

Rolling out the *Advocating for Change for Adolescents* toolkit in five countries:

highlights, challenges
and lessons learned

Youth Advocacy Brief

July 2020





Acknowledgements

Contributions from: Souvik Pyne, The YP Foundation (India); Desmond Nji, Cameroon Youth Network; Maziko Matemvu, HeR Liberty Malawi; Toyin Chukwudozi, Education as a Vaccine (Nigeria); Michael Asudi, Organization of African Youth (Kenya); Gogontlejang Phaladi, Hope Pillar Project (Botswana).

PMNCH Secretariat: Mimi Melles-Brewer, Anshu Mohan and Kadi Toure

Editing: Joanne McManus and Anna Rayne

Design: Annovi Design

Photo credits: pages 6 and 7, Cameroon Youth Network; pages 8 and 9, The YP Foundation (India); pages 10 and 11, Organization of African Youth (Kenya); pages 12 and 13, HeR Liberty Malawi; pages 14 and 15, Education as a Vaccine (Nigeria).



Contents

Introduction 5

CAMEROON: Cameroon Youth Network 6

INDIA: The YP Foundation 8

KENYA: Organization of Africa Youth 10

MALAWI: HeR Liberty Malawi 12

NIGERIA: Education as a Vaccine 14



Introduction

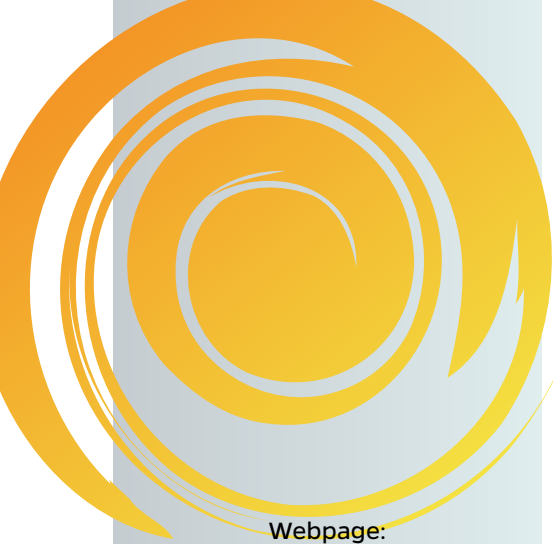
With support from the Partnership for Maternal, Newborn & Child Health (PMNCH) and Women Deliver, the *Advocating for Change for Adolescents* toolkit was created by young people for young people, to lead and influence change in their communities and to hold governments accountable for delivering on their commitments to prioritize adolescent health and well-being. The toolkit provides youth-led and youth-serving organizations with the resources and strategies they need to become effective champions and advocates.

Following its launch at the Global Adolescent Health Conference in Ottawa in May 2017, five youth-led organizations (in Cameroon, India, Kenya, Malawi and Nigeria) received grants and technical support to pilot the toolkit over a 12-month period. In December 2018, an updated toolkit was launched at the Partners' Forum in New Delhi, India. The new edition features the work of five grantee organizations in illustrative case studies. It also highlights young people's involvement in shaping national policies through processes such as the Global Financing Facility (GFF). In Phase 2, from January to December 2019, PMNCH worked with Girls' Globe, providing grants and technical support to the five organizations that participated in Phase 1. In Phase 3, which runs to the end of 2021, six additional youth-led organizations are receiving grants and technical support to roll out the toolkit in their respective countries, namely Ghana, Liberia, Mexico, Sierra Leone, Zambia and Zimbabwe.

Grantees have adapted the toolkit to their country's context and developed and implemented country-specific advocacy roadmaps, with activities at national and subnational levels. Many of the grantees have incorporated the country toolkit into their broader advocacy efforts. As part of their advocacy activities, adolescents and youth organizations have contributed meaningfully to national programmes and processes. They have also raised the visibility of their efforts through social media, as well as on regional and global platforms.

The project's outcomes have already exceeded expectations. Young people and youth-led organizations are being equipped with the advocacy skills, knowledge and resources they need to lead and organize action. They are forging stronger relationships with their governments and other stakeholders and developing tight-knit networks of change-makers who are influencing policies, programmes, processes and decisions affecting adolescent health and well-being.

This advocacy brief describes the highlights, challenges and lessons learned in the five countries since the project's inception. It focuses on best practices in capacity building, coalition strengthening, advocacy and accountability, as well as engagement in decision-making bodies, including national multistakeholder GFF platforms. It is intended to assist youth-led organizations and national youth coalitions interested in using the advocacy toolkit. It is also relevant to youth-serving organizations and stakeholders and champions promoting youth-led advocacy.



CAMEROON:

Cameroon Youth Network

The Advocating for Change for Adolescents Project (ACAP) in Cameroon is being run by the Cameroon Youth Network (CYN), a network of over 50 youth-serving organizations and clubs with branches across the country's 10 regions, with coordinating assistance from DESERVE Cameroon and Cameroon Agenda for Sustainable Development. CYN is using the ACAP grant to achieve the goal of accelerating accountability for adolescent health and well-being in Cameroon through the innovative Adolescent Health and Well-being Package (AHWP). The AHWP consists of: a country-adapted *Advocating for Change for Adolescents* toolkit in English and French, aimed at building the capacity of young people to plan, execute, monitor and evaluate projects in the context of improving the health and well-being of the country's young people; a harmonized monitoring and evaluation toolkit for the collection of disaggregated data on adolescent health and well-being; and the sexuality education manual developed by DESERVE, aimed at the institutionalization of age-appropriate sexuality education in secondary schools.

Webpage:

<https://orgs.tigweb.org/cameroon-youth-network-or-reseau-des-jeunes-du-cameroon>

Facebook:

ACAP Cameroon

Instagram:

acapcyn.cameroon

Twitter:

@AcapCyn



Project highlights

Adapting the *Advocating for Change for Adolescents* toolkit to the Cameroon context was a lengthy process, involving five advocacy meetings and 15 workshops. Once the content was finalized, it was translated and printed in both English and French. Five adolescents and six young people were directly and meaningfully engaged in the project. Other stakeholders included five community members, 15 government officials, three health service providers and four media personnel. Key government stakeholders participated from the Office of the Governor of the Northwest Region,

the Ministry of Youth Affairs and Civic Education (MINJEC), the Ministry of Secondary Education (MINESEC) and the Ministry of Public Health (MINSANTE). Seven other partner organizations were engaged, including the Cameroon WHO Country Office, the Cameroon National Association for Family Welfare, the Centre for Media and Strategic Communication and Cameroon Radio Television.

Workshops participants also helped to produce a monitoring and evaluation toolkit to collect and analyse disaggregated data on adolescent health and well-being in secondary schools.

In collaboration with MINJEC, the AHWP was launched at the National Museum in Yaoundé on 12 August 2018, International Youth Day. The Minister of MINJEC and representatives of UNICEF, UNDP and UNFPA attended, as well as 300 young people including those from CYN-affiliated organizations. MINJEC has played an active and influential role throughout the project.

In 2019, CYN focused on strengthening accountability for adolescent health and well-being through disseminating, advocating for, piloting and institutionalizing all three components of the AHWP in secondary schools and youth groups.

To achieve this, CYN engaged three partner organizations in the review of toolkits. Five team members were trained on engagement strategies with the Global Financing Facility (GFF). Terms of reference for capacity building and meaningful youth engagement in Cameroon were developed in line with the GFF's Adolescent and Youth Action Plan. Two meetings were held with MINJEC officials to discuss how to secure the Minister's endorsement.

CYN's proposed strategy to pilot the AHWP in select secondary schools in the Northwest Region is supported by the Regional Coordinator for Orientation and School Life, who received copies of the CSE manual on 18 September 2018, on behalf of the Northwest Regional Delegation of Secondary Education. The pilot phase is expected to pave the way for nationwide use.

More recently, a COVID-19 addendum to the *Advocating for Change for Adolescents* toolkit has been developed, synthesizing and analysing evidence on the effects of COVID-19 on adolescent health and well-being and presenting calls for action. Social media communication tools are being created to train at least 25 young people on using the toolkit to develop COVID-19 response roadmaps, targeting adolescent health and well-being issues.

Challenges

With the exception of MINJEC and MINESEC, engaging key government officials in the first phase of the project was difficult: for instance, involving an active representative from MINSANTE in the project's launch and initial work.

The socio-political crisis in Cameroon's two English-speaking regions resulted in reduced internet availability and lockdown, which hampered the project. To maintain strong virtual links between partners, CYN divided the operationalization of the project between the city of Bamenda and the nation's capital, Yaoundé.

The COVID-19 pandemic has created additional challenges resulting from



restriction of movement, school closures and physical/social distancing measures. However, the power of online technology has enhanced engagement of team members and stakeholders across the country.

Lessons learned

Establishing a taskforce to develop and implement the package in collaboration with a reference committee and a broader stakeholder group succeeded in bringing together government, civil society and young people to achieve a common goal.

To realize the commitment Cameroon made to meaningful youth engagement at the ICPD+25 Nairobi Summit in November 2019, supportive and passionate government stakeholders are needed to partner with young people in order to accelerate youth-led innovations within government.

Young leaders must be aware of the complexities of dealing with government and other organizations. They need networking skills as well as enthusiasm to pursue advocacy priorities. They must find officials who not only support their innovation, but actively boost their work. They must be mindful of opportunists and “hand clappers”, those driven by personal gain rather than advocacy priorities. If possible, they should communicate directly with high-ranking officials in target government departments: bottlenecks often occur at the base of a hierarchy.

Support from international organizations for connecting young people with government officials at events such as the United Nations General Assembly is important for promoting meaningful youth engagement at country level. The most influential government stakeholders should be engaged to accelerate action.

Next steps

CYN will continue working with officials in MINJEC, MINESEC and MINSANTE to garner interministerial support for the AHWP. By distributing the *Advocating for Change for Adolescents* toolkit to 10 GFF-affiliated CSOs and 10 government bureaus, CYN will strengthen its advocacy for adolescent health and well-being to be given the priority it deserves, especially by government bodies. CYN will also leverage the power of technology both to encourage more young people to use the toolkit, and to persuade in-school and out-of-school authorities to use the AHWP.



INDIA: The YP Foundation

The YP Foundation (TYPF), founded as a youth collective in 2002 and registered in 2007, is a youth-led and youth-run organization in India working to build youth leadership, particularly in the areas of health and gender equality.

TYPF is using its Advocating for Change for Adolescents Project grant to advocate for meaningful participation by young people in the design and delivery of India's adolescent health programme – *Rashtriya Kishor Swasthya Karyakram* (RKSK) – to ensure that it is grounded in young people's lived realities. In collaboration with the Ministry of Health & Family Welfare (MoHFW), TYPF has created an advocacy manual in the form of a toolkit suitable for use by peer educators (usually adolescents aged 15-19 years) under the RKSK programme. It is also training a cadre of young advocates with the knowledge, skills and vocabulary to effectively advocate on adolescent health and engage with decision-makers.

Website:
www.theypfoundation.org

Facebook:
The YP Foundation

Twitter:
@theypfoundation

Instagram:
Theypfoundation



Project highlights

As a first step, TYPF worked with the Adolescent Division of the MoHFW to adapt the toolkit to the Indian context. The new toolkit was launched by high-level health officials during the International Association of Adolescent Health's 2017 World Congress. Since then, TYPF has strategically engaged with the Health Ministry, in multiple efforts and through various platforms, to advance meaningful youth engagement in adolescent health issues.

Following the launch, TYPF simplified the toolkit for use by younger

adolescents. With guidance from an external consultant, interactive activities were included to demonstrate the concepts laid out in the toolkit. The new version of the toolkit was approved by the MoHFW in March 2020.

With help from the MoHFW's Adolescent Health division, TYPF has engaged with state governments and used the toolkit to train a cohort of peer educators from at least one district of the state on adolescent health advocacy. So far, TYPF has engaged with the state governments of Karnataka, Kerala, Uttarakhand, Gujarat and West Bengal, and intends also to reach

Madhya Pradesh, Meghalaya and Jammu & Kashmir. With these connections firmly in place, TYPF has a unique opportunity to train the foot soldiers of the adolescent health programme with the skills they need to advocate to government stakeholders, based on young people's lived realities, thus ensuring adolescent participation in adolescent health programming.

TYPF has also worked with the MoHFW to ensure that the monitoring and evaluation (M&E) framework is followed consistently by all states implementing the toolkit. Using the same M&E framework will ensure uniformity in findings about the

toolkit's effectiveness, despite diverse populations and locations, thus strengthening the case for its institutionalization and inclusion in the national peer educators' training curriculum.

A constant focus has been to create and sustain diverse, inclusive and widespread networks of youth advocates who engage with different stakeholders, learn from each other, share experiences and work together. The objective is to create autonomous networks of young people across India, able to advocate for adolescent health and engage with adolescent health programming at local, district, state and national levels. TYPF plays a convening role and offers technical and financial support. In 2019, TYPF brought together 37 young people from this network and trained them to use the advocacy toolkit. Recently, the MoHFW's Adolescent Health division expressed interest in creating a National Youth Council on Health: youth networks have the potential to transform into such a body.

While there is no mandate or mechanism to include young people in decision-making bodies at village, district or state level, a cohort of trained peer educators and other young people, with support from central level, would be conducive to young people's inclusion. All these efforts are intended to institutionalize meaningful youth engagement in adolescent health programming in India. The advocacy toolkit has played a vital role in catalysing youth engagement and providing a framework for that work.

Challenges

General challenges include: lack of political will at national and state levels to prioritize and invest in adolescent health; lack of recognition of the diversity of young people and their realities; under-appreciation of young people's potential as advocates; and limited avenues for meaningful youth engagement in adolescent health programming.

TYPF's involvement in on-the-ground programming in the recent past has



been limited to the national capital and (through implementation partners) three other states: Uttar Pradesh, Bihar and Rajasthan. This challenge is being addressed, supported by this grant, by initiating dialogues with state- and district-level health officials across the country, and through other advocacy initiatives and avenues.

India's Citizenship Amendment Act, passed in December 2019, resulted in mass protests in cities across the nation. These initially peaceful protests were met with state-sponsored violence and communal rhetoric, which delayed implementation of training and community engagement activities.

February 2020 saw the onset of the COVID-19 pandemic and the closure of TYPF's workspace. Lacking directives from central government,

interstate travel was postponed, halting the implementation of the toolkit. In March, the central government issued social distancing guidelines, instituting a nationwide lockdown which required people to stay at home.

Lesson learned

Through this project, TYPF has forged strong connections with the MoHFW and other stakeholders at different levels and has learned to work effectively with governmental and other partners.

A sustainable engagement strategy must be developed for adolescents and young people trained to use the toolkit to ensure that their advocacy plans are carried out and to sustain their engagement with their state and local administrations.

Next steps

Although TYPF remains in regular contact with the central Ministry and its state and district counterparts, the pandemic-induced uncertainty has made it difficult to plan for implementation of the toolkit. However, this time is being used to forge stronger connections with regional organizations and to identify young leaders able to take the toolkit forward when the lockdown is lifted.

TYPF plans to implement the toolkit in three districts in the states of Karnataka, Kerala and Uttarakhand, and then to expand into nine more districts across the country. Five states have already agreed to work with peer educators to ensure that they receive this training, and with the help of the MoHFW we will continue working to bring the remaining seven states into this consortium. We will be virtually training members of our national advocacy network on how to train peer educators to use the toolkit. We are also further contextualizing the toolkit to reflect policies in the states first expected to implement the toolkit.



KENYA: Organization of African Youth

Website:
www.oayouthkenya.org

Facebook:
www.facebook.com/oayouthkenya/

Twitter:
[@oayouthkenya](https://twitter.com/oayouthkenya)

Instagram:
[@Org.AfricaYouth - Kenya](https://www.instagram.com/Org.AfricaYouth-Kenya)

The Organization of African Youth (OAY) was formed in 2009, conforming to the provisions of the African Youth Charter which was adopted by the African Union. It now has branches and national representatives in more than 35 African countries. The Kenya chapter, established in 2010 and registered in 2013, is managed by the National Branch Committee. Adolescent and youth health is OAY's key focus area given the tokenistic nature of youth engagement in health issues including governance, accountability, policy and service delivery.



Project highlights

OAY began working on the *Advocating for Change for Adolescents* Project in September 2017, establishing a group of 15 organizations to adapt the global *Advocating for Change for Adolescents* toolkit to the Kenyan context. This was supported by the Ministry of Health (MoH), the National Youth Council and 23 other partners. The MoH reviewed the adapted toolkit, wrote the foreword and took part in its national launch in March 2018 at Pwani University, attended by over 600 people.

OAY has also developed several tools, including: a draft manual for the toolkit to assist youth advocates in its dissemination; the Meaningful

Youth Engagement draft scorecard; and the M&E Reporting Tool. The MoH has invited OAY to join the Adolescent Technical Working Group, the Global Financing Facility (GFF), the Multistakeholder Engagement Platform, the Council of Governors Devolution Conference Platform, the National Youth Council's Youth Organizations Executive Platform and the National Youth Development Policy Review Committee.

OAY has trained over 40 youth-serving organizations and 200 youth advocates across 10 counties in Kenya to use the toolkit. Using the toolkit, OAY has designed advocacy strategies, such as engagement in the 6th Devolution Conference in 2019, which resulted

in a commitment to prioritize investment in adolescents' health and well-being.

OAY has contributed to the increased recognition of the importance of meaningful adolescent and youth engagement. Nationally, 1,550 adolescents and young people have been sensitized since the project's inception through 30 trainings and activities, and OAY supported the creation of the Reproductive Health Club at Maasai Technical College in Kajiado County.

In 2018 and 2019, the Council of Governors invited OAY to help organize the health session at the annual devolution conference, directly reaching 1,250 adolescents and young people.

Another highlight has been successfully training over 200 youth advocates to use the toolkit. As a result, the advocates were able to formulate their own workplans, based on the improved capacity of youth organizations to effectively carry out SMART advocacy in their localities. These advocacy actions have led to improved practices and stronger government engagement, especially in Narok, Kilifi, Bungoma, Kisumu, Nairobi, Kajiado, Siaya and Busia counties.

OAY partnered with HENNET to train youth advocates on the GFF and to create awareness about the Kenyan Investment Case. It then joined HENNET's Coordinated GFF CSOs Platform, successfully advocating for the creation of a national multistakeholder platform with a permanent youth seat.

OAY has been requested by MoH's Kenyan Scaling UP Nutrition (SUN) programme to lead in setting up the SUN Youth chapter to support the development and implementation of policies on nutrition for adolescents and young people.

Challenges

There is only limited understanding in Kenya of the concept of meaningful youth engagement and of how it can be applied to harness youth advocates' potential to achieve policy change.

Bureaucracy and lack of youth mobility hamper consistent engagement, encourage tokenism and contribute to inadequate capacity within youth-led organizations and limited experience in youth work.

Poor/delayed planning by partners has a ripple effect on OAY Kenya's plans and activities.

One day is not sufficient to train young people to use the toolkit.

Resources allocated for the project were spent on advocacy activities, but organizational growth would enhance impact.

Numerous youth networks and consortiums are working on the same issues, leading to duplication



in efforts and difficulty in mobilizing the community around a common agenda.

Lessons learned

The roots of many adolescent health issues are outside the health sector. Young people's health-seeking behaviours need to be understood and reflected in policies and programmes, and privacy and confidentiality assured.

Using digital technology, especially social media, enhances dissemination of the toolkit and its use by youth advocates.

School health programmes are effective in reaching and engaging adolescents through diverse, creative and youth-friendly strategies.

Working together is essential for

putting the spirit of the youth movement into practice, and for achieving results. Informing and equipping young people with advocacy and leadership skills enables them to pursue accountability and increases demand for youth-friendly services. Better coordination is needed between local health facilities and youth advocacy organizations to drive demand and facilitate feedback from young people.

When disseminating information, it is imperative to simplify and tailor the information to specific communities of young people (e.g. adolescents in rural and urban settings).

Adolescent and youth empowerment and meaningful engagement should be a principle of policy and development partnerships.

Next steps

OAY's priorities include increasing awareness of the GFF among CSOs and youth organizations, and working with the Kenya GFF Civil Society Coordinating Group under HENNET to foster mutual accountability and ensure that young people are represented on the Kenya Multistakeholder Coordinating Platform. OAY will continue to build the capacity of existing and new advocates, focusing on emerging trends and opportunities. A knowledge management platform is being created for learning, sharing and showcasing effective interventions. This will be delivered through a digital transformation strategy to cope with the impact of COVID-19.



Website:
www.HeRLibertyMW.com

Facebook:
Her Liberty Malawi

Twitter:
@HeRLiberty-MW

Instagram:
herliberty_mw

YouTube:
www.youtube.com/watch?time_continue=53

MALAWI: HeR Liberty Malawi

HeR Liberty, a youth-led organization, is equipping and empowering young people in Malawi to be agents of change in their communities. HeR Liberty is using its Advocating for Change for Adolescents Project grant to give young people the tools and information necessary to make informed choices about their health and well-being. HeR Liberty is also building young people's capacity to advocate for better access to sexual and reproductive health and rights (SRHR) information and services, and to engage meaningfully in the national Youth Friendly Health Services (YFHS) Strategy (2015-2020) and with decision-making bodies such as the Global Financing Facility (GFF).

HeR Liberty achieved its three main project objectives for 2019: presenting issues affecting adolescent health and well-being in key district meetings; engaging the general public in its advocacy efforts through traditional and digital media; and lobbying policy-makers to make commitments on issues affecting adolescent health and well-being.



Project highlights

HeR Liberty produced a short film, a music video and flashcard toolkits to raise awareness of key policies targeting young people, their SRHR and how to engage key decision-makers. In Phase 2 the global advocacy toolkit was rebranded as **YEAH!** (Youth Engage on Adolescent Health) and an advocacy roadmap was developed in collaboration with 15 youth networks, UNAIDS, UNESCO, the White Ribbon Alliance and other youth-serving partners.

HeR Liberty has convened intergenerational dialogues with

over 20 traditional and community leaders from four local districts, focusing on the YFHS Strategy. Youth leaders were trained and worked with 80 youth clubs, conducting over 700 **YEAH!** "Power Talk" sessions with adolescents and young people. During these sessions, 4,015 adolescents participated in a survey to better understand their access to youth-friendly health services, the barriers restricting their access to SRHR services, and who they communicate with about health and well-being issues. The survey findings from one district, Salima,

showed that 60% of adolescents lack access to youth-friendly health services, 37% of participants get their information on SRHR from youth clubs, and only 15% are comfortable discussing their health and well-being with their parents.

HeR Liberty also conducted training sessions to build capacity in policy knowledge, policy engagement (including GFF processes) and coordination for over 100 youth leaders. In addition, one-day training sessions were carried out in eight districts with District Youth Network Committee members and other stakeholders.

Through the **YEAH!** advocacy challenge, the youth network in Salima responsible for advocacy at the subdistrict level was revamped. In Mchinji, key community gatekeepers and district officials have committed to revamping the Youth Friendly Health corner to align it with the standards of the YFHS Strategy (2015-2020); and in Zomba, the Traditional Authority Likhubula has established by-laws to strengthen and protect SRHR and other rights of adolescents.

YEAH! has been recognized by community radio stations, the national media and key national SRHR initiatives such as the Ending Unintended Pregnancy campaign and the readmission policy, which supports young mothers completing their secondary school education.

Challenges

Many adolescents in hard-to-reach rural areas have little knowledge of SRHR and find some of the concepts difficult to understand. Age-appropriate materials on adolescent SRHR are lacking in Malawi and literacy rates are low.

Most parents find it morally unacceptable for adolescents to discuss SRHR and will not allow their children to participate in SRHR-related consultations or activities.

Due to a gap in the disbursement of funds, HeR Liberty had to defer some planned activities. There were also challenges in obtaining support from the Civil Society GFF Resource and Engagement hub for strengthening coordination between youth-led organizations and advocacy strategies.

Project implementation was affected when some community leaders refused to attend dialogues because no financial allowance was provided.



Lessons learned

Meaningfully engaging young people in the development of advocacy interventions enables them to take ownership of implementation in their communities.

Involving and orienting key district stakeholders and community gatekeepers helped to establish sustainable relationships with **YEAH!** in the districts; key district partners continue to support youth leaders' activities.

Equipping and supporting young people with technical skills to document evidence for advocacy is essential, especially in low-income countries with low literacy levels, such as Malawi.

Developing fun, innovative toolkits can advance and contextualize advocacy. Boring advocacy makes engagement dull, especially for young people and adolescents. Be innovative. Have fun.

Next steps

The survey findings will be used to further promote the music video and short film, to facilitate engagements with key district officers, to lobby for interventions to address adolescent SRHR challenges, and to influence high-impact financing on adolescent interventions through the GFF.

HeR Liberty will support youth leaders and adolescents to sustain their advocacy asks and to ensure that commitments made by duty bearers in the **YEAH!** advocacy challenge are upheld, including the YFHS Strategy (2015-2020) and the Ending Unintended Pregnancy campaign.



NIGERIA: Education as a Vaccine

Education as a Vaccine (EVA) is a non-profit organization founded in 2000 to improve the health and development of Nigeria's children, adolescents and young people, focusing on sexual and reproductive health and rights (SRHR). EVA is using its Advocating for Change for Adolescents Project grant to improve the policy environment that upholds the rights of adolescents and young people to sexual and reproductive health information and services in Nigeria.

EVA achieved its two main project objectives for 2019. First, EVA trained 250 adolescents and young people aged 15-24 to use the *Advocating for Change for Adolescents* toolkit, building their capacity to advocate effectively, to be part of decision-making processes, including the Global Financing Facility (GFF), and to hold policy-makers accountable at national and state levels. Second, EVA increased policy-makers' support for the inclusion of adolescents' and young people's SRHR in key health-care provision policy documents and plans: eight policy-makers, including directors in both state and federal ministries of health and agencies, committed to supporting the inclusion of adolescents in these policies and plans.

Website:
evanigeria.org

Facebook:
www.facebook.com/evanigeria/

Twitter:
[@EVA Nigeria](https://twitter.com/EVANigeria)

Instagram:
www.instagram.com/eva_nigeria/

YouTube:
www.youtube.com/channel/UCJi5-L-klmJbiMniYeGpQMg



Project highlights

In collaboration with 14 partners and 200 young people across seven states, EVA adapted the global toolkit to the Nigerian context. After review and endorsement by key ministries, the adapted toolkit was launched on World Population Day, 11 July 2018, by the Chairman of the National Population Commission. Following the launch, EVA and partners developed an advocacy roadmap to guide the way forward. The same collaborative process was used to update the toolkit and the roadmap in early 2019.

As part of its capacity building strategy, EVA organized a series of webinars, online training and workshops in five states to create a stronger movement of young people and youth networks equipped with skills to advocate effectively, influence policy and hold policy-makers accountable. EVA has used the grant to bring different youth organizations together with a common objective of pushing for action to improve adolescents' health and well-being, including SRHR.

To influence policies, EVA identified eight decision-makers and engaged them in face-to-face discussions and

tweet storms, urging them to support policy change at state and national levels to promote adolescents' health and well-being, and sharing evidence and young people's experiences at community level. At the national level, these decision-makers included the Minister of Health, the Director of Family Health, the Head of Health Financing of the National Primary Health Care Development Agency, and the Performance Advisor of the Basic Health Care Provision Fund (BHCPF) Steering Committee. In Niger State, EVA engaged the Directors of the Primary Health Care Development Board and the Department of Research, Planning and Statistics,

and the Adolescent Health Desk Officer, and in Kano State, the Speaker of the House of Assembly.

To amplify young people's voices within both government and civil society organizations (CSOs) EVA has forged new partnerships with allies including: the Executive Director of the Association of Reproductive and Family Health, who has observer status on the steering committee of the BHCPF; the Senior Health Finance and Advocacy Advisor of E4A Mamaye, due to their involvement in GFF accountability work in Nigeria; and the programme manager of Health Reform Foundation of Nigeria, which serves as the secretariat for the GFF CSO Working Group.

EVA also analysed the BHCPF and identified a lack of prioritization of adolescents' and young people's health, despite its identification as a key population in the GFF Investment Case. This information was used to develop policy briefs to support advocacy to relevant decision-makers for the inclusion of adolescents and young people as beneficiaries of the BHCPF.

Challenges

A major challenge at the beginning of the project was to persuade other youth-led organizations to commit to joining in the process of adapting the global *Advocating for Change for Adolescents* toolkit and building a strong, youth-led health advocacy network.

Gaining support for the toolkit from high-level decision-makers and government officials was difficult because they saw the toolkit's "asks" as an attack on their policies and programmes, putting them on the defensive from the outset.

Also, Nigeria's general election on 23 February 2019 prevented EVA from carrying out advocacy visits to policy-makers for several weeks.

An ongoing challenge is that very few young people in Nigeria are aware of their health rights or of how they can use advocacy to influence the government bodies accountable for their health and well-being.



Lessons learned

Forging strategic partnerships with key government stakeholders and CSOs is essential for advancing advocacy asks. Bringing together various groups of stakeholders helps to ensure that everyone understands their role in advancing adolescents' and young people's health and well-being. Advocacy for their rights by young people has more impact on stakeholders and decision-makers, and yields better results than advocacy by others on their behalf.

Expanding the project to cover multiple states enables the toolkit to be widely shared across the country. This is key to building the advocacy capacity of young people in hard-to-reach areas and enabling them,

often for the first time, to initiate discussions with community leaders about their rights, health and well-being, including access to youth-friendly SRHR services.

Using online communication platforms such as Zoom (which allows for screen-sharing and PowerPoint presentations) to conduct training sessions minimizes costs, especially travel costs.

Training sessions have a multiplier effect: participants who acquire knowledge are enabled to show other young people, in their own dialect or language, how to use the advocacy toolkit. In this way, even more young people learn how to reach policy-makers at local, state and national levels and to hold them accountable.

Next steps

Through implementing this project, EVA has earned recognition from the government, CSOs, the media, community leaders and traditional leaders. Using the experience and contacts it has gained, EVA will train even more young people to become committed advocates. EVA will continue to work closely with young people from different organizations and groups, inviting them to participate in advocacy visits and other engagements, including for social accountability, making sure that the youth voice is well represented and that adolescents and young people are meaningfully involved in the push to prioritize their needs in the government's health policies and plans.

EVA will continue to dedicate time and resources to youth-led advocacy and accountability around the GFF, mobilizing and building the capacity of youth groups to engage with CSOs in the GFF process. EVA will also monitor the implementation of the BHCPF, advocating for the prioritization of adolescents and for their inclusion in the accountability processes.

