in governmental support of population programs.

PIP's materials continue to be in demand by government offices, and the project has generated numerous newspaper and radio stories on population issues.

LESSONS LEARNED

Projects which aim to raise awareness of population issues must be prepared to sustain their advocacy efforts over an extended period of time. Change occurs slowly, and supportive policy makers may retire or leave office. In addition, advocates must be ready to demonstrate how their issues relate to other issues of public concern, such as economic development, women's empowerment, and the environment. PIP's success can be attributed to the project's commitment to establishing broad support for Ghana's population policy. The project has helped to facilitate communication between decision makers and organizations working in the field, allowing field workers' experience to directly inform national population policies.■

THE ART OF PERSUASION: GETTING THE SUPPORT OF OPINION LEADERS AND POLICY MAKERS

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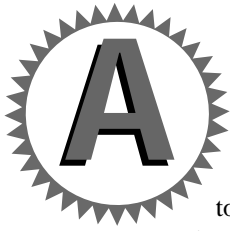
A **ADVOCACY TAKES PLACE ANY TIME** opinions are shared. The most effective advocacy campaigns determine which policy makers or opinion leaders should be convinced to support the issue and offers exactly what they should do to show their support.

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

GENERAL TIPS FOR ADVOCACY

Target efforts. Assess which opinion leaders' agreement and support will be necessary for the advocacy campaign to reach its goals. Decide whom to approach and in what order. Start with people who are very supportive and move on to those who are somewhat supportive or undecided in their views. Be sensitive to any opinion leaders who should be approached very early in the campaign. For example, a traditional leader may want to be aware what is being planned in the community and may be nonsupportive if he or she feels ignored.

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

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

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

Be prepared. As a part of preparation, try to determine the opinion leader's position on the

issue. The position can be discerned through comments he or she has made, the kind of events the leader attends, his/her political affiliation, and past policy decisions. Working within a network helps with this research, because at least one organization will be likely to have had some contact with the opinion leader. Explore the opinion leader's personal connections with youth: is he or she a parent, uncle, aunt, or grandparent of adolescents? Design a persuasive approach that is based on knowledge about the leader's followers, views, background, and interests. Different arguments compel and move different people. Role playing what to say at the meeting and how to respond to possible comments will help in preparations.

Make a personal connection. Let the opinion leader know about friends, relatives and colleagues in common. A personal connection may make the difference in the effectiveness of the visit. Leaders are often more likely to remember and think favorably about a visit that had some personal connection to them.

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

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

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

Know who disagrees with the issue. The opinion leader may be faced with a difficult

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

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

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

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

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

COMMUNICATING WITH OPINION LEADERS
BY LETTER

Identify the writer, organization, issue, and relationship with the opinion leader. If possible, use paper with a letterhead. When writing on behalf of an advocacy network, identify member organizations either in letterhead or in the text of the letter. Provide a one-line mission statement or statement of purpose that gives the leader a sense of what is at stake. If writing on behalf of a network, include complete contact information for one or two people to whom the opinion leader can respond.

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

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

Make it personal. Opinion leaders are more likely to pay attention and remember letters that include real life experiences. Explain why the issue is important and how the leader's decision will affect people. Describe an experience that illustrates the point. Personal communication can be just as effective as organized campaigns.

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

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

FACE-TO-FACE VISITS

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

Be flexible. Expect interruptions and changes in schedule. Be willing to accommodate the opinion

leader's busy schedule. If the opinion leader has to reschedule, set up another meeting right away.

Be prompt. Do not be late, as it sets a bad tone for the meeting before it has even started.

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

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

CASE STUDY
PARTNERSHIPS TO ELIMINATE FGM IN KENYA

The Maendeleo Ya Wanawake Organization (MYWO) is Kenya's oldest and largest women's organization, with three million members. Its grassroots network reaches throughout Kenya. Since the 1950's, MYWO has been advocating for changes in laws affecting all aspects of women's lives. The *Forward-Looking Strategies for the Advancement of Women*, adopted at the 1985 World Conference to Review and Appraise the Achievements of the United Nations Decade for Woman, called for a focus on female genital mutilation (FGM), also known as female circumcision or female genital cutting.

Thus mobilized, the women of MYWO seriously examined the issue. They conducted quantitative and qualitative research in four districts and found that almost 90 percent of women had undergone the procedure, and that it was performed anytime between shortly after birth to just before marriage. Because FGM affects large numbers of women of all ages, MYWO sought to encourage the active participation of all generations of women in carrying out their advocacy strategy. MYWO recognized that any advocacy campaign related to FGM first required the support of women themselves. Their advocacy strategy, therefore, worked on two levels: 1) maximizing the ability of their grassroots network to educate women throughout Kenya, and 2) capitalizing on MYWO's status to directly influence members of parliament to pass laws eradicating FGM. A number of strategies that MYWO used are described below.

PUBLIC EDUCATION

In 1992, with support from the Program for Appropriate Technology in Health and Population Action International, MYWO began interventions on the grassroots level, assigning field officers to educate women and girls and raise their awareness about FGM. Home visits, dramas, songs, poems, and organized community discussions all served as successful techniques for reaching local women and girls with MYWO's messages about FGM. They emphasized that people believe in the necessity of FGM for the same reasons that people often adhere to other social traditions—to preserve their culture. However, MYWO believed that it is important to question traditions such as FGM, when those traditions negatively affect people's health and the quality of their lives.

MYWO advocated for preserving the social importance of a rite of passage into adulthood, while explaining that FGM leads to harmful health outcomes that will remain with women throughout their lives. Trained peer educators—young women both circumcised and uncircumcised—gave this message directly to other young people. Field officers lobbied traditional birth attendants and local FGM practitioners directly, educating them about the harmful physical and emotional

consequences of FGM and asking them to stop the practice or at least to adopt less invasive forms of the procedure. MYWO found that some of their greatest advocates were local women leaders, women who had been circumcised, and women who were willing to speak publicly about why they would not have their daughters circumcised. Women and girls, coming forward to share personal stories about how FGM has affected them and their families, were persuasive in educating others.

However, when the program was evaluated in 1995, MYWO found that more was needed to discourage the practice of FGM. FGM practitioners, often dependent solely on this traditional practice for their livelihood, needed help establishing alternative sources of income. MYWO also needed to offer an alternative rite of passage which would protect the ritual and educational aspects of FGM while eradicating the harmful cutting. By mid-1997, several hundred girls had participated in alternative rites of passage which continue the traditions of gift giving, providing education, and otherwise marking a girl's transition into womanhood.

MYWO found that videos were extremely useful advocacy tools for reaching large numbers of people—*Rite of Passage*, which chronicles an alternative rite of passage ceremony, and *Secret and Sacred*, an educational film which highlights the FGM situation in Kenya. Secret and Sacred looks at FGM in a sensitive way and includes a broad range of perspectives. It acknowledges the importance of FGM as a tradition, while systematically pointing out the negative physical, psychological, and social consequences for women and girls. The video was designed for a diverse audience so that MYWO can use it for advocating to women and girls as well as local and national opinion leaders.

NATIONAL POLICY WORK

On a national level, MYWO targeted parliamentarians directly with educational campaigns. MYWO found several vocal supporters of the cause and even more silent supporters who oppose the practice but do not wish to say so publicly. Resistance from a powerful leader held up MYWO's work in one district for an entire year. After many meetings during which MYWO sensitized the leader to the consequences of FGM, he appeared in *Secret and Sacred* stating that the practice is harmful and revealed that his daughters have not been circumcised. MYWO members are now receiving training to prepare them to lobby parliamentarians individually. MYWO also plans to launch civic education programs for women, so that women will know about the candidates running for office and can choose leaders who are supportive of women's issues.

WORKING IN PARTNERSHIP

Since 1991, the Family Planning Association of Kenya (FPAK) has been working in collaboration with MYWO in Nyambene District, Meru, a region identified as having one of the highest rates of FGM in Kenya. MYWO recognized that, as a large organization with experience in programs, advocacy, and service provision, FPAK had expertise that complemented MYWO's efforts to eliminate FGM.

FPAK began by organizing Project Advisory Committees (PACs) which consisted of influential community leaders and at least one youth representative at each of the 16 sites. PAC members were educated about FGM in workshops and became local authorities on FGM. They worked with FPAK to create advocacy messages sensitive to the needs and beliefs of their own communities. FPAK also recruited 16 volunteer community gender educators (VCGEs) and trained them to mobilize and educate their communities and to develop appropriate information, education, and communication materials. VCGEs and PAC members relied on their communities for assistance in developing and testing brochures, posters, and booklets in English and local languages.

The program was designed after a survey found FGM to be a major obstacle to the empowerment of women. Community members who had increasing concerns about FGM-related problems

in their communities also recommended the program. With financial assistance from International Planned Parenthood Federation and Plan International Meru, FPAK expanded its pilot project to a total of 16 sites in Meru District. After PAC activities were in place, FPAK created a national technical steering committee composed of national and international NGOs interested in gender issues, giving them an opportunity to share advocacy experiences and ideas.

Through work with PACs and VCGEs, FPAK was able to develop appropriate messages for traditional law-making bodies (councils of elders), local churches, teachers, local government officials, and men's, women's, and youth groups. VCGEs arranged frequent meetings and educational seminars for local FGM practitioners to educate them about the harmful aspects of FGM. The persistence of these advocates has resulted in four practitioners giving up the practice of FGM and becoming outspoken advocates for the eradication of FGM.

FPAK research has shown that in 89 percent of cases, it is the girls' relatives, rather than the girls themselves, who decide if and when a girl should be circumcised. FPAK has encouraged girls to organize into discussion groups that give circumcised and uncircumcised girls a forum in which to openly discuss FGM and learn strategies for coping with family and community pressures to be circumcised. As a result, several girls reported attempted forced circumcision to local authorities; others have sought refuge in churches or requested assistance from FPAK.

While it is still too early to measure the long-term impact of the project, FPAK has observed a number of promising trends, including:

- Public discussion of FGM and people willing to speak out condemning the practice;

- Promises from circumcised women not to circumcise their daughters;

- Commitment from two area chiefs to ban FGM in their regions;

- Community praise for girls who remain uncircumcised;

- Commitments from young men to seek uncircumcised wives, and public discussion of FGM by adult men;

- Written requests for more IEC materials;

- Parents referring their daughters to VCGEs for counseling; and

- Requests from the Catholic Church for FGM sensitization seminars for church members.

LESSONS LEARNED AND CHALLENGES REMAINING

- **A grassroots, community-based approach was the most successful for conducting advocacy campaigns about FGM.** Once a foundation of community support is established, communities pressure local and national leaders to speak out against FGM and create policies that will help eliminate it. However, even when national decision makers are sensitized to the issue of FGM and despite their personal feelings on the issue, they may have difficulty speaking out against FGM. Yet with encouragement from the community, leaders should find it easier over time to work actively to eliminate FGM.

- **Continuing changes will only come about through slow social change and sensitization.** Change may perhaps take generations. Advocates should not expect immediate results. Some communities may begin circumcising their girls again in a few years when sensitized community leaders have retired. Community support networks must remain in place to continue raising awareness about FGM and assist girls who are being pressured to be circumcised.

- **Punitive measures, such as threats of arrest, only encouraged practitioners of FGM to work in secret and made FGM even more difficult to address openly.** MYWO and FPAK have found that advocating

directly to FGM practitioners, rather than threatening them, caused them to change their attitudes, and has even turned some into advocates for eliminating FGM.

● **The reluctance of leaders to address FGM comes largely from difficulty in discussing sexuality issues in general and women's** **sexuality in particular.** The myths underlying FGM cannot be entirely discredited so long as gender bias and widespread misconceptions about sexuality and sexual relationships remain. Raising awareness and concern about FGM gives advocacy groups an opportunity to address other sexuality issues as well and to link sensitized communities to educational resources and service providers.■

COMMON QUESTIONS FOR ADVOCATES:
TALKING ABOUT ADOLESCENT REPRODUCTIVE HEALTH

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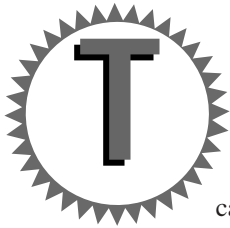
THE FOLLOWING ARE COMMON-LY ASKED QUESTIONS about providing adolescents with reproductive health information and services. Although questions can be seen as criticism, they actually provide opportunities to educate opinion leaders and the public. Answering questions accurately and honestly shows that advocates are professional and serious about the issues.

Before beginning an advocacy campaign, advocates should anticipate questions and criticisms and plan their responses.

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

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

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

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

Providing information about sexuality does not lead young people to experiment with sex. In fact, providing accurate information before young people begin to have sex has been shown to help teens abstain from sex. In the case of youth who are sexually active, accurate sexuality education helps them protect themselves against HIV/AIDS and other STDs by increasing the chances that they will use condoms.

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

Why not just teach abstinence?

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

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

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

What are the effects of reproductive health education?

First, reproductive health programs can help teens remain abstinent by giving them accurate information about their own bodies, raising their awareness of sexually transmitted diseases, and helping them build the skills to resist peer pressure. Second, among youth that have had sex, information and access to contraceptives helps keep young people safe from HIV, other STDs, and unwanted pregnancy. Research shows neither that giving youth information on sexual health and /or providing them reproductive health services does not make it more likely that they will have sex.

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

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

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

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

Reproductive health education is very important to unemployed youth. There is a strong link between young people's economic well-being and their reproductive health. Out of school and street-involved youth may be less likely to seek information and services on their own and may be more susceptible to exploitation or being a sex worker.

Don't in-school peer education programs disrupt school by taking students out of class?

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

Some people say that western countries made up AIDS and promote contraceptives to stop Africans from reproducing. Is that true?

No. People sometimes are suspicious of programs that mention contraceptives or provide reproductive health services to young people. Frequently, this comes from the impression that these are western practices and contrary to indigenous cultural beliefs or religious teachings. Yet African leaders are among the greatest proponents of adolescent reproductive health issues around the globe. While people might wish that AIDS was just a myth, saying that AIDS does not exist will not protect young people from the disease.

Don't programs for youth "push" contraceptives on young people?

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

Why change the reproductive health education already offered in the schools?

The goal of reproductive health education is to promote young people's health. Good sexuality education focuses on both factual information and skills development in setting goals, communicating about whether to have sex, negotiating abstinence or contraceptive use, and resisting peer pressure. In many schools, reproductive health education focuses only on anatomy and physiology or population and neglects the important role of family life or relationships in sexuality education.

School programs can play an important role in educating young people about sexual health and decision making. Reproductive health education in schools helps young people before they start having sex, increasing their motivation to delay sexual intercourse and to use contraception consistently.

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

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

RESPONDING TO OPPOSITION AND CRITICISM: DEALING WITH DISAGREEMENT
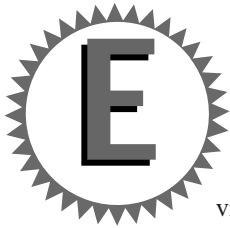
EVERY PROGRAM HAS CRITICS.
Advocates for adolescent reproductive health programs must be prepared to address objections from people who do not share their views. This may not be easy, but it provides an opportunity to educate and communicate with the public. Some critics will not be not confrontational about their beliefs, but it is important to anticipate what they may say and respond accurately. Open discussion allows everyone to be heard and different ideas to be considered. Open communication may lead to a compromise that is acceptable to all sides.

Since almost all advocacy depends on convincing people to support a cause, advocates must successfully argue their position. Many people who support programs to keep youth safe from HIV/AIDS will not say so publicly unless they think it's important to speak out. Even some opponents of reproductive health programs for youth can be made supporters if they receive information, have their questions answered, and are invited to contribute to the debate. Providing information, listening to others, answering questions, and responding to concerns provide the best chance of building support in a community.

SOURCES OF OPPOSITION

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

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

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

- Some people oppose reproductive health programs because they believe the programs undermine their culture. They may see these programs as a sign of outside influence. Taking the time to hear these individuals' concerns and to show them how the program reflects the values of the community and culture may help convince them to support it. Earning support from a respected traditional leader may show others that the program is needed and appropriate.

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

- Other critics may think adolescent reproductive health programs are unnecessary. A focused public education campaign is an effective way to build public awareness about teen health issues. By sharing some local adolescent health indicators with the public and by describing how young people's health will be improved by the proposed program, advocates can persuade many people to support it. The needs assessment is a good way to gather this kind of information.

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

Some people will never change their views, no matter what is said. Attempting to convince them can be a waste of time. It is far more important to reach out to the people who are willing to consider supporting adolescent reproductive health information and services. It can be difficult to resist the urge to try to convince determined opponents, but it is more effective to concentrate on people who will listen with open minds. These people may be undecided or unaware of the importance of the proposed program or policy. They may not initially agree with advocates' position, but be willing to reconsider their beliefs if given more information.

At times, advocates may choose to publicly respond to resolute opponents. The goal is rarely to convince adversaries but rather to use the debate to educate the public about the issues and build support among a broader audience.

HOW TO DEAL WITH OPPOSITION AND CRITICISM

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

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

STRATEGIES

Form networks with other youth-serving organizations. Working as a group makes each member stronger. See Chapter 3, **Building Networks** for more information.

Think strategically. One influential leader can help persuade other people. Before seeking to convince people who may disagree, concentrate on an opinion leader who is likely to be supportive. Use his or her support to convince others.

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

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

Speak in terms the audience understands. Reproductive health professionals sometimes speak to the public using technical terms. Remember to use language that will be understandable to the audience.

Know when (and when NOT) to be defensive. Sometimes, ignoring the statements of critics makes their opinions sound valid. When opponents use inaccurate information, prepare to

answer them with statistics, anecdotes, and other information. Providing this information can give people a better basis for making up their own minds. It is equally important, however, to know when to back down. When advocates seem to be attacking a popular person or institution, the perception can seriously damage an advocacy agenda. Having a public "war of words" with a policy maker or a religious or traditional leader might attract attention to the cause, or it might ruin the effort. Think carefully about possible reactions before responding.

Encourage open and civilized debate. Communication is essential to addressing the concerns of the public and the objections of the opposition. Participate in programs at which schools and other public organizations raise and discuss questions about the program or policy. Ensure that all public meetings adhere to rules that encourage order.

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

COMPROMISE

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

Is the compromise acceptable?

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

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

What are the guiding principles for compromise?

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

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

What about failure?

Advocates must know how to proceed when it becomes clear that their efforts may fail. They must consider when to quit, learning from the failure, and what to do next. For example, perhaps a policy to make the full range of contraceptive methods available to youth is unpopular. The network should try to determine whether a different strategy might achieve the original objective.■

MONITORING AND EVALUATING ADVOCACY EFFORTS: LEARNING FROM SUCCESSES AND CHALLENGES

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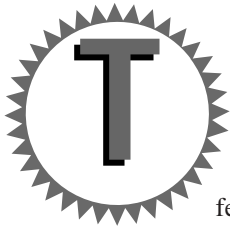
THERE ARE MANY WAYS TO EVALUATE THE EFFECTIVENESS OF AN ADVOCACY EFFORT, from simple tracking systems to rigorous research conducted by outside pro-fessionals. The type of evaluation should be chosen by the goals and objectives and by the resources available. If the goal is modest in scale, such as making reproductive health information and services available to young people at a local health center, then process and outcome evaluations will be most appropriate. Alternately, if the goal is much more ambitious, such as to decrease national pregnancy and STD rates among adolescents, then process, outcome, and impact evaluations will all be necessary.

PROCESS EVALUATION

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

A process evaluation addresses such questions as:

- How many opinion leaders received information?

- How many pieces of educational material were distributed to the public?

- How many presentations or meetings have been held with opinion leaders?

- How many favorable articles or programs about adolescent reproductive health appeared in the media?

- How many members does the network have?

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

OUTCOME EVALUATION

Outcome evaluation measures the network's intermediate impact. For example, if a goal is to ensure access to reproductive health information and services to any young person who requests them, the objectives may relate to affecting policies regarding the operation of health clinics or schools. Results from an outcome evaluation will indicate progress toward meeting those objectives.

Outcome evaluation assesses such questions as:

- Has awareness of adolescent reproductive health issues among opinion leaders increased?

- How many more opinion leaders publicly support the goal?

- Did the target organization's policies change as a result of the activities?

- Was there a measured increase in the public's support of these policies?

IMPACT EVALUATION

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

Impact evaluation addresses such questions as:

- Was there a change in the incidence of unintended adolescent pregnancy?

- Were STD rates among young people lowered?

- Was there an increase in adolescent use of contraceptive methods?

- Do more adolescents receive reproductive health information and services?

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

USING EVALUATION RESULTS

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

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

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

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