

The Health and Well-being of Adolescents and Young People in Cameroon:

Advocating for Change for Adolescents
Toolkit in Cameroon, Policies, Actions,
Meaningful Engagement



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and Civic Education



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The Health and Well-being of Adolescents and Young People in Cameroon: Advocating for Change for Adolescents Toolkit in Cameroon, Policies, Actions, Meaningful Engagement.

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photo: ICT for kids by New Generations

Foreword



Health and well-being are not only limited to physical health but also involve socio-economic and other factors that influence an individual's effective contribution to the development of their society. These are essential for adolescents at the critical stage of their development. In Cameroon, gender-based violence and adolescent poverty are some issues which still affect a large number of adolescents. Though much effort has been made to reduce the spread of HIV among adolescents, they still require proper sexuality education and vital supplies. Besides, there is need for sufficient disaggregated data on adolescents, to better understand and inform policy on adolescent health and well-being. The COVID-19 pandemic left everyone with rare consequences, including adolescents; making more visible, the dire effects which crises have on the health and well-being of adolescents. The Advocating for Change for Adolescents Project (ACAP) Cameroon, is an initiative of youth leaders which elaborates on the above issues but also goes a long way to propose tools and guides (the Adolescent Health and Well-being Package—AHWP) aimed to tackle some of these issues.

The Adolescent Health and Well-being Package (AHWP) consists of the following outputs: 'The Health and Well-being of Adolescents and Young People in Cameroon: Advocating for Change for Adolescents Toolkit in Cameroon, Policies, Actions, Meaningful Engagement (ACAP toolkit); a toolkit for disaggregated data collection and analysis on adolescent health and well-being; and an age-appropriate sexuality education manual for parents, school counsellors and teachers. The ACAP toolkit aims to instigate improvements in the health and well-being of adolescents across sectors and needs in the country such as education, health and other well-being services; improved data and policies for adolescent health and well-being. The toolkit walks users through the process of identifying adolescent and youth health and well-being issues; designing, implementing, monitoring and evaluating activities to ameliorate them. Apart from being a guide to young people and youth-focused organizations in drawing project road maps and leading them, it also enlightens and encourages policymakers about inclusive work with all stakeholders, including meaningful youth engagement in issues dealing with their health and well-being.

The President of the Republic, President Paul Biya esteems and encourages young people as fundamental contributors to the development of Cameroon. In this regard, reading through this toolkit, I am inspired by the improved development prospects that are very likely to ensue when young people and community organizations engage in civic activities, generate ideas and spur action for the health and well-being of adolescents and young people. I welcome this initiative as a relevant contribution, helping us to prioritise the adolescent population that must not be left out and in line with the country's vision for Emergence by 2035 and beyond, as well as the global Sustainable Development Goals by 2030 and beyond.

The Ministry of Youth Affairs and Civic Education appreciates the ACAP initiative, the youth leaders involved, lead organizations (DESERVE Cameroon, Cameroon Agenda for Sustainable Development, Cameroon Youth Network) and the resultant output (the Adolescent Health and Well-being Package-AHWP). I applaud this initiative and am happy to endorse these resources for use by all stakeholders dealing with adolescents and young people.



Mounouna Foutsou

Minister of Youth Affairs and Civic Education

Preface

While at the opening ceremony of the 2017 One Young World Summit at Plaza de Bolívar, Bogotá, Colombia, I listened to the former UN Secretary General and Nobel Peace Prize Laureate, Kofi Annan who told us that, ‘you are never too young to lead and never too old to learn.’ It spoke to me about the essence of solidarity and integration, regardless of age/generation, but it was also a fervent appeal for young people to make contributions, however small they may be, to promote development. These are the inspirations and values we upheld, leading to this work.

Achieving the Sustainable Development Goal of ensuring healthy lives and promoting well-being for all at all ages requires collaborative effort. Cognizant of Cameroon’s vision for economic emergence, critical population groups like adolescents are not to be forgotten in policy actions. ‘The Health and Well-being of Adolescents and Young People in Cameroon: Advocating for Change for Adolescents Toolkit in Cameroon, Policies, Actions, Meaningful Engagement,’ is therefore a product of our contribution to improve the health and well-being of adolescents and young people in Cameroon. It drills young people and other stakeholders on participating in community development initiatives, along with meaningfully engaging with decision-makers to improve the health and well-being of adolescents. This in keeping with the UN’s Global Strategy for Women’s, Children’s and Adolescents’ Health which is reflected in the vision of the organizations that have supported this initiative globally and locally: The Partnership for Maternal, Newborn and Child Health (PMNCH), Women Deliver and the World Bank-supported Global Financing Facility for Women, Children and Adolescents (GFF).



This work—also known as the ACAP Toolkit—is an output of the Advocating for Change for Adolescents Project (ACAP), the others being: a toolkit for disaggregated data collection and analysis on adolescent health and well-being and a manual on age-appropriate sexuality education. These form the Adolescent Health and Well-being Package (AHWP). ACAP was simultaneously pioneered with distinct focus areas and led by youth in five countries—Cameroon, India, Kenya, Malawi and Nigeria. In Cameroon, we identified the inadequacy of sexual and reproductive health and well-being education among young people and also engaged with the Ministry of Public Health to identify limited availability of disaggregated data capturing diverse indicators on adolescent health and well-being. The first phase of ACAP in Cameroon which ran between 2017 and 2018 set the focus of ACAP with the aim to accelerate commitments and actions for adolescent health and well-being in Cameroon through engagements with key decision makers, actors and young people; designing a toolkit for the collection and analysis of disaggregated data on adolescent health and well-being; and engaging various stakeholders to streamline the delivery of age-appropriate sexual and reproductive health education among adolescents. It also laid the foundation for a localised adolescent toolkit in Cameroon in English and French

The five chapters of this toolkit and the addendum are each interspersed with examples on local actions to respond to community problems, and practical exercises to enable you to work on the field. Each of the chapters is informative, pedagogic and policy-oriented at the same time. The following are the chapter perspectives:

- Chapter 1 focuses on the concept of adolescent well-being and analyses adolescent health and well-being in Cameroon;
- Chapter 2 concentrates on researching national policies, strategies, plans, programmes and visions that justify the problem to be solved;
- Chapter 3 explains how to use commitments like treaties, programmes and plans to improve adolescent health and well-being;
- Chapter 4 highlights the steps used to draw an advocacy roadmap;
- Chapter 5 focuses on monitoring and evaluating projects to promote adolescent health and well-being.
- The COVID-19 Addendum presents a global and national overview of COVID-19 and its impact on the health and well-being of adolescents in Cameroon, with a call to action for improved adolescent health and well-being during such crisis.

An integral approach to development is vital in understanding needs and setting policy. So, while I adjure decision-makers to meaningfully engage young people in their development actions, I also urge fellow young people to engage decision-makers by leveraging creative thinking and dynamism, to develop and bring to the limelight, effective strategies to improve health and well-being. Whether working with school authorities to educate adolescents on nutrition, seeking provision of water, sanitation and hygiene facilities in a locality or other such affairs, I hope this work can guide you to plan, engage and meaningfully contribute to a good course, benefiting adolescents and the society at large.



Desmond Nji A.
ACAP Focal Point and Manager

Acknowledgements

This work is a product of different phases beginning with the development and production of the global adolescent toolkit, ‘Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being’ made possible thanks to a collaboration between The Partnership for Maternal, Newborn and Child Health (PMNCH) and Women Deliver. It was launched in Ottawa, Canada in May 2017 during the Canadian Partnership for Women’s and Children’s Health (CanWaCH) Conference. We thank PMNCH and Women Deliver for their financial and technical support that enabled us to explore the use of the global toolkit through designing, implementing and monitoring the Advocating for Change for Adolescents Project (ACAP) and which laid the foundation for the localization of the global toolkit. We thank the Global Financing Facility for Women, Children and Adolescents (GFF) whose global goods grants through Population Action International (PAI) supported the adaptation, production and dissemination of this work.

Several workshops and consultations involving multistakeholders took place in Cameroon and abroad to achieve this work. The team is grateful for the leadership and engagement of the government stakeholders, in particular, from the Ministry of Youth Affairs and Civic Education (MINJEC), Ministry of Public Health (MINSANTE), Ministry of Secondary Education (MINESEC) and the Office of the Governor of the Northwest Region. The Minister of Youth Affairs and Civic Education, Mr. Mounouna Foutsou chaired the launch of ACAP on International Youth Day, 12th August, 2018 in Yaounde. In her capacity as the Director of Community Life and Youth Participation (DIVAPJ) and Head of the Primary Prevention of HIV/AIDS Project, Mrs. Ngeh Rekia Nfunfu Mbeume facilitated engagements with MINJEC. This was continued by her successor, Mrs. Rahmatou Sadjou Molluh. The Senior Divisional Officer of Upper Nkam, Mr. Lanyuy Harry Ngwayi, while serving as the Secretary General at the Northwest Governor’s Office facilitated engagement with the health and education authorities in the region. †Dr. Martina Lukong Baye as PLMI coordinator, facilitated engagements with the National Multi-sectoral Programme to Combat Maternal, New-born & Child Mortality in Cameroon (PLMI). May this serve as a living tribute to her memory. We thank Dr. Mintop Anicet Désiré and Dr. Moussi Charlotte who continued engagements with PLMI as coordinators. The following officials participated as stakeholders from their ministries/agencies: Dr. Yakana Emah Irène (WHO), Mr. Fochive Moussa (MINESEC), Mrs. Moyou Lucy Oben (MINESEC), Mrs. Nekongo Celine (MINESEC), Mr. Ekouta Jean Jacques and Mrs. Eneme Chantal Mbole Mekongho (MINJEC), Dr. Afounde Jeannette Bibiche (Plan International, who acted as Service Head for Adolescent and Youth Health, MINSANTE), Mr. Ntiga Bella Placide (MINPROFF).

The following stakeholders were members of the adaptation and review committees of project outputs: Ms. Lima Gwan Florence and Mr. Jonathan Tim Nshing (Regional Pedagogic Inspectors - MINESEC), Ms. Loh Odette (MINJEC), Mr. Jean Mahop (PLMI), Ms. Blanche Ngenwie (youth), Dr. Tatah Edwin Banseka (MINESEC), Mr. Tanda Ngah (MINESEC), Mr. Banboye Frederick (civil society), Ms. Ndema Irene Ekoume (CAMNAFAW), Mr. Fernyuy Heribert (adolescent). Other civil society participation was achieved thanks to Mr. Akaba James Ajitum (Open Dreams), Dr. Alice Essambe Tatah (Centre for Media and Strategic Communication), Mrs. Adah Mbah (Mother of Hope) and Mr. Paul P. Endeley (Positive Generation).

The following youth made significant contributions to this toolkit and the ACAP taskforce: Ms. Fon Eleanor Magha, Ms. Awah Beltine Sirri, Mr. Didier Demassosso Bertrand, Mr. Che Desmond Shu and Mr. Terence Munda. The COVID-19 addendum benefitted from contributions from the following committee: Mr. Desmond Nji, Ms. Chi Anestine Lum, Ms. Fon Eleanor, Mrs. Awah Beltine, Mr. Che Desmond Shu, Dr. Ngong Jacqueline, Mr. Muchuo Clifford, Mr. Toulack Kingsley and Mr. Chi Njoya. Translation of the toolkit into French was done by Mr. Muluh Shadrack Tening and Mr. Armel Mbane Tataw. First stage French translation review was done by Mr. Anyere John Temban and Ms. Chi Anestine; second stage French translation review was done by Ms. Chouna Feulefack Ynelle and Ms. Lieuche M. Grace Charlene. Graphics designing was done by Mr. Kouam Martial, Mr. Forsi Ferdinand, Mr. Garba Dickson and Mr. Kum Clinton Ewi.

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We thank the Cameroon Youth Network (CYN) for its network outreach; DESERVE and the Cameroon Agenda for Sustainable Development (CASD) for co-coordinating the implementation of phases one and two of the Advocating for Change for Adolescents Project (ACAP) in Cameroon. We acknowledge DESERVE’s sexuality education manual developed for use by parents, school counselors and other tutors; which is one of the components of the AHWP. Conceptualization and designing of ACAP in Cameroon was done by Mr. Numfor Alenwi Munteh (former National Vice President of the CYN, founder of CASD, WDYL) and Mr. Desmond Nji Atanga (ACAP Focal Point, National Vice President of CYN, founder of DESERVE, AYC member and WDYL).

Some Key Moments of ACAP Cameroon

ACAP was launched in Cameroon during events marking the 19th International Youth Day which took place on the 12th August, 2018 at the National Museum in Yaounde. The ceremony witnessed the presence of the Minister of Youth Affairs and Civic Education—Minister Mounouna Foutsou who applauded the efforts of the Cameroon ACAP team. In attendance were the UN Systems Resident Coordinator for Cameroon, H.E. Allegra Maria Del Pilar Baiocchi; the Representative of UNFPA in Cameroon, Ms. Barbara Sow; the Representative of UNICEF in Cameroon, Mr. Jacque Boyer and the UNESCO Multisectoral Regional Officer for Central Africa, Ms. Yvonne Matuturu. Also in attendance were over 300 young people from across Cameroon.

During an audience on the 11th August 2021 granted by Minister Mounouna Foutsou to the ACAP Manager, Desmond Nji and team; the minister committed to MINJEC’s continuous collaboration with ACAP and reaffirmed his commitment to endorse the project outputs. Following was the official endorsement of the ACAP outputs in the foreword of the ACAP toolkit in Cameroon by Minister Foutsou on the 1st November 2021 at MINJEC, during activities to mark the African Youth Day. In attendance were the Minister of Women Empowerment and the Family, Prof. Marie Therese Abena Ondo, UNFPA Resident Representative in Cameroon, Ms. Siti Batoul Oussein, representatives of other UN agencies and the African Union.

Please see Example 3, Chapter 1 (pages 35-37) for ACAP’s further engagements with key stakeholders through the global 1point8 billion young people for change campaign involving the 2023 year of adolescents in which more than 55,000 young people in Cameroon were surveyed on what they want for their health and well-being, the Cameroon Forum for Adolescents (CFA) and the Global Forum for Adolescents (GFA).



Minister of Youth Affairs and Civic Education, Minister Mounouna Foutsou presents speech during International Youth Day event.



ACAP Focal Point and Manager, Desmond Nji addresses the audience during launching of ACAP on International Youth Day Celebration



ACAP Focal Point, Desmond Nji hands speech to the Minister of Youth Affairs and Civic Education, Minister Mounouna Foutsou



Cross-section of attendees during the International Youth Day events at the National Museum in Yaounde including the Minister of Youth Affairs and Civic Education, UN Officials, ACAP team members and Youths



Engagements between government and youth actors were made possible by The Partnership and Women Deliver such as during the 72nd United Nations General Assembly in New York where Dr. Afoude Jeannette of the Ministry of Public Health (extreme left) and Desmond Nji —ACAP Focal Point (middle) spoke on a panel about disaggregated data on adolescent health and well-being in Cameroon.



ACAP members during the 12th August International Youth Day events at the National Museum, Yaounde.



Audience granted by the Minister of Youth Affairs and Civic Education, Mounouna Foutsou to ACAP Manager, Desmond Nji and Team and official endorsement of the ACAP outputs in Yaounde.



Most Used Abbreviations & Acronyms

AA-HA	Accelerated Action for the Health of Adolescents	ICPD	International Conference on Population and Development
ACAP	Advocating for Change for Adolescents Project	ICT	Information and Communication Technology
ACNU	Young Parliamentarians of the United Nations	INJS	National Institute of Youth and Sports
ACSRHR	Adolescent comprehensive sexual and reproductive health and rights	M&E	Monitoring and evaluation
AHWP	Adolescent Health and Well-being Package	MINEPAT	Ministry of Economy, Planning and Regional Development
ALP	Action, learning and planning	MINESEC	Ministry of Secondary Education
ASRHR	Adolescent sexual and reproductive health and rights	MINJEC	Ministry of Youth Affairs and Civic Education
AYC	Adolescent and Youth Constituency	MINPROFF	Ministry of Women Empowerment and the Family
CAMNAFAW	Cameroon National Association for Family Welfare	MINSANTE	Ministry of Public Health
CENAJES	National Centre for Youth and Sports	NCSAPD	National Civic Service Agency for Participation in Development
CNYC	Cameroon National Youth Council	NGO	Non-government organisation
CSE	Comprehensive Sexuality Education	NIS	National Institute of Statistics
CSO	Civil society organisation	NVP	National Volunteering Programme
CYN	Cameroon Youth Network	NYP	National Youth Policy
FP2020	Family Planning 2020	ONEFOP	National Employment and Vocational Training Observatory
GFA	Global Forum for Adolescents	PAJER-U	Rural and Urban Project for Youth
GFF	Global Financing Facility for Women, Children and Adolescents	PB	Participatory budgeting

Most Used Abbreviations & Acronyms

PIAASI	Integrated Support Project for Stakeholders in the Informal Sector	SRMNCAH	Sexual, reproductive, maternal, newborn, child and adolescent health
PLMI	National Multi-sectoral Programme to Combat Maternal, New-born & Child Mortality in Cameroon	STIs	sexually transmissible infections
PRES	Plaidoyer pour le respect des engagements en santé droit sexuelle et reproductive des adolescents jeunes. <i>(Eng)—Advocacy for the respect of commitments for the sexual and reproductive health and rights of adolescents and young people</i>	TB	Tuberculosis
SAP	Structural Adjustment Plan	The Partnership	The Partnership for Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals	UN	United Nations
SDSRAJ	Santé et droit sexuelle et reproductif des adolescents et des jeunes	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
SMART	Specific (or significant), Measurable (or meaningful, motivational), Attainable (or achievable, acceptable, action-oriented), realistic (or Relevant, reasonable, rewarding, results-oriented), and Time-bound (or timely, tangible, trackable)	UNAIDS	Joint United Nations Programme on HIV/AIDS
SRHR	Sexual and reproductive health and rights	UNFPA	United Nations Population Fund
		UNICEF	United Nations Children's Fund
		WDYL	Women Deliver Young Leader
		WDYLP	Women Deliver Young Leaders Programme
		WHO	World Health Organization
		WYPW	What young people want
		YAM	Youth Action Movement

Introduction

Today, there are more young people in the world than ever before. This large-scale population of young people includes adolescents, a critical phase in the development of physical, cognitive, emotional, social and economic capacities. With over 1.2 billion adolescents worldwide,¹ Sub-Saharan Africa has the largest growing youthful population including adolescents. Cameroon—Africa in miniature—is a Sub-Saharan country with a population composition constituting of about 33 % of those between 10 and 24 years.² Young people between 15 and 24 were counted to be 3,606,696 people in 2005³ while 43.6% of Cameroon’s population is confirmed to be less than 15 years.⁴

Young people can bring about unprecedented societal and economic progress.⁵ However, they can only transform the world if they survive and thrive. Their contributions to development can lead to positive ripple effects for the nation. For this to happen, young people need to be given the due attention necessary to accompany them through their growth process and support them in their strides. This is needed even more at adolescence; characterized by the development of physical, cognitive, emotional, social and economic capacities. At present, many adolescents in Cameroon, despite their huge numbers have not been able to survive, thrive and transform in ways that can cause positive ripple effects for their own lives, families, communities and society. For instance,

- Limited access to and delivery of accurate and sound education about their sexual and reproductive health leaves adolescents ill-equipped to responsibly manage their sexuality.
- High rate of teenage pregnancy prevents many girls from acquiring elementary to secondary education.
- Early girl child marriage and societal pressures on boys cause many adolescents to grow up under relatively hard life situations.
- Countless numbers of adolescents find themselves displaced by conflict, climate change or disaster and are in need of humanitarian assistance. This is especially critical for adolescent girls, as crises heighten their vulnerability.⁶
- The Coronavirus pandemic which started in Wuhan, China in December 2019, had immense effects on adolescents’ health and well-being. Apart from cases of infection with COVID-19 amongst adolescents, there were: disruption of schools, restriction of movement, and disruption of social services available to adolescents, including difficulties in accessing essential commodities. Adolescents were not also spared from the economic burden caused by COVID-19.

Furthermore, the inadequacy of data (which is disaggregated) on the health and well-being of adolescents mean that adolescent health and well-being are largely an oversight since the magnitude of problems faced by this group of persons is hardly estimated. Hundreds of thousands of adolescents are victims of drug abuse, chronic alcoholism, and mental health disorders inter alia. Some of these young people are physically, emotionally, socially and economically maimed by conflicts and resultant dislocations and are in need of humanitarian response.

To seek solutions to these issues, the active and meaningful participation of young people in response strategies at all stages is paramount. Meaningful youth engagement acknowledges that young people can think through and offer solutions to the problems that plague not only them but society as a whole. This is a principal objective for this work—to ensure and appreciate meaningful engagement of young people with decision-makers in matters concerning their health and well-being!

Toolkit Steps

ADDENDUM:
Adolescent Health
and Well-being in
Crisis Situations



STEP 3:
Using global
commitments
to improve
adolescent health
and well-being



STEP 5:
Review,
monitor and
act for better
results



STEP 2:
Gathering
information on
national
policies,
strategies
and plans



STEP 4:
Developing an
effective
advocacy action
roadmap



STEP 1:
Getting ready for
action:
understanding
adolescent health
and well-being



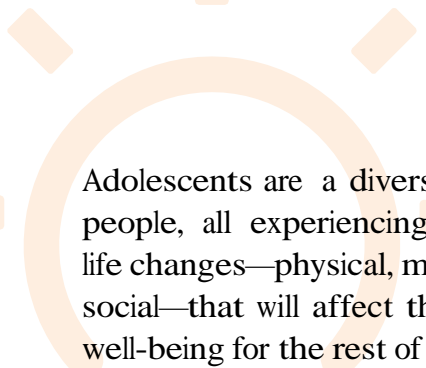
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Chapter 1:

Getting ready for action: understanding adolescent health and well-being






Adolescents are a diverse group of people, all experiencing numerous life changes—physical, mental and social—that will affect their health and well-being for the rest of their lives.

For this reason, strategic investments in adolescents' health and well-being are critical interventions that can have a major impact.

Such investments can have economic and social benefits amounting to 10 times more than they cost, save 12.5 million lives, prevent more than 30 million unwanted pregnancies, and prevent widespread disability.⁷

Despite compelling evidence of these benefits, adolescent health and well-being remain neglected in most countries and as a result, adolescence remains a stage in life when many face great risks.

The first step in your efforts to have the government accountable for adolescent health and well-being is to understand the health issues that affect adolescents, their rights and the barriers preventing them from enjoying optimal health and well-being.



By the end of this chapter, you will have:

- Greater understanding of adolescents' health issues nationally and globally, and of their rights
- Better appreciation of the barriers that prevent adolescents from achieving health and well-being
- More awareness of how important youth advocacy and accountability are for realizing adolescent health and well-being.



1.1

WHAT IS ADOLESCENCE IN RELATIONS TO YOUTH OR YOUNG PEOPLE?

Adolescence involves the physical, psychological and social manifestations in the growth and development process of humans from puberty to adulthood.⁸ Most categorical age ranges consider adolescents to be between the ages 10 and 19. They are often divided into very young adolescents (aged 10-14) and older adolescents (aged 15-19). Adolescents are almost equally distributed by these age groups and by sex.⁹ Adolescence is the socially and culturally important passage from childhood to adulthood and is considered to begin with puberty.

Youth is defined variously owing to different concepts and socio-cultural contexts which sometimes necessitate the use of the term young people.¹⁰ Without prejudice to the other concepts in defining who is a youth or who is young, the categorical age-based definition is mostly used for statistical and/or policy reasons. For instance, the UN considers youth as those between 15 and 24 years of age.¹¹ The Cameroon National Youth Policy aligns with the African Youth Charter which defines youth as those between 15 and 35 years.^{12,13} Though not entirely specific to adolescents, the Policy presents data on young people grouped 10-24, 10-29, 10-34, 15-24, 15-29 and 15-34 years.¹⁴

1.2

WHAT IS ADOLESCENT WELL-BEING?

The phrase ‘adolescent health and well-being’ required a clear framework definition; reason why in 2020, the Partnership for Maternal, Newborn and Child Health (PMNCH), WHO, other members of the United Nations H6+ Technical Working Group on Adolescent Health and Well-Being, civil society organizations and young people developed a framework for defining, programming, and measuring adolescent well-being. The framework definition combines both the objective and subjective concepts of well-being to propose five interconnected domains of well-being of which health is one. Therefore, though health and well-being are often used together as in ‘adolescent health and well-being,’ the framework definition outlines health as an element of well-being.¹⁵

The framework definition of adolescent well-being was achieved as part of the adolescent well-being initiative led by PMNCH which also included global and country-level activities to develop and follow-up the Agenda Action for

Adolescents which includes multistakeholder commitments and accountability through policies, increased financing, service delivery for adolescent well-being. This would culminate in the Global Forum for Adolescents in October 2023 during which multistakeholders would commit and re-commit to a Call to Action for policies, increased financing and service delivery for adolescent well-being. *See Example 3 below.*

Following the conceptual definition of adolescent well-being, PMNCH led an exhaustive campaign to prioritise adolescent well-being. As a partnership, this initiative was supported by governments, UN agencies, civil society organizations, youth-led and youth-serving organisations globally, regionally and nationally.

According to the framework definition, **adolescent well-being is when ‘adolescents thrive and are able to achieve their full potentials.’¹⁶ In an expanded form, adolescent well-being is achieved when ‘adolescents have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights.’¹⁷**

The five domains of adolescent well-being are:¹⁸

1. **Good Health and Nutrition:** Sub-domains include physical health and capacities, mental health and capacities, optimal nutritional status and diet.
2. **Connectedness, positive values, and contribution to society:** Its sub-domains include but are not limited to the following: building networks and meaningful relationships, being valued and respected by others, activities, attitudes, change and development.
3. **Safety and a supportive environment:** This included equity, equality, protection, non-discrimination, privacy etc.
4. **Learning, competence, education, skills, and employability:** This involved, learning, access to education, development of skills and competencies for employment, access and creation of employment.
5. **Agency and resilience:** This includes self-esteem, confidence, empowerment, purpose, identify, resilience and fulfilment in life.

The well-being domains above require multisectoral work and solidarity among stakeholders including young people themselves to ensure every adolescent can benefit from the full range of well-being domains.

1.3

WHAT HEALTH AND WELL-BEING ISSUES AFFECT ADOLESCENTS?

Although adolescence is often viewed as one of the healthiest times of life, an astounding 1.1 million adolescents die each year.¹⁹



There is limited health and well-being data specific to adolescents in Cameroon. The limited ones that exist hardly disaggregate data into young adolescents (aged 10-14) and older adolescents (aged 15-19). Most data consider youths from 15 to 24 years. To afford solutions to this, ACAP in Cameroon included the development of a toolkit to facilitate collection and analysis of disaggregated data on adolescent health and well-being. To understand the health and well-being of adolescents in social settings such as schools, the data toolkit is complemented by a manual for teaching sound, age-appropriate sexuality education in secondary schools developed by DESERVE. Apart from the many benefits which holistic sexuality education has for adolescents, these toolkits support the government and other stakeholders to ensure greater statistical representation of adolescent health and well-being in Cameroon.

Based on available data, the following most significant health and well-being issues contribute to adolescent/youth hardship, morbidity, mortality and disability in Cameroon:

Early pregnancy, motherhood and fertility

- Teenage childbearing rate for girls 15-19 years stood at 24% of girls who are already mothers or pregnant for their first child.²⁰ The rate of teenage child bearing ranged between 6% in Douala, 30% in the Centre Region to 44% in the East Region.²¹
- Teenage childbearing tends to decrease with educational attainment. Over 48% of women 15 to 19 years without any educational qualification had started procreation compared with only 1% of women with higher education.²²

The consequences of early pregnancy include among others: many abortion cases, high infant mortality rates and high maternal mortality among young girls.²³ High maternal mortality among adolescents is mainly due to non-assisted delivery by trained personnel, pregnancy, fertility, premature motherhood and the much practised induced abortion.²⁴ Moreover, without adequate information, many teenage girls engage in unprotected sexual activities.²⁵

Early Marriage and Inequality against Boys

The girl child is particularly vulnerable to early marriage estimated at 36% of women between 25 and 49 years who were married before turning 18 years.²⁶ 13% of women were noted to be married before 15 years of age.²⁷ Among men between 30 and 49 years, the rate of early marriage is significantly lower at between 1 and 5%.²⁸ The Adamawa, North and Far North Regions were noted to have the highest

rates of early girl child marriage of women married before 15 years.²⁹

Though specific data is hard to come by, many boys suffer from societal pressures and the notion that they must always prove strong. This sometimes places boys in very hard life situations with eminent consequences such as violence including those perpetrated against girls and women and other boys; deviant behaviours like drug addiction and rape.

HIV

HIV prevalence among young people aged 15-24 in Cameroon was estimated at 1.3% with respective prevalence of 1.1% for boys and 1.5% for girls in the same age group.³⁰ Girls appear to be about two times more vulnerable than boys. Many adolescents and young people still do not know their HIV status, do not have access to testing and counselling, and either do not know how to or do not have the means to protect themselves. Comprehensive knowledge of HIV among adolescent girls in Cameroon between 2008 and 2012 stood at only 25.7% while that of boys stood at only 29.8%.³¹ There has been an improvement in HIV awareness rate recently³² but much still needs to be done to increase holistic health and well-being awareness.

Malaria

Malaria is one of the leading causes of morbidity and mortality among young people.³³ In spite of government response measures, there is still high mortality and morbidity resulting from malaria due to: inadequate access to insecticide-treated nets; inadequate and insufficient prevention; poor hygiene and sanitation; inadequate information on the issue available to youths and expensive and inaccessible treatments.³⁴

Tuberculosis (TB)

Tuberculosis (TB) is major health issue in Cameroon which also affects young people. Between 2010 and 2015, there was an increase in the number of new cases of pulmonary tuberculosis with a positive microscopy from 14,464 to 16,008.³⁵ Though there is limited data for adolescents, TB causes up to 25% of preventable deaths among young adults and this is aggravated by HIV/AIDS.³⁶

Alcohol and drugs

There is a rise in the consumption of drugs, alcohol and tobacco among youths. There is limited disaggregated for adolescents on this issue. However, 12.4% of girls between 15 and 19 years and 27.2% of boys in the same age range consumed alcohol before they turned 15 years.³⁷ Meanwhile, 9.9% girls and 20.6% of boys 20-24 years consumed alcohol before the turned 15 years.³⁸ 0.1% of girls and 3.5% of boys between 15 and 24 years smoke all types of tobacco products.³⁹ Addiction and increase in substance use among youths are mainly due to peer pressure, weak regulations from families, rising unemployment which makes many



youths idle and poor support infrastructure for out-of-school youths.⁴⁰

Mental Health

Depression is a top cause of illness and disability among adolescents. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems.⁴¹ There is a need for disaggregated data on mental health for adolescents and young people in Cameroon.

Violence

Globally, interpersonal violence was ranked as the second leading cause of death among adolescent males aged 15 to 19 years in 2015.⁴² In Cameroon, up to 40 % of men and women between 15-49 years experienced physical violence before the age of 15.⁴³ 28.7% of girls and 41.7% of boys between 15 and 18 years faced physical violence since the age of 15 years.⁴⁴ Physical violence may involve pushing, shaking, slapping, punching, kicking, trying to strangle or burn, threats with a weapon and attacks with a weapon.⁴⁵ Meanwhile, 13% of women and 6% of men 15-49 years experienced sexual violence.⁴⁶ There is need for more disaggregated data on violence for adolescents and young people in Cameroon.

Injuries

Unintentional injuries are also a leading cause of death and disability among adolescents. Globally, road traffic injuries resulted in approximately 115,000 adolescent deaths in 2015.⁴⁷ There is need for disaggregated data on injuries for adolescents and young people in Cameroon.

Health care supply to youths

Young people have very low access to quality health services including quality medication and reproductive health supplies in Cameroon. This is mostly as a result of general health system insufficiencies, little consideration for youth-specific needs, low income level of young people, low level of insurance coverage by parents and insufficient information available to young people about health services.⁴⁸

Malnutrition and Obesity

Many boys and girls around the world get into adolescence undernourished, making them more vulnerable to diseases and early death. For example, anaemia, resulting from lack of iron affects girls and boys, and is the third highest cause of years lost to death and disability.⁴⁹ At the same time, the number of adolescents who are overweight or obese is increasing in low-, middle- and high-income countries.⁵⁰

Cameroon is a food bastion in the Central African sub-region. Nevertheless, the demographic and health survey (DHS) between 1991 and 2011 revealed dwindling nutritional status of children and women.⁵¹ Some causes are: food insecurity due to population displacements resulting from terrorist activities in the northern part of the country, the insecurity in neighboring countries⁵² and the socio-political crises in the English-speaking parts of the North West and South West regions. Climate Change also affects food production especially along the Lake Chad Basin. Food insufficiency is the main cause of energy deficit in young people especially among young women 15-19 years.⁵³ Since 90% of young people live less than a dollar per day, 80% of them may only eat what they find, thus having limited food choices.⁵⁴

Lack of exercise

Available data shows that most adolescents do not meet the recommended guidelines for 60 minutes of moderate to vigorous physical activity daily with rate higher for girls than boys.⁵⁵

This affects health not only during adolescence but also later in life: lack of exercise is associated with higher risks of diabetes, heart disease and a number of other non-communicable diseases.⁵⁶ There is need for disaggregated data on lack of exercise among adolescents and young people in Cameroon.

Disability among adolescents and youth

Globally, over 180 million adolescents and young people between 10 and 24 years live with either a physical, sensory, intellectual or mental disability.⁵⁷ Majority (over 150 million accounting for 80%) of them live in developing countries.⁵⁸ In line with Professor Stephen W. Hawking's wish in the foreword of the World Report on Disability, there is need to involve this usually unheeded group of people in policies and programmes that affect their lives.^{59,60} There is need for disaggregated data on disability among adolescents and young people in Cameroon.

Youth and Poverty

Low standard of living among young people is mainly caused by rural and urban poverty. This is a root cause of delinquency, crime wave and drug abuse.⁶¹ Thus, there is a positive relationship between poverty, peace and security. 13 out of 15 adolescents and youths between 15 and 24 years are not employed and have no occupation while 95% of youths who work do so in the informal sector.⁶² Poverty among the youths varies widely from region to region. While in urban areas the incidence is estimated at 22% on average, in rural areas where it is up to 50%.⁶³



Interconnected issues

In many cases, the issues above do not affect adolescents in isolation. For instance, female adolescents who face gender-based violence may also be susceptible to early pregnancy and childbirth as well as infectious diseases. Additionally, issues related to adolescent health can have linkages to education, poverty and other factors.

Coronavirus (COVID-19)

The COVID-19 pandemic posed itself as a 21st Century crisis. It's inclusion as an issue affecting adolescent health and well-being is important to gauge the extent to which crises such as pandemics can obstruct the normalcy of their daily living, posing immediate and long-term threats to their well-being.

Out of the millions of COVID-19 infections globally (more than 750 million cases by July 2023),⁶⁴ up to about 21% cases were among children, adolescents and young people below 20 years.⁶⁵ Besides being infected by the virus, adolescents and young people were greatly affected by the pandemic as schools were shut down, movements restricted and access to essential services hampered.

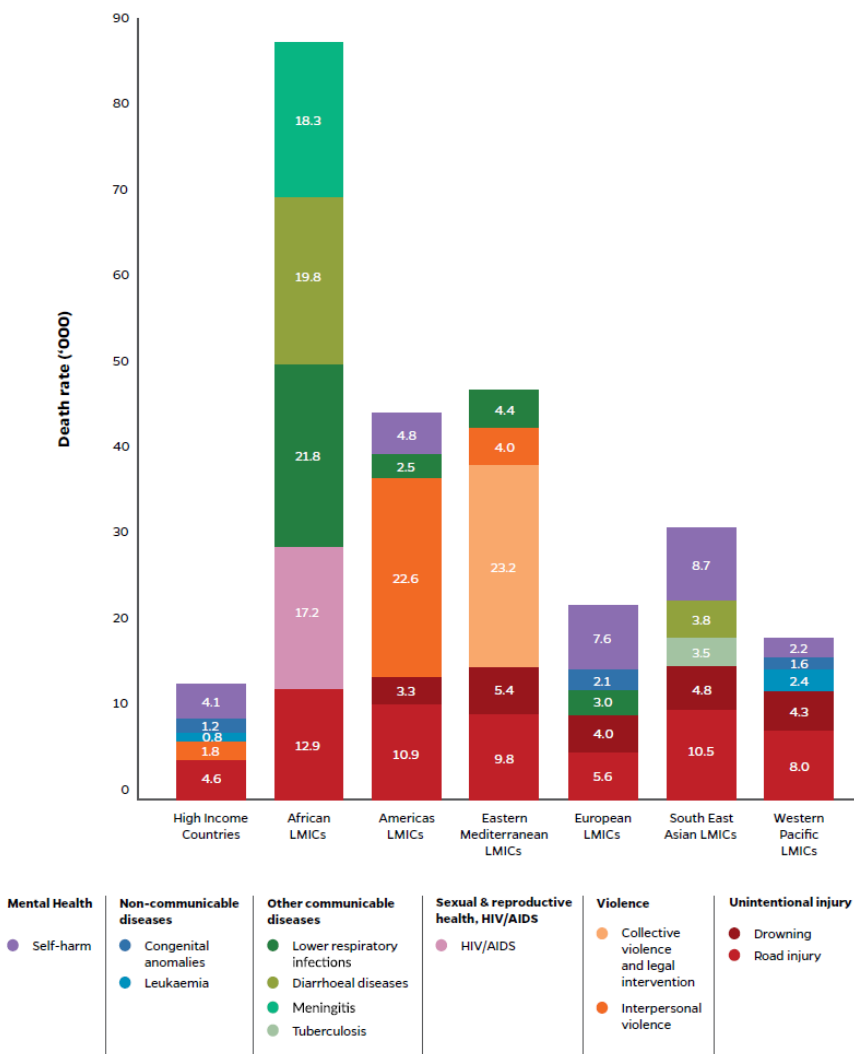
The closure of schools in Cameroon affected about seven million children and young people nationwide⁶⁶. On a positive note, the lockdown measures owing to the pandemic allowed many young people the opportunity to learn new digital skills, while others engaged in economic activities such as agriculture. It also provided an opportunity for young people to spend longer periods of time in the company of their immediate loved ones. However, beyond inhibiting their access to face-to-face learning, lockdown measures, alongside the recommendation to stay at home and maintain physical/social distancing deprived adolescents and young people of social engagement with their peers. Extended periods of lockdown can be detrimental to their mental health as a result of isolation from peers and community networks.⁶⁷ Although the government decided to resort to remote teaching, only a tiny fraction of the student population in Cameroon could access E-learning⁶⁸.

Also, the need to stay confined at home was in some cases detrimental to adolescent girls and young women, who are already relatively more affected by domestic and intimate partner violence and sexual abuse.⁶⁹ There were risks of inadequate or disrupted supply of essential and reproductive health supplies reaching adolescents and young people.⁷⁰



Figure 1: Estimated top five causes of adolescent death by modified WHO region, 2015

Adolescents aged 10 to 19 years



Source - WHO, Global Accelerated Action for the Health of Adolescents (AA-HA!) Implementation Guidance



Figure 2: Estimated adolescent deaths by population size and modified WHO region, 2015

Adolescents aged 10 to 19 years

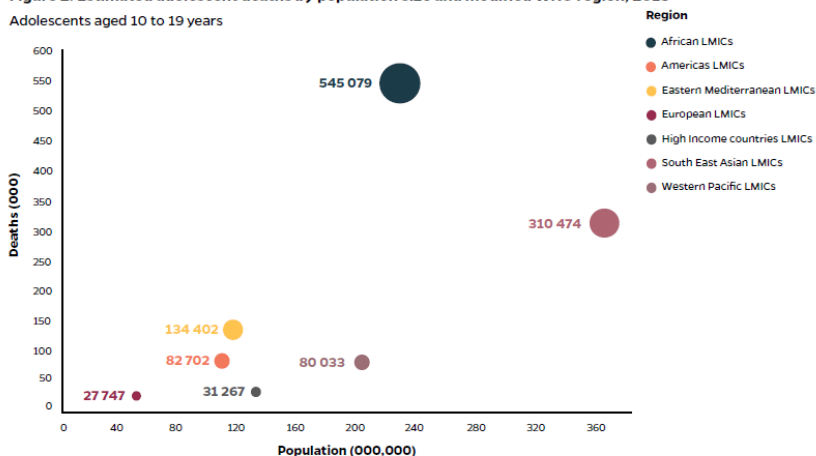
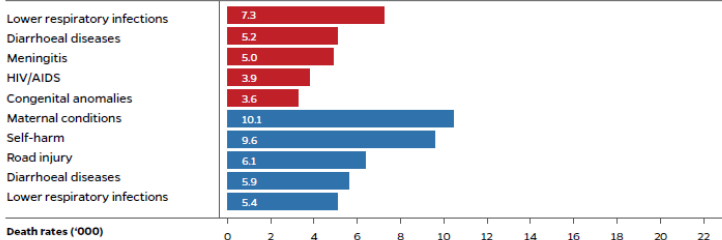


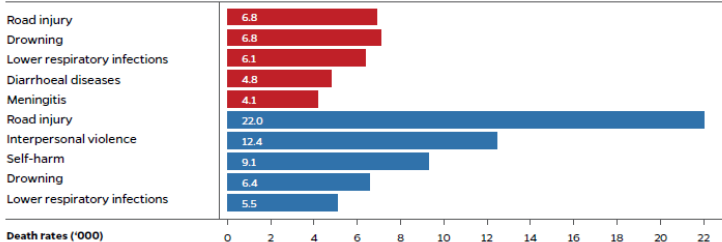
Figure 3: Estimated top five causes of adolescent death by sex and age, 2015

Age ■ 10-14 years ■ 15-19 years

Females



Males



Source - WHO, Global Accelerated Action for the Health of Adolescents (AA-HA) Implementation Guidance



Figure 4: Median age for first sexual activity, marriage and birth for women and men 25-49 years in Cameroon

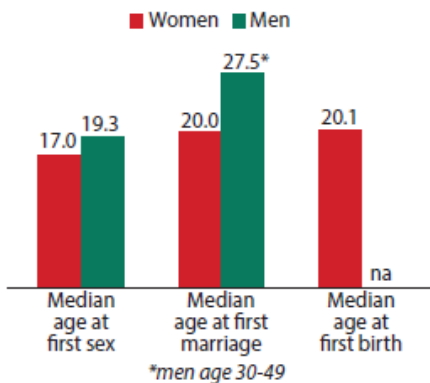
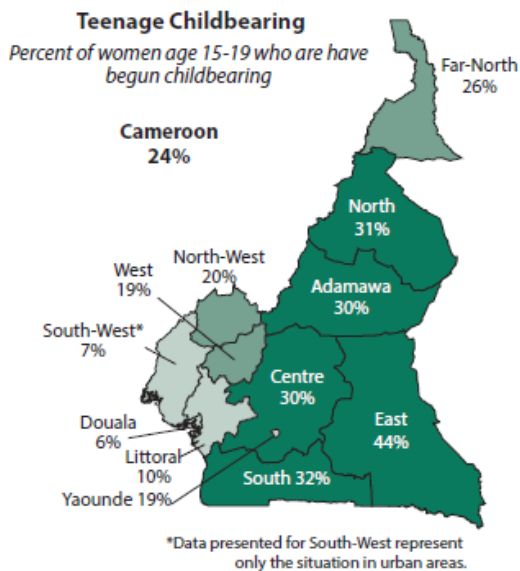


Figure 5: Regional Estimates of Teenage Childbearing



Source – Cameroon Demographic and Health Survey 2018⁷¹



1.4 WHAT ARE ADOLESCENTS' RIGHTS?

All adolescents have human rights that are provided by international law. Those human rights should form the basis of any approach to health, shaping the health policies and programmes that affect adolescents' lives.

A human rights-based approach to health challenges the notion that people should passively receive whatever information or services are offered, if any.

Instead, a rights-based approach recognizes that all individuals have legally protected human rights, and that if those rights are not respected, protected and fulfilled all individuals are entitled to challenge those responsible for that failure.

A human rights-based approach also demands that the rights of all people be fulfilled without discrimination. Duty-bearers have responsibilities to fulfil these rights.

In 1948, The Universal Declaration of Human Rights⁷² was adopted by the United Nations (UN) General Assembly. This landmark document outlines common standards for human rights

for people of all nations. It set out, for the first time, fundamental human rights to be universally protected. According to the Declaration: "Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible."

The **human rights of adolescents** include, among others:

- The right to life, liberty and security of person
- The right to the enjoyment of the highest attainable standard of physical and mental health
- The right to education
- The right to freedom of opinion and expression
- The right to freedom of peaceful assembly and association
- The right to equal protection of the law, without any discrimination
- The right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment
- The right to enter into marriage only when both parties consent freely and fully.

Rights must be respected, protected and fulfilled.⁷³

- **Respect:** this means not infringing any individual's human rights. For example, the right to education is violated if pregnant adolescents are refused the opportunity to continue their schooling.
- **Protect:** this means ensuring that no State or non-State actor infringes anyone's rights. For example, ensuring the recognition of the equal rights of everyone, in their economic, social, cultural and political lives, by putting in place laws and policies that remove gender-based discrimination and punish those who commit violence against adolescent girls.
- **Fulfil:** this means taking positive steps to put the right to health into practice. For example, the right to enjoy the highest attainable standard of health is violated if the State does not provide information and comprehensive sexual and reproductive healthcare services that meet adolescents' needs.

In line with the Universal Declaration of Human Rights, adolescents' rights are outlined in numerous international treaties, declarations, conventions and initiatives.

Although not all are legally binding, some spell out specific rights and protections for adolescents. These agreements, reached through inter-governmental negotiations, are accepted worldwide as human rights standards that States are obliged to fulfil. In essence, they become international customary law: if a State does not fulfil its obligations under such an agreement, individuals or groups can advocate for the State's full respect of such obligations.

Key International Conventions, Declarations and Initiatives Relating to Adolescent Health and Well-being

Convention on the Elimination of All Forms of Discrimination against Women⁷⁴ (1979) and its Optional Protocol (1999) | Treaty Body: Committee on the Elimination of Discrimination against Women⁷⁵

This Convention provides a legal framework for upholding the rights of all females, including adolescent girls, to reproductive choice, protection and full development, participation and equity in all aspects of their lives.

Convention on the Rights of the Child⁷⁶ (1989) and its Optional Protocols (2000) | Treaty Body: Committee on the Rights of the Child⁷⁷

This Convention established that children (from birth to age 18) have specific rights, including the rights to: survival and development; protection; free expression about and participation in matters that affect them; and enjoyment of the rights of the Convention without discrimination.

International Conference on Population and Development (ICPD) (1994); ICPD+5 (1999) and ICPD+25 (2019)⁷⁸

The ICPD Programme of Action was adopted by 179 countries in 1994, in Cairo, Egypt; it was the first agreement to recognize explicitly that young people have reproductive rights. The ICPD, ICPD+5 and ICPD+25 specified adolescents' rights to reproductive health education, information and care, as well as to participate in programme development and implementation. The ICPD Programme of Action calls on governments to strengthen their laws so as to eliminate female genital mutilation, honour killings, forced marriage, dowry-related violence and deaths, and domestic violence.

World Programme of Action for Youth⁷⁹ (1995)

Adopted by the UN General Assembly in 1995, the World Programme of Action for Youth provides a policy framework and practical guidelines for national action and international support in 15 priority areas: education, employment, hunger and poverty, health, environment, substance abuse, juvenile justice, leisure activities, girls and young women, the full and effective participation of youth in the life of society and in decision-making, globalization, information and communication technologies, HIV/AIDS, armed conflict, and intergenerational issues.

The Beijing Declaration and Platform for Action⁸⁰ (1995), Beijing +5 (2000), Beijing +25 (2020)

The Beijing Declaration and Platform for Action, adopted at the 1995 Fourth World Conference on Women, Beijing +5 in 2000 and Beijing +25 in 2020, reaffirmed the fundamental principle that the human rights of women, including their rights to reproductive health care and choices, and freedom from discrimination, coercion and violence, are an inalienable, integral and indivisible part of universal human rights.

United Nations Millennium Declaration⁸¹ (2000)

The Millennium Declaration of 2000 was agreed by 189 countries, and sets out the Millennium Development Goals. These set targets for achieving measureable positive changes by 2015, in eight priority areas: eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other diseases; ensuring environmental sustainability; and developing a global partnership for development.

Global Strategy for Women's, Children's and Adolescents' Health⁸² (2016-2030)

Launched by former UN Secretary-General Ban Ki-moon, *Every Woman Every Child* is a global movement that mobilizes and intensifies international and national action by governments, multilateral organisations, the private sector and civil society to tackle the major health challenges facing women, children and adolescents around the world. The movement puts into action the *Global Strategy*, which presents a roadmap for ending all preventable deaths of women, children and adolescents within a generation and ensuring their well-being.

United Nations Sustainable Development Goals⁸³ (2016-2030)

During the UN General Assembly in 2015, 193 countries adopted a set of 17 goals and 169 targets to end poverty, protect the planet and ensure prosperity for all, as part of the new 2030 Agenda for Sustainable Development. The High-level Political Forum on Sustainable Development is the central UN platform for the follow-up and review of progress towards meeting the Sustainable Development Goals.

Major Laws, Plans, Policies and Programmes in Cameroon Relating to Young People in Cameroon

Though there is yet no particular policy document unique to adolescents, Cameroon has a number of laws, policies and programmes that specifically mention youths. The age-based definition of youth in Cameroon is from 15 years (older adolescents inclusive) to 35 years. Below are some:

Constitution of the Republic of Cameroon (1996)⁸⁴

Though not specifically mentioning adolescents, in its preamble, the Republic of Cameroon declares the rights of all persons without distinction as to sex, race or belief. She affirms her attachment to the Universal Declaration of Human Rights, the African Charter on Human and Peoples' Rights and all duly ratified international conventions. Cameroon also vows to guarantee the right of all children to education. She uptakes the organization and supervision of education to be its prerogative. Primary education is compulsory for all children.

Structural Adjustment Plan (SAP) (1990)^{85,86}

Under the SAP, the National Employment Fund (NEF) is to permeate the job market and promote employment for youths. To ensure the well-being of youths regardless of age and gender in terms of development and socio-economic integration, the government created the National Employment and Vocational Training Observatory (ONEFOP), Integrated Support Project for Stakeholders in the Informal Sector (PIAASI) and the Rural and Urban Project for Youth (PAJER-U).

Cameroon National Youth Policy (NYP) (2006)⁸⁷

The policy formulation was prescribed by the Head of State on 8th December 2004 after the creation of the Ministry of Youth Affairs. It spells out efforts, instruments and mechanisms used by the State in the fight against poverty, HIV and other STIs, environmental protection, gender mainstreaming and larger youth involvement in public affairs management. *See Example in Chapter 2 on NYP.*

The National Civic Service Agency for Participation in Development (NCSAPD) (2010)⁸⁸

Law N° 2007/003 of 3rd July 2007 instituted the NCSAPD while Decree N° 2010/384 of 23rd December 2010 created and organized the agency to provide socio-economic and cultural development of youths.

The National Volunteering Programme (NVP) (2014)⁸⁹

The programme is responsible for promoting voluntary service among young people of all social class by mobilizing them for citizenship participation, skills development, social cohesion and national integration.



photo: The World Bank



1.5

WHAT BARRIERS PREVENT ADOLESCENTS FROM ACHIEVING HEALTH AND WELL-BEING?

Although nearly all countries have signed and ratified the UN Convention on the Rights of the Child and other international declarations, treaties and conventions, each country's legal provisions for adolescent health are different.⁹⁰ Even in countries where a national legal framework exists, cultural norms, customs and religious laws often undermine or even violate adolescents' right to health.⁹¹ As outlined by the Adolescent & Youth Constituency of the Partnership for Maternal, Newborn & Child Health (the Partnership), key barriers that stand in the way of adolescent health and well-being include:

- **Lack of comprehensive national plans** that include and prioritize adolescent health and well-being as a form of investment
- **Insufficiently resourced national strategies** or plans for adolescent health, and weak capacities (e.g. of health providers and programme managers) to implement programmes
- **Limited knowledge among policy-makers** about how to develop plans for adolescent health and well-being
- **Low financing** specifically for adolescents and young people to engage meaningfully in policies and fully support adolescent health programmes
- **Lack of collection of disaggregated data** on adolescents and youth to inform such policies and programming (especially for very young adolescents and for unmarried adolescents more broadly)
- **Lack of opportunities for meaningful engagement** of adolescents and young people in programme design, implementation and monitoring and evaluation (M&E)
- **Limited knowledge and capacities** among adolescents and young people to effectively engage in policy design, implementation and M&E processes
- **Challenges encountered by adolescents and young adults organizing for a joint voice** on the issues concerning them, at community, district and national levels.

By building your advocacy plan, you will identify the major barriers facing adolescents in your community and the country that prevent them from exercising their human rights to health and well-being.

1.6

WHAT ARE ADVOCACY AND ACCOUNTABILITY?

Advocacy is the process of building support for a specific issue or cause and influencing others to take action in order to achieve policy change.

Advocates play a critical role by following up decision-makers with cogent calls to meet their obligations for youth-friendly policies, by influencing donor commitments, and by securing practical gains for adolescents' health and well-being.

Advocacy can also help to:⁹²

- Ensure that key decision-makers know about existing adolescent health and well-being policies and understand their responsibility for implementing those policies
- Ensure that sufficient financial resources are allocated for adolescent health and well-being programmes and services
- Create support among community members and generate demand for implementing adolescent health and well-being policies
- Inform the general public and opinion leaders about adolescent health and well-being issues and problems, and persuade them to apply pressure on decision-makers to take action at the grass-roots level.



Why advocate for adolescent health and well-being?

- While increased attention has been paid to the needs of adolescents, they are still being left behind.
- Adolescents have largely been excluded from decisions that affect their lives. The government and partners must invest in developing young people's leadership capacities, as well as providing support and space for their meaningful collaboration in the development of better policies and programmes.
- Return on investments in adolescents is high, as cited in the [Lancet Commission Report on Adolescent Health](#).⁹³ Investing in adolescent health and well-being now will create benefits for adolescents throughout their lifetime as well as for future generations.
- In the many countries like Cameroon where adolescents make up a large proportion of the population, now is a critical time to invest. Ensuring that adolescents have access to good health, quality education and decent employment can result in significant social and economic benefits.⁹⁴

Accountability is the formal process of ensuring that governments and other stakeholders uphold their obligations, promises and commitments to adolescents' health and well-being. Accountability mechanisms also identify which actions and policies are working, and which ones need to be changed.⁹⁵

Social accountability involves citizens and civil society organizations (CSOs) holding the State to account through public hearings, citizen juries, campaigns etc. It is an ongoing process, usually supported by the media, the judiciary, donors, the private sector, champions in government and other actors. Social accountability can add to and strengthen formal government accountability mechanisms. There are many platforms and tools that enhance social accountability; for example, strengthening access to information, strengthening independent media, and

increasing the use of citizen report cards and citizens' hearings.⁹⁶

1.7

WHY ARE YOUTH-LED ADVOCACY AND ACCOUNTABILITY CRITICAL?

While young people are often not engaged in decision-making processes, it is the right of young people to be part of those activities. Meaningful youth participation is a fundamental right provided by the Convention on the Rights of the Child, and highlighted in the Declaration of Commitment on HIV and AIDS, the World Programme of Action for Youth and many other provisions.

The ICPD Programme of Action states: "Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives."

This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases.⁹⁷

The [Lancet Commission Report on Adolescent Health](#)⁹⁸ says that adolescents and young people are a "force for change and accountability within communities." The report recommends that all stakeholders create opportunities to extend youth engagement into the real world. This requires financial investment, recognition of young people's expertise, strong partnerships with adults, training and mentorship resources, and the creation of structures and processes that allow for adolescent and young adult involvement in decision-making.



What is meaningful youth engagement?

Meaningful youth engagement means involving young people, in their diversity (including adolescents), in all the decisions that affect their lives, and creating opportunities for them to work in partnership with policy-makers to design, implement, monitor and evaluate policies and programmes that seek to fulfil young people's health and well-being. It 'is an inclusive, intentional, mutually respectful partnership between adolescents, youth, and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills, and strengths are integrated into the design and delivery of programmes, strategies, policies, funding mechanisms, and organizations that affect their lives and their communities, countries and the world.'⁹⁹ This includes promoting youth leadership to plan and carry out initiatives and activities, and assisting them by developing and strengthening their skills.

Meaningful youth participation is NOT achieved by tokenism: young people must not only be involved in, but also able to influence decision-making processes and their outcomes. While there is little research in this area, it is widely understood that young people can build on their expertise and experience to describe their needs to policy-makers and contribute to solutions on how health and well-being services can best be delivered to their reach.

As decision-makers negotiate agreements on issues that affect general health and well-being and make commitments at regional and global levels, young people also have an opportunity to contribute innovative ideas and follow up implementers to ensure they are accountable for translating the commitments into actions.

*'Meaningful youth engagement is not window-dressing; it is intended to yield benefits for adolescents' and young people's health and well-being. As such, if decision-makers do not engage young people, young people should engage decision-makers through innovative ideas.'*¹⁰⁰ Desmond Nji.

Meaningful youth participation, while still insufficient, is growing. Important examples at the global and regional levels include:

- Bali Youth Forum's Declaration¹⁰¹ at the 2012 ICPD Global Review
- Establishment of youth platforms, such as:
 - African Youth and Adolescent Network¹⁰² (AfriYAN)
 - The PACT¹⁰³
 - The Partnership's Adolescent & Youth Constituency¹⁰⁴
 - Women Deliver's Young Leaders Program¹⁰⁵
 - Reproductive Health Supplies Coalition Youth Caucus¹⁰⁶

Challenges to meaningful youth engagement at the national level in the health sector are posed by ageism, lack of understanding of meaningful youth engagement, and lack of resources to invest in young people, among other factors. It is essential to support and build the capacity of youth organizations at all levels to engage in decision-making processes, particularly national health policies, strategies and plans.

The Independent Accountability Panel (IAP) produced a 2017 annual report, "Transformative accountability for adolescents", which outlines six recommendations:

1. Leverage accountability to achieve the SDGs.

1.1 Lock in accountability for Every Woman Every Child commitments.

1.2 Reduce overlaps and duplication among global partners.

2. Make adolescents visible and measure what matters.

3. Foster whole-of-government accountability to adolescents.

3.1 Harness demographic dividends by focusing on adolescents and gender equality.

3.2 Make schools work for adolescents' well-being.

3.3 Ensure effective oversight institution.

4. Make universal health coverage work for adolescents.

4.1 Provide a package of essential goods and services for adolescents, including for mental health and prevention of non-communicable diseases.

4.2 Ensure that all adolescents have free access to essential goods and services.



5. Boost accountability for investments, including for adolescents' health and well-being.

- 5.1 Increase resources and adopt adolescent responsive budgeting.
- 5.2 Strengthen accountability of development cooperation partners, including of members of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC).

6. Unleash the power of young people.

- 6.1 Ensure young people's meaningful participation, move away from tokenism.
- 6.2 Empower the e-generation to seize the full potential of the digital age.

1.8 WHY ARE PARTNERSHIPS IMPORTANT?

Youth-led advocacy and accountability are more effective when done in partnership.



Partnerships are an organizational form of cooperation that allow different groups to work together to accomplish a common goal.

Partnerships are essential in order to achieve coordinated and effective action. It is important to understand what other advocacy groups and organizations are aiming to achieve in the country, particularly for health and development, and how you can work together to support the government to make it happen. The more individuals, communities and organizations that support your action, the better.¹⁰⁷

A partnership can include organizations from within the same sector or from several sectors (e.g. health, education or environment) and its members can include a wide range of different stakeholders (e.g. civil society, government and

the private sector).¹⁰⁸ A partnership can be organized as a network, alliance, coalition or in other forms. Each has its own advantages and strengths and the choice of form depends on the group's goal and objectives.

Partnerships share information, opportunities, skills and resources, all of which can help build collective action and power. They can help to:

- Address urgent issues
- Pool resources
- Develop new ideas and ways of thinking about issues
- Share work and best practices
- Provide mentorship and capacity building Access knowledge and experience
- Gain support for your initiative, helping to build your power base
- Work more directly with marginalized communities and those who are most affected by the challenges you are trying to address
- Avoid duplication.

Working in a partnership, whether as a network, coalition or alliance, will help you to develop a deeper understanding of the advocacy goal and to build a more representative base of supporters. All partnerships require trust, collective leadership and sustainable ways of working together to achieve common goals.



Example 1: Bamenda Declaration on Adolescent Sexual and Reproductive Health

Youth Health International, a youth-led organization in Yaounde, Cameroon coordinated an advocacy campaign in Bamenda to collect commitments from government stakeholders aimed to decrease teenage pregnancies and unsafe abortions among adolescents in the North West Region. YHI executed this project in collaboration with the United Nations Foundation with funds from the FP2020's Rapid Response Mechanism (RRM).

In the presence of the government representatives like the former prime minister and vice president of the senate, a member of the national assembly, the representative of the Governor of the North West Region; representatives of religious bodies, traditional rulers, parents and youths, deliberations during a seminar led to the signing of the Bamenda Declaration. The declaration centres on improving the sexual and reproductive health of adolescent students in the North West Region to curtail teenage pregnancies and unsafe abortions. It called on government stakeholders to limit barriers to modern contraceptives, put in place a policy framework for the provision of accurate sexuality education for all adolescents and to ensure the collection, analysis and use of age-disaggregated data on the needs and use of family planning methods.

Example 2: Teenage Pregnancy Prevention Campaign in Ngusi, South West Region -Cameroon

Teenage pregnancy is a major cause of school dropout in Ngusi village. The principal of Government High School Ngusi affirmed that more than twenty students were pregnant and dropped out of the school within two and a half years. Abortion cases were not documented. The girls come from poor and uneducated families and often lacked parental guidance in matters concerning their sexuality. They get sexual and reproductive health information from their friends and engage in early sexual activities without adequate knowledge about safe sex practices. They also do not have access to family planning information and products.

The campaign aimed to increase knowledge about safe sex practices and the benefits of delaying the onset of sexual activity. The project lead—Centre for Media and Strategic Communications (CMSC)—forged a partnership with CAMNAFAW which donated posters and flyers for the event. They also collaborated with Ndibenjock Health Centre which pledged to make family planning services youth-friendly to attract the young girls. A video tool to enable the students identify the problem was projected. After watching the video, they identified peer pressure, ignorance, poverty and lack of parental guidance as reasons why young people engage in early and unsafe sex. They also identified pregnancy, school dropout, STIs and HIV/AIDs as the consequences of unsafe sex. Flyers containing information about pregnancy, STIs, HIV, abortion and related complications were distributed and information explained to the students. To ensure sustainability of the programme, ten of the young mums were brought to Yaounde and trained as peer educators.



photo: Ndema Irene courtesy of CAMNAFAW



photo: DESERVE

#1point8 Campaign Cameroon Focal Point, Desmond Nji presents results of the survey on What Young People Want for their health and well-being to the Minister of Youth Affairs and Civic Education, Mounouna Foutsou during the August 2023 Cameroon Forum for Adolescents (#CFA) in Yaounde.



photo: DESERVE

#1point8 Campaign WYPW mobilization and enumeration outreach at Lycée technique industriel et commercial bilingue de Yaoundé



photos: courtesy of Oumarou Adji

#1point8 Campaign WYPW out-of-school and school mobilisation and enumeration outreach in the Far North of Cameroon



photo: DESERVE

#1point8 Campaign WYPW mobilization and enumeration outreach in Yaounde



TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Adolescent health and well-being

- Population Council and UNFPA's [*The Adolescent Experience In-depth: Using Data to Identify and Reach the Most Vulnerable Young People Cameroon 2004*](#)¹⁰⁹
- UNFPA's [*Adolescents and Youth Dashboard-Cameroon*](#)¹¹⁰
- UNFPA and Population Reference Bureau's [*Status Report Adolescent and Young People in Sub-Saharan Africa*](#)¹¹¹
- [*UNICEF Data*](#)¹¹²
- The Partnership's [*Act Now for Adolescents: A Knowledge Summary on Adolescent Health and Well-being*](#)¹¹³
- The Lancet's [*Our future: A Lancet Commission Report on Adolescent Health and Well-being*](#)¹¹⁴
- [*Prioritising Adolescent Health: A Technical Guidance*](#)¹¹⁵
- World Health Organization's [*Global Accelerated Action for the Health of Adolescents \(AA-HA\)*](#)¹¹⁶

Global Strategy for Women's Children's and Adolescents' Health

- [*The Global Strategy*](#)¹¹⁷
- [*The Global Strategy: At a Glance*](#)¹¹⁸
- [*The Global Strategy: Make a Commitment*](#)¹¹⁹
- [*Frequently Asked Questions*](#)¹²⁰
- [*Talking Points*](#)¹²¹
- [*Social Media Kit*](#)¹²²

Advocacy and Accountability

- UNICEF's [*Advocacy toolkit: A guide to influencing decisions that improve children's lives*](#)¹²³
- Every Woman, Every Child, Every Adolescent Independent Accountability Panel's [*Reports*](#)¹²⁴
- WHO, The Partnership, Countdown to 2030, Health Data Collaborative, UNICEF, UNFPA, The World Bank, UN Women, and UNAIDS' [*Monitoring priorities for the Global Strategy for Women's, Children's and Adolescents' Health \(2016-2030\)*](#)¹²⁵

Coalition Building

- Health Policy Project's [*Network and coalition building for health advocacy: Advancing Country Ownership*](#)¹²⁶

Meaningful Youth Engagement

- [*Global Consensus Statement: Meaningful Adolescent and Youth Engagement*](#)¹²⁷
- [*Engage Youth*](#)¹²⁸



EXERCISE 1: Analysis, priority setting and partner identification for adolescent health and well-being

To get started with this exercise, it will be helpful to use the *Every Woman Every Child* document *Prioritizing adolescent health: a technical guidance*,¹²⁹ which provides further advice on how to carry out a situation analysis and define priorities for adolescent health.

Part 1: Situation Analysis and Priority Setting

What is a situation analysis?

A situation analysis is an assessment of the current health situation within a country. A good situation analysis includes facts describing the epidemiology, demography and health status of the population. But it is more than that. A complete situation analysis covers all the current and potential future health issues as well as their determinants, the underlying factors which contribute to those issues. It should also include an assessment of the current health situation in the context of the country's overall expectations and needs. A strong situation analysis is an important first step towards identifying and shaping health policy priorities, by creating a strong evidence base for advocacy on specific health issues.¹³⁰

What should a situation analysis for adolescent health and well-being include?

A national situation analysis for adolescent health should describe:

- Conditions in which adolescents are born, grow, work, live and age, and the wider set of forces and systems that shape their daily lives
- Expectations, including current and expected demand for the services of adolescents
- Health system performance and any gaps in responding to the needs and expectations of adolescents
- Capacity of the health and education sectors, for example, to respond to current challenges and to anticipate future challenges for adolescents
- Health system resources (human, physical, financial, informational) and any shortages in the resources necessary to respond to the needs and expectations of adolescents
- Stakeholders' positions on adolescent health and well-being (including, where appropriate, those of partners outside the country).

How do I get started?

Although you, your team, and your partner organizations may not choose to complete a full situation analysis, this exercise is an opportunity to familiarize yourself with the adolescent health and well-being landscape in the country through two steps. The first is online research to complete the adolescent health and well-being analysis chart. The second involves answering a few critical questions to help you prioritize adolescent health needs in the country, based on the data you collected.



Step 1: Adolescent Health Analysis Chart

Identify relevant data sources

To fill in the chart, you will need to do some online research. Data for this analysis can come from a variety of sources at the local, national and global levels.

The Ministry of Public Health will probably provide information on national, regional and local health indicators. Local sources, including CSOs and UN agencies (e.g. United Nations Population Fund [UNFPA], World Health Organization [WHO]) may also have published data. Research institutions, universities, donors and technical assistance organizations may be willing to share health studies or demographic information.

Hospitals, family planning clinics and youth-led or youth-serving organizations may have statistics about the number of adolescents who use their services. Peer programmes based in schools or community organizations can provide qualitative (descriptive) and quantitative (number-based) information about adolescent health.

For other ways to gather data, you can also look at:

- Surveys: these can illustrate young people's needs relating to health and well-being
- Focus groups: these can provide information about hard-to-reach adolescents and young people. Focus groups can help you understand the needs of a community and how best to address them. Particularly, they can provide qualitative data, which dig deeper into the complexity of issues, and can suggest specific approaches that will best respond to those needs
- Experts: identify and talk to various stakeholder groups that are involved with adolescent issues.

It is important that the data you collect can be disaggregated (subdivided) by age and sex and, whenever possible, also by location and education, among other categories. Disaggregated data are vital for understanding how issues affect different groups differently, according to their age, sex and other key characteristics. **Ideally, data collected on adolescents should be disaggregated into two categories: ages 10 to 14; 15 to 19 and sometimes 20-24.**

Here are some data resources you can look into to get you started:

[Cameroon National Institute of Statistics \(NIS\)](#)¹³¹

[Population Reference Bureau](#)¹³²

[High Level Political Forum SDG Voluntary National Reviews](#)¹³³

[Countdown to 2015](#)¹³⁴

[Demographic Health Surveys](#)¹³⁵

[United Nations Statistics Division](#)¹³⁶

[Guttmacher Institute](#)¹³⁷

[UNAIDS](#)¹³⁸

[UNICEF](#)¹³⁹

[UN Women](#)¹⁴⁰

[Global Database on Violence against Women](#)¹⁴¹

[World Health Organization Country Profiles](#)¹⁴³

[UNFPA Adolescent and Youth Dashboard](#)¹⁴⁴

[Population Council Adolescent Data Guides](#)¹⁴⁵

[USAID STATcompiler the DHS programme](#)¹⁴⁶

[World Bank](#)¹⁴²



Fill in the chart

Now that you have used data sources to find information relating to adolescent health and well-being in the country or your region, you can begin to organize your data into a chart. The template below lists some key indicators that may help you describe more detail about the state of adolescent health in the country. It is recommended that you use the best data you can find, and then compare those statistics with global data.

Not all the information may be available. If the country's statistics do not match the categories specified in the chart, or if you cannot find that specific data but can find something similar, you should record this in the section headed "Notes on data". If you have other relevant data that you want to include, please add it to the chart in the way that you think is most helpful.

SITUATION ANALYSIS CHART			
COUNTRY or REGION:			
Issue & Indicator	Country Data with Source	Global Data with Source	Notes on Data
Poverty rate (poverty headcount ratio at US\$1.25 a day [PPP]) (% of population)		10.7% in 2013 (<u>World Bank</u>) ¹⁴⁷	
Family planning methods (modern methods vs. all methods) (%)		In developing countries, about 15% of adolescent girls aged 15-19 who are married or in a union are using modern contraceptive methods. The pill and injectable contraceptives account for more than 70% of their total use of modern methods, followed by male condoms at 21%. IUDs comprise only 5% of use in the developing world as a whole, but account for 38% in the Arab States and 33% in Eastern Europe and Central Asia (<u>UNFPA</u>) ¹⁴⁸	



<p>Unmet need for family planning in adolescents</p>		<p>The highest unmet need for family planning is observed among adolescents at 25%, compared with only 15% among women aged 30-34. As a result, about 80% of women aged 30-34 have their family planning demand satisfied, compared with only 46% of adolescents, the lowest among all age groups (UNFPA)¹⁴⁹</p>	
<p>Adolescent fertility rate (births per 1,000 women aged 15-19)</p>		<p>45.3 in 2013 (World Bank)¹⁵⁰</p>	
<p>HIV prevalence rate: young women aged 15-24</p>		<p>0.4% in 2013 (UNAIDS)¹⁵¹</p>	
<p>HIV prevalence rate: young men aged 15-24</p>		<p>0.3% in 2013 (UNAIDS)¹⁵²</p>	
<p>Prevalence of gender-based violence in adolescents</p>		<p>35% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime (WHO)¹⁵³</p>	



Prevalence of child marriage		70 million women aged 20-24 worldwide were married before the age of 18 (ICRW) ¹⁵⁴	
Prevalence of depression in adolescents		Data not available	
Percentage of girls who complete secondary education		Four out of five children of lower secondary age are enrolled in school (UNICEF) ¹⁵⁵	
Other relevant issues or indicators you can think of?			



Part 2: Build a Partner Tracker



The importance of partnerships for achieving your advocacy goals has already been noted. By identifying as early as possible partners you want to involve in your advocacy plan—CSOs, other youth-led organizations, government, service providers, community leaders or private sector actors—you can gain the greatest advantage from their inputs. Their networks, knowledge and resources can make your advocacy for adolescent health and well-being more successful.

Based on your situation analysis, you will have identified priority advocacy areas for adolescent health and well-being in the country. When choosing the partner organizations, networks and individuals you want to engage in your advocacy work, think strategically about who can be most helpful based on their expertise, connections to decision-makers and capacity to mobilize partners.

Step 1: Brainstorm your existing networks. Who in your existing networks is interested in, passionate about or already engaged in the adolescent health and well-being issues you are advocating? Make sure you include these organizations and individuals when identifying partners.

Step 2: Identify your potential partners. Talk with members of your current network and do some research on additional partner organizations you may want to engage. These organizations should have a history of supporting young people and have a focus on issues that are in line with your adolescent health and well-being advocacy priorities. Ideal partner organizations are those who are already engaged with a diverse range of young people and other communities affected by the issue, and have connections with decision-makers who are influential in national health plans, policies and strategies. Your situation analysis may suggest partners who would be helpful.

Step 3: Build your partner tracker. Using the template below, list your intended partner organizations and the reasons for engaging them in your advocacy for adolescent health and well-being. You can refer to this tracker throughout the planning and implementation of your advocacy plan.

PARTNER TRACKER			
ORGANIZATION:			
Partner (organization or network)	Area of Collaboration (political or media connections, technical expertise, resources or funding, connection to those affected by your issue)	Contact (name, position, email address, telephone number)	Tracking Communication (how your partnership is progressing, important things to take forward to build the partnership)



Having identified your partners, it is important to mobilize them for sustainable action. Here are some tips for building strong coalitions. **Discuss these strategies with your team to decide which of them would be helpful.**

- **Communicate!** Make sure that lines of communication are wide open and that no one feels left out. Define the channels, and decide how regularly you will host telephone calls and other communications.
- **Be as inclusive and participatory as possible.** Involve everyone in all aspects of the process, from defining the vision, advocacy objectives and plans to implementation and M&E.
- **Define clear roles and responsibilities.** Everyone should know what their role is and how they can contribute.
- **Document processes and concrete actions.** For example, take minutes of meetings! Everyone should be aware of what is happening and when. If they miss a meeting, it should be easy for them to follow up, review and provide support.
- **Be realistic and keep your promises.** If you're not sure you can do it, then be honest. You don't want to slow things down because you weren't clear about your available time and capacity.
- **Praise good work and celebrate your successes!** It's important to create bonds with your coalition and appreciate even the "small gains".

There are also a number of ways you can work in collaboration with your partners to develop and implement your advocacy action roadmap. **Again, discuss these strategies with your team to decide which of them would be helpful.**

- **Establish a steering group** to guide and monitor implementation of the advocacy roadmap you have developed using this toolkit.
 - For specific tasks and activities, it might be a good idea to form subgroups that report back to the larger network.
- **Establish a clear decision-making process** that enables each member of the partnership to provide input.
- **Rotate responsibilities as much as possible** (rather than letting all the weight fall on one person).
- **When conflicts arise, it is important to deal with them directly and openly (with a mediator).**
- **Establish a clear and regular system for communication.** What method do people prefer: WhatsApp, Skype, Zoom, emails, face-to-face meetings, newsletter-style updates, use of online tools such as a wiki page.
- **Build an internal communication platform** including intranet or Google drive.
- **Identify and use opportunities for training, learning, sharing and celebrating to increase motivation.**



Congratulations! You have analysed the adolescent health and well-being issues in the country, decided on priority areas of advocacy, and identified potential partners to work with to ensure that the needs of adolescents and young people are addressed.



Chapter 2:

**Gathering
information on
national policies,
strategies and plans**



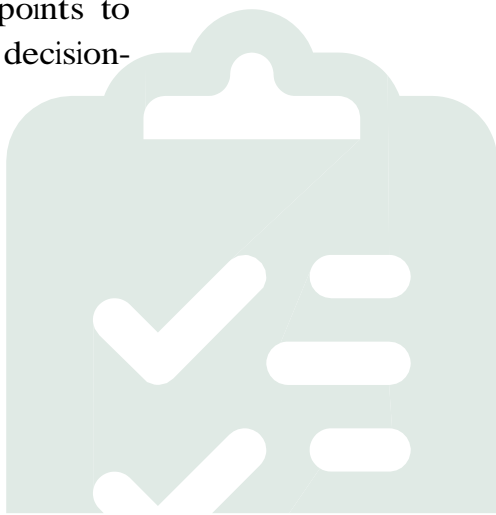
Having gained a better understanding of the adolescent health and well-being issues in the country, the government's obligations to respect, protect and fulfil adolescents' human rights, and your vital role in support of adolescent health and well-being and ensuring stakeholder accountability, the next step is to better understand existing national policies, strategies and plans.

The second step in your efforts is to gain and strengthen your understanding of the structure and systems of various government departments involved in adolescent health and well-being (i.e. who is involved, how these processes work, and what are the entry points to influence policy and decision-making).



By the end of this chapter, you will have:

- Greater recognition of the differences between national policies, strategies and plans and what they aim to achieve.
- Greater understanding of the policy planning process.
- Better appreciation of what a good adolescent health and well-being policy entails.





2.1

WHAT ARE POLICIES, STRATEGIES AND PLANS?

A national policy is a broad course of action or statements of guidance by the national government in pursuit of national objectives.

It is important to know that there are a range of differences between policies, strategies and plans.

A policy can include a broad range of laws, approaches, prescriptions, guidelines, regulations and habits, including financing.¹⁵⁶

Each country designs and governs sectors covering a wide range of areas that affect the lives of adolescents, including health, education and the environment. For example, the way you see services delivered reflects the decisions by the government, including how much money is allocated to adolescent health in the national budget. Too often policies are developed but not effectively implemented.

Here are some of the many ways that policy change can happen:¹⁵⁷

- *Policy development*: creating a new policy proposal or policy guidelines
- *Placement on the policy agenda*: inclusion of a policy proposal on the list of issues to which policy-makers give serious attention
- *Policy adoption*: official acceptance of a policy proposal, perhaps through an ordinance, ballot measure, legislation, or legal agreement
- *Policy blocking*: opposition that prevents a policy proposal from being adopted
- *Policy implementation*: putting an adopted policy into practice, and providing the funding, resources, and/or quality assurances required
- *Policy maintenance*: preventing resource cuts or other negative changes from undermining a policy
- *Policy monitoring and evaluation*: tracking the implementation of a policy and ensuring that it achieves its intended impacts.



photo: CASD

School-based adolescent outreach by the Cameroon Agenda for Sustainable Development



A strategy is a plan for implementation that includes an operational plan and a budget.¹⁵⁸

An operational plan is a detailed plan, with short-term implications.¹⁵⁹

Policies may be adopted on their own or be part of a national plan or strategy. For example, policies can range from:

- A broad visionary, strategic ambition, to detailed operational planning.
- “Comprehensive” health planning (covering all the needs of the population, including adolescents and young people) to “disease-specific” or programme planning covering only particular issues such as HIV/AIDS, tuberculosis, malaria or sexual and reproductive health and rights.
- A long-term period (with a 10- to 20-year timescale), to a five-year plan, to a three-year rolling plan, and to a yearly operational plan.

A WHO review in 2013 of national health policy documents from 109 countries showed that 84% of the policies reviewed referred explicitly to adolescents.¹⁶⁰ Of these policies:

- 75% focused on adolescents’ sexual and reproductive health (including HIV/AIDS)
- About one third addressed tobacco and alcohol use among adolescents, and one quarter addressed mental health
- Specific inclusion of other issues important to adolescent health (e.g. injuries, nutrition and physical activity) appeared infrequently.

Policies, strategies and plans are not the end goal. They are part of the larger process that aims to: align country priorities with the real health and well-being needs of the population; generate support across government, and from health-care providers, health and development partners, civil society and the private sector; and make better use of all available resources for health. The end goal is that all people in all places have access to good quality health care and live longer, healthier lives as a result.¹⁶¹

What is the difference between policy, law and legislation?¹⁶²

A **policy** outlines what a government ministry or department hopes to achieve, and the methods and principles it will use to achieve it (the goals and planned activities).

Laws set out standards, procedures and principles that must be followed. If a law is not followed, those responsible for breaking it can be challenged through a court.

A policy document is not a law; it may be necessary to pass a law to enable the government to put in place the necessary institutional and legal frameworks to achieve its aims.

The report of the Lancet Commission on adolescent health states: “Laws have profound effects on adolescent health and well-being. Some protect adolescents from harms (e.g. preventing child marriage); others could be damaging in limiting access to essential services and goods.”¹⁶³

Laws are rules and regulations that, after being proposed and debated in parliament, have been formally enacted. Until that point a draft law is referred to as proposed legislation. In Cameroon, proposed legislation is referred to as a **bill** until it has been debated and passed by parliament and received the Head of State’s seal of approval.

Example 1: Policy Documents Relating to Adolescent Health and Well-being in Cameroon

The Cameroon National Youth Policy (NYP):¹⁶⁴ This stipulates that a youth is a person between 15 and 35 years. It prioritizes national development and building a prosperous and peaceful country. It outlines 10 strategic domains of intervention by government touching among others; education, information and communication technology (ICT), gender equality, nutrition, employment, youth governance and health. On adolescent and young people's health and well-being, the government committed to, among others:

- Ameliorate the health situation of youths
- Introduce units on competence, sex education and daily life in schools and out-of-school milieux
- Ameliorate youth participation in health service offers management
- Promote healthy sexual and reproductive activities among youths
- Assure quality and sufficient supply of nutrition to youths.

It mentions the creation of the following organs to promote youth's well-being:

- Ministry in charge of youths (2004)
- Institutes for training of youth and action counsellors like the National Institute of Youth and Sports (INJS) and National Centre for Youth and Sports (CENAJES)
- National Civic Service Agency for Participation in Development (NCSAPD) (2010)
- Children's Parliament (meeting since 1988)

National Population Policy:¹⁶⁵ Elaborated in 1992, the Cameroon population policy provides guidance to the government on population and development affairs, including reproductive health. Although it does not declare adolescents as a specific target, activities identified include the prevention of early pregnancies, increasing the level of education among young girls in Cameroon.

The National Maternal and Child Health Care and Family Planning Policy:¹⁶⁶ Approved in 1996 by the United Nations Population Fund, the Ministries of Public Health, Social Affairs and Women's Empowerment and the Family, it aimed to improve access to family planning services and reduce maternal and infant mortality. Though being beneficiaries, adolescents are not mentioned as specific target.

National Reproductive Health Policy: The Sectorial Health Strategy 2005-2015 and the National Reproductive Health Programme aimed to improve delivery of reproductive health care services, sourcing of qualified health staff, strengthening of family planning services and capacity-building for Cameroon's communities and above all, to empower women in Cameroon.

Growth and Employment Strategy Paper:¹⁶⁷ It presents a plan to invest in the public health sector and expressly calls attention to the situation of youths (15-24 years) and women. It considers the time ripe to give special attention to reproductive health, youth, and gender equality issues.

Family Planning 2020 (Cameroon's Commitments):¹⁶⁸ The Government of Cameroon committed to among others, ensure contraceptive security, provide various contraceptive methods, ensure the quality of services including family planning counseling. She also committed to reach a 5% budget line allocation each for reproductive health and family planning by 2020 and to establish a subsidization mechanism for vulnerable users including adolescents, youths and women with disabilities. FP2020 became FP2030 with commitment targets set for the year 2030.

Cameroon's GFF Investment Case:¹⁶⁹ In line with the Global Strategy for Women's, Children's and Adolescents' Health and the SDGs, the government of Cameroon, CSOs and other stakeholders adopted Cameroon's GFF Investment Case with the aim to reduce maternal, neonatal and infant morbidity and mortality, and to improve the reproductive health of adolescents and young people by the end of 2020 at national level in general and specifically in the Adamawa, East, Far North and North Regions. Specific to adolescents is the plan for the holistic empowerment of adolescents through education, health and sexual education, socio-economic empowerment including life skills.

Example 2: Cameroon's Commitments at the Nairobi International Conference on Population and Development (ICPD) +25 Summit in November 2019

Cameroon was one of the several states that took part at the ICPD+25 Summit in Nairobi Kenya, from the 12th to the 14th November 2019. The Summit took stock of the Cairo ICPD that took place 25 years ago (in 1994). It also centred around five themes cutting across gender equality, political and community leadership, youth leadership, innovation and data and partnership.¹⁷⁰ Cameroon's Commitment Statement at the Summit was presented on behalf of the government of Cameroon by the Ministry of Economy, Planning and Regional Development (MINEPAT).

Below are some of the commitments as published on the ICPD+25 Website:¹⁷¹

“The Government of the Republic of Cameroon,

Stresses the need for full, effective and accelerated implementation of the Cairo Programme of Action in order to achieve national development goals in accordance with our laws, traditions and our socio-cultural environment.

Reaffirms its support for the ICPD Plan of Action and the Addis Ababa Declaration on Population and Development.

Agrees to:

1. Intensify efforts to implement and finance the Cairo Programme of Action and key actions of the 2030 Agenda in order to effectively reduce maternal and child morbidity and mortality;
2. Guarantee the access of adolescents and young people to quality, age-appropriate information and education in school and out-of-school settings, to adequately protect them from unwanted pregnancies, sexual violence, sexually transmitted infections and HIV / AIDS;
3. Tackle gender-based violence and harmful practices such as early, forced marriage and female genital mutilation;
4. Take advantage of the demographic transition to stimulate economic growth and achieve sustainable development, by realizing the demographic dividend through increased investment in education, the creation of decent jobs, the health of adolescents and young people, including family planning;
5. Provide quality, timely and disaggregated factual data, and improve data systems;
6. Adhere in favour of the participation and significant involvement of young people in development actions;
7. Guarantee the basic humanitarian needs of the affected populations, including basic health and education services.

Modes of engagement:

- Budgetary and financial:

Increase by at least 20% the share of budgets relating to population and development issues in the national budget; promote greater involvement of the private sector in the financing of programs contributing to the implementation value: 20%.

- Change or creation of legislation

Harmonization of age at marriage for boys and girls at 18 by 2025

- Programmatic action

- i. Fully realize and publish the results of the 4th Population and Housing Census by the end of 2020;
- ii. Carry out and publish population censuses and socio-demographic and health surveys at standard intervals;



**ICPD+25 in Nairobi
Kenya made it
possible for
government
officials, and youth
to engage.**

*Pic 1 left to right:
Minister of
MINPROFF, Prof.
Marie Therese
Ondoa nee Obama;
Minister Delegate
at MINEPAT,
Mr. Paul Tasong;
ACAP Focal Point,
Mr. Desmond Nji.*



*Pic 2 left to right:
President of CNYC,
Ms. Fadimatou
Iyawa; ACAP Focal
Point, Mr. Desmond
Nji.*

Below are an exhaustive list of commitments including complementary notes as read during ICPD+25 in Nairobi by the Minister Delegate in charge of Planning at the Ministry of Economy, Planning and Regional Development (MINAPAT), Mr. Paul Tasong:¹⁷² (Complementary notes in yellow).

1. Intensify efforts to implement and finance the ICPD Programme of Action and key actions of the 2030 Agenda *with the aim of implementing universal health coverage*, especially to reduce maternal and child morbidity and mortality;
2. Ensure access to adolescents and young people to quality, age-appropriate information and education in school and out-of-school settings, *so that they can make informed choices about their sexual and reproductive health* and to adequately protect themselves from unwanted pregnancies, sexual violence, sexually transmitted infections and HIV / AIDS;
3. Tackle gender-based violence and harmful practices such as early, forced marriage and female genital mutilation;
4. Mobilize the resources, necessary for the full implementation of the ICDP Programme of Action and sustain the achievements already registered.
5. Take advantage of the demographic transition to stimulate economic growth and achieve sustainable development, by realizing the demographic dividend through increased investment in education, the creation of decent jobs, the health of adolescents and youths, including family planning;
6. Build peaceful, just and inclusive societies in which all people, including the elderly and young, the disabled and the indigenous feel valued and are able to shape their own destiny and contribute to the prosperity of their societies;
7. Provide quality, timely disaggregated and improved data systems to achieve sustainable development;
8. Adhere to the idea that *nothing about the health and well-being of young people can be discussed and decided without their participation and meaningful involvement—nothing about us without us*;
9. Ensure the basic humanitarian needs of affected populations, *including reproductive health services as critical component of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts*.



ICPD+25 in Nairobi Kenya made it possible for government officials, and youth to engage.

***Pic 1 left to right:** Coordinator of Denis Miki Foundation, Ms. Emilia Miki; CNYC President, Ms. Fadimatou Iyawa; Minister of MINJEC, Mr. Mounouna Foutsou; Minister of MINPROFF, Prof. Marie Therese Ondoa nee Obama*

***Pic 2 left to right:** Minister Delegate at MINEPAT, Mr. Paul Tasong; Minister of MINPROFF, Prof. Marie Therese Ondoa nee Obama; Coordinator of Denis Miki Foundation, Ms. Emilia Miki.*



2.2 WHAT DOES THE POLICY PLANNING PROCESS ENTAIL?

There is no single format for the policy planning process. It differs from country to country, based on the political, historical and socio-economic context. However, the WHO framework for national health policies, strategies and plans identifies the following key elements of good practice, from design to implementation to M&E.¹⁷³

- **Analysing the situation and setting priorities.** Conducting a situation analysis of the current health situation and the needs of the most vulnerable in a country, and setting health priorities based on this evidence, is an essential foundation for designing and updating national policies, strategies and plans.
- **Aligning health policies, strategies and plans with the health needs of the community.** This will help ensure effectiveness.
- **Localizing the implementation of national policies, strategies and plans.** Linking national policies, strategies and plans to the strategic and operational plans at subnational and local levels is critical. They need to be adapted and adopted by local health authorities into locally appropriate approaches and feasible operational health plans and targets, based on local circumstances.
- **Budget costing and financing for national policies, strategies and plans.** A budget is a resource plan for the policy. Without the appropriate financial resources, policies, strategies and plans cannot be successfully implemented. This requires quantifying the needs for people, equipment, infrastructure etc.
- **M&E to assess the effectiveness of policies, strategies and plans.** This is central to understanding their responsiveness to community needs and their impact. Social accountability is a key mechanism for assessing the effectiveness of existing policies, and identifying interventions and changes that are required.

As a stakeholder, it is necessary for you to understand each element of the country's policy planning process and how interventions may

be necessary to make these processes better fit the needs of adolescents and young people.

2.3 WHAT MAKES FOR AN EFFECTIVE ADOLESCENT HEALTH AND WELL-BEING POLICY?

It is crucial that policies aimed at adolescents promote their health and well-being, protect their rights to non-discrimination, privacy and autonomy, and allow them the opportunity to participate in decisions that affect them. WHO recommends a range of policy measures to address adolescent health issues, including:¹⁷⁴

- Promoting multisectoral action to address issues that are essential to adolescents' holistic development (e.g. nutrition, education, water and sanitation)
- Seeking to limit access to specific commodities (e.g. setting age limits for consumption and purchase of weapons, tobacco and alcohol)
- Specifying features of the physical environment to promote and protect health (e.g. road design measures such as footpaths, motorbike lanes, street lighting and bans on smoking in public places)
- Providing age-appropriate sexuality education and access to SRH services to prevent early pregnancy, sexually transmitted infections and HIV/AIDS.

A large body of evidence shows that policies on adolescent health and well-being can be effective, particularly in preventing behaviours that endanger adolescents' health^{175,176,177,178}. However, the majority of adolescents (69%) involved in a WHO global consultation said they were not aware of any laws or policies that affected their health. Those who did indicate awareness referred mostly to policies on tobacco and alcohol use.

Good adolescent health and well-being policies should be based on wide multisectoral involvement and inputs, addressing the multiple needs of adolescents. For this to be achieved, partnerships across the many sectors that



contribute to adolescent health and well-being are needed. For example, the education sector contributes greatly to the health of adolescents; policies adopted by the ministries in charge of education should involve input and collaboration with other ministries, such as the Ministries of Public Health, Women Empowerment and the Family, Finance and Justice, among others. Likewise, the health sector should support and strengthen its own collaboration with other sectors whose activities affect adolescent health and development.

Youth policies

As noted in WHO's 2014 *Health for the World's Adolescents* report, some countries have developed national youth policies that spell out the government's attitudes and responsibilities towards adolescents and youth, including towards their health.¹⁷⁹ The existence of a national youth policy indicates a country's political commitment to young people, and can provide a framework for the provision of resources, support and services. National youth policies typically emphasize the empowerment of youth through political, social and economic participation.

A recent review by Youthpolicy.org, a non-governmental organization (NGO) building a global evidence base for youth policy, indicates that 99 countries have a youth policy, 56 are revising their policy and 43 do not have one.¹⁸⁰ Cameroon has a National Youth Policy that was adopted in 2006 by the then Ministry of Youth and Sports and revised in 2015.¹⁸¹

The reasons why health policies are ineffective are complex. They include:

- *Incoherent planning*: programme planning that is conducted by different actors with different planning cycles, often not working within the national planning cycle
- *Weak priority setting*: a situation analysis that lacks an adequate, comprehensive and participatory approach
- *Funding constraints*: donors often earmark funds, allowing a specific level of funding for a particular intervention only; this can lead to fragmentation, competition for available limited resources, and imbalances in national priority setting
- *Funding gaps*: gaps in financial allocations and projections for the health plans
- *Failure to enforce laws*: community practices and cultural customs sometimes conflict with national laws that protect and promote adolescent health (including child marriage and female genital mutilation)¹⁸²
- *Weak or nonexistent youth engagement*: youth engagement in policy formulation, implementation and monitoring has not been sufficiently systematic and so policies do not reflect adolescents' realities and needs¹⁸³

There are many reasons why policies, strategies and plans relating to adolescent health and well-being may not be properly implemented in Cameroon. Local implementation and budgeting are two major areas to consider when examining the effectiveness of relevant policies, strategies and plans.

2.4 WHY ARE SOME ADOLESCENT HEALTH AND WELL-BEING POLICIES INEFFECTIVE?

In many countries, more can be done to ensure comprehensive, coherent and balanced national health policies, strategies and plans, including those for adolescent health and well-being. The disconnect between policy and programme planning efforts and national planning processes leads to imbalance, lack of coherence, and problems during implementation.

Implementing effective local planning and programming¹⁸⁴

Effective planning at the various levels of relevant government bodies, including education and health systems, should be aligned with people's needs and expectations. National policies, strategies and plans



must therefore be linked to strategic and operational plans at subnational and local levels.

The purpose of strategic national planning is different from that of local level planning. National strategic plans decide how national policies will be translated into broad national activities and targets. Planning at the local level (e.g. municipal councils) decides how all available resources should be best used to operate the local systems that provide services to the population. These resources may be from central government (for the health sector and other sectors), or contributions, of either human or financial resources, by CSOs, NGOs, and by not-for-profit and for-profit private sector bodies.

National planning → *broad national activities, targets and resources*

Local planning → *translates national activities into specific plans and allocates resources for local systems*

How closely national plans are linked to local plans depends on the level of detail in the national strategic plan and the degree of autonomy of local decision-makers. As an advocate in your community, you should be aware of how broad national strategies and goals need to be “translated” by local authorities into appropriate approaches and feasible operational plans and targets, based on local circumstances. Similarly, you can mobilize in your communities to make sure that national level policies and programmes are implemented.

Budget costing and financing for policies and programmes¹⁸⁵

Budget costing and financing are essential for implementing policies, strategies and plans. For your adolescent health and well-being advocacy to succeed, it is vital to make sure that the necessary resources are committed to it.

National priorities need to be translated into detailed resource plans. This means that people, equipment and infrastructure are quantified so the budgetary implications can be determined. A good first place to start is to gather information about costs. This should be fed into the planning

process, so that the impact and cost of different scenarios, projecting different options and levels of service delivery, can be compared.

This allows policy-makers and leaders to make informed decisions between options, which is important because available resources for health are never limitless, even in high-income countries. It is also a strategic process that requires negotiating agreement among stakeholders.

The actual costs should match the expected policy priorities. It is important for stakeholders to provide realistic inputs to the framework, based on the country’s national health policy, strategy and plan documents.

An in-depth understanding of the budgeting process is very helpful for policy-based advocacy efforts. Be aware of the workings of the ministries of finance and planning, as well as parliamentarians, and plan for activities at each stage of the budgeting and planning process.¹⁸⁶

- **Budget formulation:** present a good case for more funding to influence budget allocation by researching on the needs of various groups, sharing findings of analyses and producing alternative budgets.
- **Enactment:** engage with media, officials and the general public to push for the process of enactment to be open and transparent; and work with parliamentarians to influence change.
- **Implementation:** monitor implementation and budget spending throughout the budget cycle through engagement with authorities and service providers; measure the impact of budget allocations, and share this information with relevant stakeholders.
- **Audit:** contribute to the review process by: carrying out research on the impact of spending resources on specific population groups, weighing inputs against outputs, and making recommendations on improving the health sector allocations in the next budget.

Example 3: How Cameroon’s ICPD+25 Commitments Support the Adolescent Health and Well-Being Package (AHWP)

Please refer to the Preface of this toolkit to see the three objectives of the Advocating for Change for Adolescent Project (ACAP) in Cameroon set at the start of the project. Also see that the project derived two outputs which in addition to the age-appropriate sexuality education manual by DESERVE, constitute the components of the Adolescent Health and Well-being Package.

Now, refer to Example 2, Chapter 2 (pages 52-55) to read Cameroon’s commitment statements at the ICPD+25 Summit Nairobi.

Below is an illustration of how ACAP and the AHWP are supported by the Commitments Cameroon made at the ICPD+25 Summit.

AHWP	SUPPORTED BY CAMEROON’S ICPD+25 COMMITMENT	
	<i>From the List of Six Commitments</i>	<i>From the List of Eight Commitments</i>
A localized adolescent health and well-being policy and action toolkit in English and French.	Number 6	Number 8
Toolkit for the collection and analysis of disaggregated data on adolescent health and well-being.	Number 7	Number 7
Age-appropriate CSE Manual	Number 2	Number 2

Example 4: Participatory Budgeting in Cameroon

Participatory Budgeting (PB) involves local authorities and inhabitants co-operating to determine the allocation of public money.¹⁸⁷ In Cameroon, the closest administrative unit to the citizens in charge of local development is the local council, composed of elected councilors and headed by a mayor. They mobilize their communities and act as catalysts for change.

PB is driven by civil society organizations. In some council areas in Yaoundé II, up to 351 residents took part in the first PB cycle in 2009 and more than 11,000 were involved by 2011 due to awareness campaigns in the neighbourhoods.¹⁸⁸ This promotes a sense of genuine local ownership of assets. Greater involvement strengthens accountability and support for community-driven projects. The success of PB in a given area depends on the individuals involved, and the role of the mayor. The Cameroon electoral code sets the minimum age for local councilors at 23. This gives young people a legal base to take part in municipal governance.



Photo: CAMNAFAW



**TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER,
LOOK INTO:**

Country Data, Profiles & Policy, e.g.:

- (Cameroon) National Youth Policy¹⁸⁹
- Politique Nationale de la Jeunesse¹⁹⁰
- African Youth Charter¹⁹¹
- 2019 ICPD+25 Summit¹⁹²

Others:

- WHO's Maternal, newborn, child and adolescent health policy indicators¹⁹³
- WHO's Country profiles¹⁹⁴
- UNFPA's Adolescent and Youth Dashboard¹⁹⁵
- International Budget Partnership's Budget Advocacy Orientation¹⁹⁶



photo: Bible Society of Cameroon



EXERCISE 2:

Assessing Cameroon's policies, strategies and plans for adolescent health and well-being

When deciding how to approach advocating for the adolescent and health and well-being issues you have prioritized, a good place to start is understanding the quality of relevant national policies and strategies currently in place. Many policies other than those on health have an impact on adolescents' health and well-being, and these can also be reviewed and assessed. Relevant policies, strategies and plans include:

- National health policy and strategy
- National education policy
- Sexuality education curriculum
- National youth policy
- HIV policy (and other specific health issue-related policies)
- Youth and employment policy.

NATIONAL POLICY AND STRATEGY ASSESSMENT CHART

Step 1:

You and the members of your organization or network (with support from members of partner organizations) can find and read policies relating to adolescent health and well-being, including your Cameroon's national health plan, strategy or policy. In doing so, you can also consider how the policies the country has developed directly address adolescent health and well-being.

Use the template below to assess whether and how the government is taking steps to address adolescent health through laws and policy frameworks. When you have done that, consider whether there are any other issues, not represented by existing policies, that you think must be addressed to fulfil adolescent health and well-being needs in the country.

Laws and policy frameworks	Do they exist?	List the policy source	Are they being enforced?
National plan or policy for youth- and adolescent-friendly health services			
National plan or policy addressing mental health			
The legal status of abortion			



Legal age of consent for HIV testing			
National strategy/ plan to address HIV and AIDS			
National plan for comprehensive sexuality education			
Legal instruments on access to family planning services by adolescents			
Legal framework in place that addresses gender-based violence, including sexual violence and domestic violence			
Legal age for marriage			
Legal status of female genital mutilation			
Legal age for smoking			
Legal age for consuming alcohol			
Any other relevant laws or policy frameworks			



Step 2:

After reading the country's national health strategy, policy or plan, consider the checklist below. For this, divide your participants into five small groups, each of which will focus on one section of policy assessment:

1. Analyzing the situation and programming
2. Process: whether and to what extent key stakeholders have been meaningfully engaged in the process of developing and endorsing the national strategy
3. Costs and budget: relevance and feasibility of the budget for programming
4. Implementation and management of the national strategy
5. Monitoring, evaluation and review.

Step 3:

Assess the strengths and weaknesses and fill out the adolescent health and well-being chart for your designated section. Expect to identify three strengths and three weaknesses for each section. Write these down and volunteer a person to report to the wider group.

Identifying the strengths: what policies are working for adolescent health and well-being? These strengths can be framed as positive messages and used later to engage your target audience and primary or secondary targets (you will read more about this in Chapter 4), in order to build meaningful partnerships.

Identifying the weaknesses: what policies are missing which are needed to advance adolescent health and well-being? What could be scaled-up or strengthened? This will help you define concrete recommendations for improving the implementation of national policies to effectively address the needs of adolescents and young people.

Does the policy, plan or strategy:

- Use accurate data, disaggregated by age?
- Have clearly defined, measurable, realistic and time-bound objectives?
- Have evidence-based interventions tailored to adolescents?
- Address the legal, social and cultural issues relating to adolescents, including vulnerable adolescents?

Strengths:

Weaknesses:



2. Process: meaningful, inclusive development and endorsement processes for the national strategy

Does the policy, plan or strategy:

- Meaningfully involve all key stakeholders, including adolescents, young people and vulnerable communities?
- Use a multisectoral approach?
- Allocate adequate financing for the strategy?
- Involve high-level endorsement at global and regional forums?

Strengths:

Weaknesses:

3. Costs and budget: relevance and feasibility of the budget for programming

Does the policy, plan or strategy:

- Link to a budget that includes resources allocated for adolescents and young people?
- Include adequate domestic financing for adolescents and young people?

Strengths:

Weaknesses:



4. Implementation and management of the national strategy

Does the policy, plan or strategy:

- Clearly describe the roles for and responsibilities of adolescents and young people?
- Provide for technical assistance to youth networks?

Strengths:

Weaknesses:

5. Monitoring, evaluation and review

Does the policy, plan or strategy:

- Include a comprehensive framework that guides M&E work, reflecting on the goals and objectives?
- Include multi-partner review mechanisms, including young people, that provide systematic input into measuring the performance of a sector or programme against annual and long-term goals?
- Identify corrective measures to ensure that the plan translates to action, with young people, including mechanisms to provide feedback to subnational level and to adjust financial allocations?

Strengths:

Weaknesses:

Other attributes to take into consideration

Overall strengths:

Overall weaknesses:



Step 4:

Review all the strengths and weaknesses covered in the chart and group similar issues under key overarching “gaps” in the national policies that you have reviewed.

Once you have grouped the weaknesses into gaps, you can outline a key recommendation for each gap. Review the recommendations and decide which three gaps are most important to you and your partners. These will be used to define your advocacy objectives in Chapter 4.

Having decided on the country’s three main weaknesses, write a recommendation to address each one. Then, feel free to write more based on your assessment!

Recommendation 1:

Recommendation 2:

Recommendation 3:



Congratulations! You now have concrete recommendations that you can advocate to improve the country’s national policy so that it better addresses the needs of adolescents and young people.

(I strongly support
that all girls should
be educated.)

Ghashu Caleb Dzonguy
12 years old
GTHS Kumbo.





Chapter 3:
**Using global
commitments to
improve adolescent
health and well-
being**



In Chapters 1 and 2 you identified issues relating to adolescent health and well-being that are priorities in the country, and assessed the effectiveness of current policies, strategies and national plans that are attempting to address these issues.

Your next step is to gain a better understanding of global commitments to adolescent health and well-being, how these commitments translate at the national level, and how the country makes its own policy commitments.



By the end of this chapter, you will:

- Understand how the country makes policy commitments to adolescent health and well-being at the regional and global levels
- Understand how to use global commitments to strengthen your advocacy in Cameroon and drive accountability to ensure that the government makes progress in line with global standards.



3.1 WHAT ARE GLOBAL ACCOUNTABILITY MECHANISMS AND HOW CAN THEY BE USED?

Accountability for adolescent health and well-being should start at the national level, focusing on the government’s responsibility to its constituents, as well as to the regional and global community. As an advocate, you are a key part of this process!

At the same time, international bodies, such as the UN, have created accountability mechanisms to monitor progress on a global scale. These global accountability mechanisms have many purposes, including:

- Tracking results and resource flows at global and national levels
- Identifying a core set of indicators and measurements to track needs and progress across countries
- Proposing steps for collecting information and registering vital events (e.g. births, deaths and education rates) in low-income countries
- Exploring new ways to improve access to reliable information on resources and outcomes.¹⁹⁷

To make advocacy at all levels stronger, advocates at the local, national and regional levels can use global accountability mechanisms to hold decision-makers and other key stakeholders accountable for commitments made and progress promised.

For example, the *Global Strategy for Women’s, Children’s and Adolescents’ Health*¹⁹⁸ includes the Unified Accountability Framework. Figure 4 shows how country and global accountability mechanisms can work together to create a complete accountability system:

Figure 4. The Global Strategy’s Unified Accountability Framework





The UN Secretary-General has appointed an Independent Accountability Panel as part of the *Global Strategy for Women's, Children's and Adolescents' Health*¹⁹⁹ Unified Accountability Framework. The Panel provides an independent and transparent review of progress on and challenges to the implementation of the *Global Strategy* in order to help strengthen the response from countries and the international health community. For more information and to read its reports, [click here](#).²⁰⁰

Global commitments translate into national policies

The UN brings together Member States from around the world, providing opportunities for your advocacy efforts. For example, at the UN General Assembly, held every September in New York, Member States discuss and review progress on various international issues. The High-level Political Forum is a new platform for monitoring and reviewing progress on the implementation of the Sustainable Development Goals. UN Special Sessions focus on specific issues and are convened by the UN Secretary-General at the request of the Security Council or the majority of Member States; for example, a UN Special Session on HIV/AIDS is held every five years.

While not all international and regional agreements are binding, they are agreed by consensus and with the intention that countries will adopt them in their national policy. It is important for civil society, including young people, to be engaged in the discussions which lead to such agreements, pushing state authorities to move beyond rhetoric

and to take concrete action following high-level meetings. Young people also need to convince their governments that they need to be engaged as meaningful partners in the implementation of these agreements at the country level.

Local input, global influence

Influence and decision-making are achieved, not only by international organizations, but also by people acting locally, nationally and regionally. Broadly speaking, these influencers work in a hierarchy; those at the local level (e.g.

civil society representatives in the Global Financing Facility) encourage national decision-makers (e.g. the Ministries of Finance, Secondary Education or Public Health) to specifically budget for SRH services for adolescents and young people within Cameroon's allocated budget. They can as well involve regional or global representatives (e.g. The World Bank, UNICEF, UNESCO and UNFPA) to convince government (e.g. by speaking out for the need to allocate a budget for adolescent SRH during intergovernmental negotiations).

However, those at the top of the hierarchy can only be most effective when they have a broad base of support from their community (or constituents). Those at the base of the hierarchy (youth groups, the general public, grass-roots NGOs and local decision-makers) may not be directly involved in wider decision-making, but their engagement in discussions about key issues can lend weight to advocacy efforts, and so influence those with wider powers (such as government officials or civil society leaders).

What is a commitment?

In this context, a commitment is a pledge or promise to implement policies and programmes in line with global frameworks that advance health and well-being

Commitments may be financial or non-financial, and made by governments, single institutions or multi-partner coalitions. For example, all commitments to advance the goals outlined in the *Global Strategy* are encouraged, particularly those which are sustainable (e.g. public-private partnerships with sustainable business models), innovative (e.g. novel policies, new low-cost technologies, innovative partnerships or financing models) and have a long-term focus.

Most importantly, commitments to the *Global Strategy* should have clear, measurable expected impacts.

Commitment makers are required to report annually on progress towards the implementation of their commitment.



3.2

HOW ARE LOCAL AND GLOBAL PROCESSES CONNECTED?

As a youth advocate, you have the power through local action to influence the government's commitments made at the global level. There are many ways you can get meaningfully involved in global advocacy!

What can you do as a local advocate to influence regional and global processes?

While funding is often limited, you can **advocate for a youth representative to join the government's delegation to high-level global and regional meetings**. These are important opportunities to engage meaningfully with the government and with regional and global actors, and put young people at the forefront of policies and programmes that affect their lives at home.

The **World Health Assembly**, for example, is a meeting at which Ministers of Health and various delegations discuss the state of the world's health. Specific health issues are presented to and negotiated by Member States. In January of every year, the WHO Executive Board meets to prepare for the World Health Assembly in May.

At the Executive Board meeting, the agenda for the World Health Assembly is negotiated: this is an important opportunity to gain Member States' support for prioritizing adolescent health and well-being, among other key issues.

At the **UN General Assembly**, held every September, Heads of State and Ministers of Foreign Affairs, meet to discuss important issues concerning development. Civil society members and other key stakeholders advocate and lobby in advance of these high-level meetings to influence their country's position in those negotiations.

Other key meetings between Member States that are highly relevant to adolescent health and well-being include (among others):

- [Commission on the Status of Women](#)²⁰¹
- [Commission on Population and Development](#)²⁰²
- [High-level Political Forum](#)²⁰³ (relating to the implementation of the Sustainable Development Goals)

- [African Union](#)²⁰⁴ meetings and other regional summits.

Advocacy for meaningful youth engagement at global and regional levels

Advocating for youth representation as part of the government's delegations is important: if successful it allows you to influence the country's position in regional and global negotiations. Engaging in these negotiations is a strategic way to publicize your advocacy at global, regional and national levels. It takes a lot of strategic planning and lobbying, but it is possible. Youth advocates from Bulgaria to South Africa, through the ACT!2030 initiative, have explained how they joined their government's delegation, giving them access to and a voice in decision-making at the highest level, working hand-in-hand with their government to make statements at these high-level meetings. Some Cameroonian youth leaders have engaged with government delegations in events like the African Union Assembly, the UN General Assembly, meetings of the Commonwealth and La Francophonie, ICPD and others. Young leaders can seek to have increased and meaningful involvement in the country's delegation to these global meetings. Actively seeking support is an important step in ensuring that your activism reaches national, regional and global levels.

3.3

HOW CAN GLOBAL COMMITMENTS BE USED AS ACCOUNTABILITY TOOLS?

Global commitments may seem overwhelming at first: they are large in scale and often use technical language and complex indicator frameworks to track progress. However, you know these issues well as youth advocates! Understanding how these global commitments work can make them more accessible and make your advocacy efforts more effective.

Once you understand the global commitments the country has made that are relevant to your advocacy work, you can use them in several ways. Here are a few steps you can take to incorporate global commitments into your advocacy plan:



1. Get involved in social accountability mechanism creation at all levels.

Although the government and other stakeholders have it as a prime responsible to lead actions to improve the health and well-being of adolescents and young people, you should also be active in implementing these goals. Adolescents and young people should participate meaningfully in the entire cycle of programming and policy development for programmes and policies that affect their health. It is important to be active and consistent in holding decision-makers and other actors accountable for their obligations and commitments through independent accountability platforms.

This will require you to identify what decision-making bodies are involved in adolescent health and well-being, if any, and who is the lead coordinator or co-chair. For example, a ministry may host a working group focused on a particular issue such as adolescent health. Once you have identified these decision-making bodies, reach out to the government, the UN or CSO groups to find out more about how you can engage with these bodies. If there are youth representatives, you could liaise with them to make sure you share a common position and that they represent your community's views.

You can play a key role in social accountability mechanisms at all levels, from the local to the global. Over the last few years, there has been greater recognition of the importance of engaging young people in decision-making and involving them in the planning and implementation of policies and programmes. For you to engage meaningfully in formal and informal accountability mechanisms, the government also has the responsibility to support and build the capacity of young people to take part in all stages of the accountability process: to *monitor, review and act* to identify gaps and take collective action towards meeting the Sustainable Development Goals and the aims of the *Global Strategy*. CSO groups also need to build the capacity of young people and meaningfully engage them in their social accountability programmes and activities.

2. Help collect data on adolescents and youth at the community level.

You can work with the service providers in your community to help collect data on adolescents and youth. Find out who your services providers are and ask them how data are collected. The information needed (indicators) can range from the quality and types of services provided to the treatment of and attitude towards young people who seek services. These data, in turn, will help service providers better tailor their services to the needs of adolescents.

Data can be collected on:

- Health status (e.g. mortality, incidence of disease)
- Expenditure of resources (i.e. financial audits)
- Progress towards specific human rights goals (i.e. laws and policies).



Based on real-life experiences of youth advocates from the ACT!2030 initiative, the following advice can help you and your networks to ask the government to support at least one youth representative to join its delegation, and to support youth engagement more broadly:

- Specify the event that you want to attend and explain why. Make sure you follow developments leading up to the event closely so that you know what you are talking about.
- Establish your credibility time and time again. Become an expert in your area and show officials that you know your stuff.
- If you meet one of the government's delegates at any event, introduce yourself, exchange contact details and follow up the contact to establish a strong relationship with them.
- Make accurate statements, backed up with evidence, to demonstrate that you are an expert in your field.
- Liaise with and report back to other NGOs working in your field and for the government on specific issues; this will enhance your credibility.
- Consult other young people you work with and ensure that you have the authority to speak on their behalf. Speaking on behalf of a broad constituency makes your advocacy more persuasive.
- Collaborate with other CSOs to speak on behalf of a broader constituency. Think about partnerships with organizations outside of your immediate sector whose mandates overlap or align with your own.
- Know your national priorities and how to align them with your "asks".
- Employ "provocative diplomacy": applaud the government for what it is doing right and focus on solutions to the remaining challenges.
- Be courteous and polite to everyone you meet.
- Make it known if, for example, you have the contact details of your country's mission in the city where you are going to.
- Follow-up, follow-up, follow-up by every means possible!
- Be prepared to respond. You may be asked to contribute at a moment's notice.
- Be prepared to do more than is expected of you!



photo: CASD

Example: Plaidoyer pour le respect des engagements en santé sexuelle et reproductive des adolescents et des jeunes (PRES)—(Eng)—*Advocating for the Implementation of Commitments on the Sexual and Reproductive Health of Adolescents and Young people*

The Youth Action Movement of the Cameroon National Association for Family Welfare (CAMNAFAW) carried out a six-month youth-led advocacy action titled **Plaidoyer pour le respect des engagements en santé sexuelle et reproductive des adolescents et des jeunes (Advocating for the Implementation of Commitments on the Sexual and Reproductive Health of Adolescents and Young people)** in 2014. The project had as objective: to raise awareness among decision-makers and the public on the need for implementing government resolutions and commitments on increasing access to adolescents' and youth's sexual and reproductive health (SRH) information and services. The project was conceived during the 6th African Conference on Sexual Health and Rights held in Cameroon from the 3rd to the 7th of February 2014. During this conference, YAM made a recommendation for the creation of a platform made up of adolescents and youths, charged with following-up the effective implementation of international and national adolescent sexual and reproductive health (ASRH) resolutions and commitments ratified by the government of Cameroon.

YAM Cameroon benefited from the Youth Action Fund, to realise this project, with two issues to tackle namely:

- Limited access to SRH information and quality services for adolescents and youths.
- The ineffective implementation of international and national resolutions and commitments on the SRH of adolescents and youths.

Through the effective implementation of resolutions and commitments on adolescents and young people's access to SRH information and services for adolescents and young people, the ultimate goal was to achieve a reduction in rate of early pregnancies, abortion, HIV/AIDS and STIs among youths.

Nineteen young people—the main actors of the project—were trained on advocacy and leadership skills. They were from: The Youth Action Movement (YAM), Cameroon, the Cameroon National Youth Council (CNYC), the Cameroon Youth Network (CYN), the young parliamentarians network and the young parliamentarians of the United Nations (ACNU).

A policy review done within the framework of the project identified some resolutions and commitments ratified by the Cameroon government promoting access to youth-friendly services but which were not effectively implemented, for instance the 1994 ICPD Programme of Action. The project actors realised that ASRH was not budgeted in the National Youth Strategy document as other items were. This was a good course for advocacy.

Apart from the policy review, an advocacy factsheet was produced as a tool for the project, 3 advocacy meetings were held with government authorities of the Ministries of Youth Affairs and Civic Education, Public Health and Women Empowerment and the Family. These ministries all deal in different youth matters. The young people anchored 4 radio programmes to sensitise the public on the importance of implementing commitments on ASRH.



Unfortunately, in many countries, good quality up-to-date data on adolescents and young people are lacking. The major issues are:

- Data on adolescents and young people are usually incorporated into health programmes for children or adults;
- Lack of focus on adolescents or young people as a specific subset of the population;
- Inadequate disaggregation of data (specifically for ages 10-14 and 15-19);
- Lack of data on marginalized young people, such as young key populations or adolescents and young people in humanitarian settings, as they are outside of traditional data collection sites (i.e. households, schools and health centres).

At the national level, you can call for improvements in adolescent health and well-being by advocating to stakeholders concerned for data disaggregation, and bringing attention to the critical gaps in data on adolescents and young people.

3. Monitor the country's progress on global commitments.

Monitoring involves collecting relevant data that measure progress towards goals and commitments. Data are the backbone of accountability; they are essential for assessing what is working and what should be improved. UN agencies and other organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria have created mechanisms for continuous collection of data and review of progress. The High-level Political Forum, for example, is the new process for monitoring the Sustainable Development Goals in which many countries voluntarily participate. You can find out what global monitoring and review processes the government participates in and advocate for young people to get involved!

If you think that youth advocates are not sufficiently included in the monitoring of global commitments, that data are inconsistent or do not exist, or that current indicators do not reflect the needs or the diversity of adolescents, *you can also consider developing a shadow report on adolescent health and well-being.*²⁰⁵

Shadow reports are an alternative reporting process, and are used where civil society members believe that government and intergovernmental processes do not reflect the needs of the community.

For example, youth-led organizations such as the Global Youth Coalition on HIV/AIDS produced shadow reports specifically addressing young people's needs relating to HIV prevention, diagnosis, treatment and care. There are many great examples of shadow reports that can help you design one that works best in your area of work.

4. Advocate for the government to commit to adolescent health and well-being.

If the state has not made a commitment to the adolescent health component of the *Global Strategy* or to other global agreements that are relevant to advancing adolescent health and well-being, this can be one of the objectives of your advocacy roadmap. Global meetings present good opportunities to speak to policy-makers and government officials about these needs. Once commitments have been made, the *Global Accelerated Action for the Health of Adolescents (AA-HA)*²⁰⁶ provides countries with the technical basis for developing a coherent national plan for the health of adolescents, and for aligning the contributions by all relevant stakeholders in planning, implementing and monitoring a response to the health needs of adolescents in line with the *Global Strategy*. An important next step is for you to contact the adolescent health focal point or department in the ministry in charge of health and other relevant ministries such as education and gender equality, among others, and meet with them to discuss how you and your partners can be involved in the national rollout of their guidance.



**TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER,
LOOK INTO:**

- *Global Strategy Indicator and Monitoring Report*²⁰⁷
- *Commitments: To advance the Global Strategy for Women's, Children's and Adolescents' Health*²⁰⁸
- Every Woman, Every Child, Every Adolescent Independent Accountability Panel's *Reports*²⁰⁹
- Citizens Post's *Citizen-led Accountability*²¹⁰
- US Human Rights Network's *10 Steps to Writing a Shadow Report*²¹¹
- National Democratic Institute's *How to Structure a Shadow Report*²¹²
- Society for Adolescent Health and Medicine's *Sexual and Reproductive Health Resources for Adolescents and Young Adults*²¹³



Photo: Open Dreams

***Eleih Elle Etian Jr engages with the Minister of Higher Education, Prof. Jacque Fame Ndongo
at the Youth Connekt Event in Yaounde, Cameroon***



EXERCISE 3: Use global commitments to support your advocacy for adolescent health and well-being

In Chapters 1 and 2, you identified issues relating to adolescent health that are priorities in the country, and, based on analyzing existing policies relating to these specific issues, you developed key recommendations for improving these policies.

In Chapter 3, you learned how global commitments are connected to country-level policy development and implementation for adolescent health and well-being. In this exercise, you will identify Cameroon's global commitments and develop a strategy to use them to support your advocacy plan. This exercise has four steps.

Step 1: Identify Cameroon's global commitments

Cameroon has probably made commitments to at least one global commitment framework relating to adolescent health and well-being. Identify the commitments the country has made.

Here is a list of global commitments to help you get started:

[Maputo Protocol](#)²¹⁴

[The Abuja Declaration](#)²¹⁵

[United Nations Sustainable Development Goals](#)²¹⁶

[High-Level Political Forum Voluntary SDG Country Reviews](#)²¹⁷

[Global Strategy for Women's, Children's and Adolescents' Health](#)²¹⁸

[Cameroon FP2020 Commitment Maker](#)^{219, 220}

[Education for All](#)²²¹

Step 2: Identify relevant indicators relating to Cameroon's commitments.

Cameroon's commitments should be tied to indicators that are intended to track progress on these commitments over time. Identifying these indicators will give you a basis for monitoring progress and holding the concerned stakeholders accountable to these commitments. Consider the commitments the country has made and identify the related indicators that are relevant for adolescent health and well-being.

Of the 16 key indicators being used to track progress on implementing the *Global Strategy*, the indicators below are most relevant to adolescents. The advocacy argument for most of the other *Global Strategy* indicators is that they should be disaggregated by age and sex, at a minimum.

Objective	Indicator
Survive	Adolescent mortality rate
Thrive	Adolescent birth rate (for ages 10-14 and 15-19)
Transform	Proficiency in reading and mathematics
	Proportion of young women and men aged 18-29 who had experienced sexual violence by age 18



	Proportion of ever-partnered women and girls aged 15 and older who had been subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months
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Step 3: Map these global commitments

Organize the information on Cameroon’s global commitments into a global commitment mapping chart. This will help you see all of the commitments the country has made across these global commitment frameworks. In general, it is helpful to list these commitments from the most general (the Sustainable Development Goals) to the most specific (issue-specific commitments, e.g. Family Planning 2020, and regional commitments).

GLOBAL COMMITMENT MAPPING		
Global commitment (with link)	Adolescent health issues addressed (with relevant commitment sections)	Relevant indicators



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Step 4: Discuss what you can do to make sure the country fulfils its global commitments There are many ways you can incorporate global commitments into national-level advocacy for adolescent health and well-being. With members of your youth-led organization (and relevant partners), discuss a few critical questions to help you decide how you will use these global commitments to support your advocacy plan.

- How can these commitments help shape policies in Cameroon, including the national health plan?
- What role can you play as a youth actor in making sure your priorities for advancing adolescent health and well-being are translated into action? For example, you and your organization can:
 - Work with service providers to help collect data on adolescents and young people.
 - At national level, call for improvements in adolescent health and well-being by advocating for the concerned ministry to improve data disaggregation and bring attention to the critical gaps into data on young people.
 - Develop a monitoring plan to track relevant indicators, and advocate at the national level for the concerned ministry to make progress on implementing the government's commitments.



Congratulations! You know how to use specific global commitments in your national-level advocacy efforts to ensure that the needs of adolescents and young people are addressed.



photo: provided by Banboye Frederick, courtesy of Presbyterian High School, Wum




Chapter 4:
**Developing an
effective advocacy
action roadmap**



In Chapters 1–3 you mapped out the landscape of adolescent health and well-being in the country and the policy context surrounding these issues. In this chapter, you will put all of this learning into action! You will develop an advocacy action roadmap (or advocacy plan) to promote positive change for adolescent health and well-being through the following four steps:

1. Defining your advocacy goal and objectives;
2. Identifying decision-makers and your target audience;
3. Identifying useful advocacy strategies and creating your advocacy work plan;
4. Implementing your advocacy plan.

Designing an advocacy action roadmap involves a lot of effort, but working through some steps to decide on your strategy and define your action plan will help to clarify the task and coordinate your work.



By the end of this chapter, you will have:

- Clearly defined the goal, objectives, target audiences and activities of your advocacy action roadmap.
- Greater ability to implement your own advocacy roadmap for adolescent health and well-being.



4.1

WHAT DO YOU WANT TO ACCOMPLISH FOR ADOLESCENTS' HEALTH AND WELL-BEING?

At this point, you must decide exactly what you want to achieve through your advocacy efforts for adolescent health and well-being. Through discussions and group exercises with your partners, you can develop mutually agreed **GOALS** and **OBJECTIVES** for your advocacy action roadmap.

GOALS are broad definitions of the intended result of your work.

An advocacy goal is the change you are trying to achieve in the long term, a result that you intend to help accomplish. Your goal should be a SMART articulation of your **vision** and should clearly describe the major health or social problem targeted, as well as the focus population and location where you are working. The acronym SMART means that your goal should be:

- S:** specific (or significant)
- M:** measurable (or meaningful, motivational)
- A:** attainable (or achievable, acceptable, action-oriented)
- R:** realistic (or relevant, reasonable, rewarding, results-oriented)
- T:** time-bound (or timely, tangible, trackable)

OBJECTIVES are concrete statements describing in detail what your effort is trying to achieve.

They are very different from your goal: goals are long-term and express intended outcomes in general terms, while objectives are short-term and express outcomes in specific terms. Objectives can be evaluated at the end of your work to see whether or not they were achieved.²²² Your objectives should make clear:²²³

- **WHO** will be reached
- **WHAT** change will be achieved
- **IN WHAT TIME** the change will be achieved
- **WHERE** (in what location).

Example: By September 20XX, two secondary schools in Cameroon will pilot the toolkit for disaggregated data collection on adolescent health and well-being.

The following examples of goals from projects may help you to decide on how to construct your own goal:

- **HIV:** To reduce the incidence of HIV infection among young people aged 15 to 24 by year 20XX in town X through funding the mobile HIV screening services in secondary schools.
- **Sexual and Reproductive Health (SRH):** To increase provision of good quality menstrual pads in schools in Y Division by year 20XX. To prevent public urination in city QQ by passing a law increasing toilet access and use in public places by 20YY.
- **Nutrition:** To increase access to healthier dietary choices in schools in YY village.
- **Adolescent girls' access to secondary education:** To convince traditional rulers to put an end to traditional practices that endanger the sexual and reproductive health of girls in village TT by the year 20XX.

Can you identify the different components of each goal that make it SMART?

To distinguish between goals and objectives in your group discussions, you can ask yourselves the following questions when defining your objectives:

- What can you achieve now to contribute to your long-term goal?
- What are the important incremental steps towards reaching your goal?
- What possible first steps in advocacy do you need to take?
- What will be your first, second and third objectives?



As with goals, carefully worded SMART objectives are essential to a successful strategy. The following questions will be useful for drafting SMART objectives:

Specific	<p>Would a stranger understand what you are trying to achieve?</p> <p>Is your objective explicit and precise?</p> <p>Does the objective state a key outcome, a timeframe and decision-makers who can make it happen?</p>
Measurable	<p>How will you know whether the desired changes have occurred?</p> <p>Can you collect data and information to systematically track progress?</p>
Attainable	<p>Can this be accomplished in a feasible timeframe?</p> <p>What are potential limitations and constraints that may make it difficult for you to achieve your desired objectives, and can they feasibly be overcome through your work?</p>
Realistic	<p>Are the necessary resources (financial and other) available to achieve this objective?</p>
Time-bound	<p>When will this be accomplished?</p> <p>How does achieving this fit into the timeline for your goal?</p>

4.2 WHO CAN HELP ACCOMPLISH YOUR GOAL AND OBJECTIVES?

Identifying the main target audience for your advocacy efforts is a central component of creating an advocacy plan. To target your advocacy at specific policy-makers, decision-makers and key influential individuals, **start by dividing your intended audience into primary and secondary targets.**

Primary targets: the policy-makers and influencers who have the power to make the change you are advocating for; they have direct influence on the national health plan.

Example: *The Ministers of Health, Youth Affairs, ministers in charge of education and the Adolescent Health Department in the Ministry of Health could be particularly strategic primary targets, given their role in shaping the national policies for adolescent health and well-being.*

Secondary targets: the people or groups you can influence who, in turn, can influence your primary target; they have the opportunity to put pressure on those who have direct influence.

Example: *The media is an influential target group, but does not have direct power over the development and implementation of the health policy.*

Then, consider the extent to which your primary and secondary targets support the issues that you are advocating for. You can consider them along a spectrum of allies and opposition, where active allies are the most supportive of your issues, and active opposition are the most against the issues you are advocating for.

Spectrum of allies and opposition:



- **Your active allies:** decision-makers and influencers who agree with you and are working alongside you.
- **Your passive allies:** those who agree with you but are not doing anything about it.
- **Neutrals:** those who are neither for nor against your issue, but who are unengaged.
- **Passive opposition:** those who disagree with you, but who are not trying to stop you.
- **Your active opposition:** those who work to oppose or undermine you.



Discussing the following questions will help you build your spectrum:

- Are there influential actors inside the government who actively support—or who are likely to support—your issue (e.g. Minister of Youth, young parliamentarians, etc.)? If yes, add them to the spectrum!
- Are there influential actors inside the government who oppose your issue (e.g. members of a government committee)? If yes, add them, too.
- Are there influential actors outside the government who have publicly supported or opposed your issue (e.g. community leaders/groups, health or legal professional associations, international NGOs, businesses, etc.)? If there are, add them to the spectrum.
- Have you identified the influential policy-makers, agencies, committees, and/or institutions inside the government that can affect your issue (e.g. all-party parliamentary groups on issues, such as youth affairs)? If yes, add them.
- Finally, are there any other major actors (e.g. traditional or religious leaders, celebrities, spouses of decision-makers, etc.) who have influence with policy-makers on your issue? If yes, add them.

Once you have taken these two steps to identify your target audience, consider what they need to hear to convince them to support your cause. Understand their position and develop your message.²²⁴ To make your case, you should first think about two components:

- 1) **Bring your issue to life: share your personal connection!** *What is it about this issue that you feel so passionately about, and why do you think it is particularly important? Have you been directly affected by your advocacy issue? Does a member of your family or your community have an important and relevant story to tell?*
- 2) **Research the background story:** *How has the issue changed or developed at the local, national and global levels over the past 5–10 years? Why do you think this is?*

Consider your target audience's position and take this into account when deciding how best to persuade them to support you.

- **Connect your reality to lived experience:** When trying to demonstrate the urgency and lived reality of your issue to your audience and targets, a good story can help get the message across and appeal to their emotional side. Each of us has a story that can move others—may be your own or somebody else's experience motivated you to care about the issue.
- **Build your technical argument:** Always use solid evidence to back up your advocacy.
- **Step into your target's shoes:** Research their position on your advocacy issue. Do they have a history of supporting adolescent health and well-being initiatives? Do they oppose issues you are advocating for?
- **Tailor your approach and your key messages:** Only when you have thought about this can you begin to consider potential messages for your targets. Experiment, using them in real-life situations and adapting as you learn.

4.3 WHAT ACTIVITIES WILL HELP YOU ACCOMPLISH YOUR OBJECTIVES?

There are many ways to influence decision-making on your advocacy issue. Advocacy activities (actions or tactics) are conducted to persuade your targets to move towards your advocacy objectives.

There are many tactics you can choose from; and you can combine them and create new ones depending on the interests and preferences of your target, your network's capacity and experience, and the legal restrictions in your country.²²⁵

In an action plan, tactics should be divided into separate activities. For example, a *lobbying* tactic might require you to write briefing documents as well as organizing and attending meetings with legislators; and you might organize a lobby day that includes recruiting, training and supporting young people most affected by the issue and enabling them to meet their political representatives.

The following basic advocacy activities can be useful for persuading your targets to move towards your advocacy objectives.

- **Hold a public panel discussion:** Invite young people and partner organizations with knowledge about adolescent health and well-being to a panel discussion about how to work together to implement the national health plan.
- **Arrange lobbying meetings:** Meet with decision-makers who have strong influence



in the national health planning process. It is important to have a clear request: exactly what can they do to help? You might want to take a small group, or invite the decision-makers to visit a community deeply affected by the issue.

- **Put together a briefing paper for your targets and hold a launch event:** Invite all your targets to a public meeting where you can share your messages and draw attention to your important recommendations. This could be used to rally civil society on adolescent health and well-being, target decision-makers, and/or invite young people to strategize together on next steps.
- **Use community radio:** This is a powerful platform for influencing public opinion and reaching your advocacy targets. Arrange with your local radio station for some of your group to talk about why young people need to be meaningfully engaged.
- **Engage on social media:** Digital platforms are a great way to reach a large number of

people. You could use Facebook and X (Twitter)

to publicize your key messages, make use of popular hashtags and organize a “tweet-a-thon” when hundreds of users can tweet at the advocacy target simultaneously.

- **Write a blog post or a letter to a newspaper editor:** Write an article for publication in a media outlet your target may read regularly; this could be at the local or national level.

Get creative! Young people are especially good at finding innovative ways to make their advocacy efforts count. Think about art, music, technology, and other mediums (including social media!) which can help advance your cause.

EXAMPLE:

Youth-led advocacy for quality age-appropriate comprehensive sexuality education (CSE) in Cameroon

In many countries, CSE is inaccessible to many young people. Young people have identified the need to raise awareness about the need for increased access to age-appropriate CSE, and provided recommendations on how to make CSE curricula youth-friendly, and of high quality.

DESERVE Cameroon, a youth-led organization, aimed to increase comprehensive sexual and reproductive health awareness and services in secondary schools in Cameroon through advocating for CSE to be included in the national guidance/counselling terms of reference and effectively taught in schools by school counsellors and other trained experts.

DESERVE organized seven workshops for young people, health care professionals, faith leaders, parents, teachers, school counsellors and government officials to: identify key points for a CSE programme and syllabus in secondary schools; design communication tools for advocacy; and write advocacy letters to top officials in the Ministry of Secondary Education. They framed and led the review of CSE topics for secondary schools. Additionally, 68 school counsellors were directly trained in the principles of CSE. Nine speaking opportunities in Cameroon and abroad; media outreach, including one radio and one television appearance, one magazine publication and one online publication, increased awareness of the project and the need for high quality age-appropriate CSE. Furthermore, out of their 16 face-to-face meetings with government officials, 25 of them, including from the Ministry of Secondary Education committed to supporting the project's recommendations to include CSE in the school curriculum. The 221 adolescents who were directly engaged in the project through CSE lessons in schools were positively inspired.

Through this project, DESERVE developed new partnerships that can increase access to CSE in future. For example, the North West Regional Coordinator of Orientation and School Life signed the CSE manual and the National Chief of the Guidance/Counselling Unit of the Ministry of Secondary Education facilitated a meeting between the project stakeholders and key officials in charge of guidance/counselling at the Ministry of Secondary Education. DESERVE is developing stronger partnerships to train more school counsellors and increase access to high quality CSE curricula.



photo: DESERVE

Training of School Counsellors by DESERVE in Kumbo



photo: DESERVE

Training of School Counsellors by DESERVE led by Manager, Desmond Nji in Bamenda



There are many ways to make your voice heard. Take time to brainstorm other ideas with your group! Consider the following questions when doing so:

- **Legal situation:** Are there any legal limitations that might apply to any particular advocacy tactic? Are there any legal support groups that can assist you?
- **Public opinion and the media:** How does the public react to your issue? Are there influential media sources that would publicize your issue?
- **Successful advocacy:** Do you know of any other advocacy activities that have been helpful in your community? In addition, can you think of any activities that have not worked effectively?

4.4

HOW WILL YOU KNOW IF YOUR EFFORTS ARE SUCCESSFUL?

As a core component of your advocacy action roadmap, you should develop a plan to measure progress through your advocacy activities, in line with your defined objectives.

A monitoring and evaluation (M&E) plan is a systematic plan for the collection, entry, editing, analysis and interpretation of the data needed to manage your work.

Monitoring and evaluation are distinct but related aspects of any advocacy effort.²²⁶

Inputs → Outputs → Outcomes

- **Monitoring** is the process of determining whether your work *is making progress*. It is done by routinely tracking activities on an ongoing basis. Monitoring activities typically assess inputs. **Inputs** are the resources that contribute to making your work possible, for example, funding, staff, time, equipment, supplies and facilities. **Outputs are the products of your work.**
 - **Evaluation** is the process of examining whether your *objectives are being achieved*. It will test whether your work has produced the change you set out to make. Evaluation is designed to measure your work's outcomes. **Outcomes are**
- **the effects of your efforts on the people or issues you are working to address.**

As you continuously monitor how things are proceeding in your work, you will be able to determine whether or not you are actually meeting your objectives. If you find that you are not meeting your objectives during the implementation of your advocacy roadmap, you can make changes and get things back on track.²²⁷

A logic model is a tool to evaluate the effectiveness of your programme, which can be used in planning and implementation.

To develop an M&E plan, build your **logic model** so that it will serve as:²²⁸

- A systematic tool for organizing your thinking and for identifying relationships between resources, activities and results;
- A visual way of presenting the intervention logic for the programme;
- A tool to identify and assess any risks inherent in your work;
- A tool for measuring progress through indicators and means of verification.

As you develop your advocacy roadmap, defining the **indicators** associated with your advocacy goal and outcomes will be necessary to enable you to monitor and evaluate your work along the way. Indicators are measurements, which express “how much” or “how many” or “to what extent”²²⁹ you have changed or influenced something. Simply put, indicators are the benchmarks you will use to determine whether you have reached your set objectives. In advocacy, this generally involves tracking the number of people you have reached, or the extent to which you have persuaded people to support your advocacy objectives. Indicators are diverse and can include:

- The number of people who have signed a petition you have developed;
- The number of people who have attended and completed your advocacy training;
- The number of people who have read an article you published, or watched a video you posted on social media;
- The number of policy-makers who support the bill you want to pass;
- Any negative/positive change in social acceptance of progressive measures to advance adolescent health and well-being in your community.



It is important to work with your team and partners to develop a shared set of indicators relating to your advocacy roadmap objectives and activities **BEFORE** you implement your roadmap. You should also make sure that any indicators you are held responsible for achieving (by donors, for example) are included in this discussion and integrated into your overall framework.

4.5 ARE YOU READY TO GET STARTED?

Yes!

As you prepare to put your advocacy action roadmap into practice, make sure that all aspects of your plan are running smoothly and on time; if not, you and your partners should take steps to remove any obstacles to progress. In addition to the more practical challenges you might face, you should also take into account external factors that may affect your efforts. The social and political landscape of your region may change quickly! Such is the case with the COVID-19 with severe effects on day-to-day activities across the world. Advocacy plans always need to be adjusted over the course of their duration to adapt to changes in the policy advocacy landscape.

Here are two things to keep in mind when implementing your advocacy plan.

1. Project management

This may be the largest project that you have managed with your team and your partners. To keep track of all the moving parts of your advocacy roadmap, consider using tools to help manage your work and to increase ease of communication about specific activities and tasks. Here are some tips and tools for managing the implementation of your advocacy plan.

Develop a shareable work plan and a timeline

To build your advocacy roadmap, you will need a work plan outlining everything you have to do to achieve your SMART objectives. As you will probably have more than one advocacy objective, it will be helpful to integrate all your objectives and activities into a single work plan with an associated timeline. It will help your team members and your partners see all these details together, and it will allow you to see what activities are being implemented at any given time by different parts of your team. Keeping this work plan up-to-date will also alert everyone if there are delays in completing everything as you originally planned! There are many free templates online that you can use as a basis for creating your work plan or timeline. One such example is Tools4dev's practical tools for international development [workplan template](#).²³⁰

There are also free online communication tools and platforms for team/coalition management, including:

- [Slack](#)²³¹
- [Glip](#)²³²
- [Trello](#)²³³

Delegate tasks across your team and keep team members accountable

When developing your advocacy roadmap, you will need to decide who is responsible for which activities throughout its implementation. Responsibilities should be shared, and the allocation of responsibilities should be decided through conversation with your team and with partners. Here are a few tips on delegating responsibilities:

- You need to know the respective strengths of your team members to delegate tasks to the most appropriate people. Some people may be strong in M&E, and others savvy about social media: allow everyone to express what they are interested in doing.
- Partner organizations may have specific contacts or strengths, as identified in your partner analysis. Use these to the advantage of your advocacy roadmap by asking partners to work with you on those activities for which they are best equipped.
- Nominating a team leader or manager who is responsible for checking on all team members' activities and responsibilities can also help you stay on track. This person should update your work plan and work with everyone to keep things running smoothly.

Keep communication across team members and partners open and consistent

You may not always be working directly with everyone on your team, so communication will be important to keep everyone up to date on progress made (and major successes!) throughout the implementation of your advocacy roadmap.

Many technological aids can help maintain communication throughout the implementation of your advocacy roadmap, including WhatsApp groups, Listservs, Facebook groups and Facebook messenger. More robust



management platforms, such as Basecamp or Slack, may also be helpful, depending on the resources you have available.

Remember, all teams are different! You and your partner organizations may have unique needs when it comes to project management. Discuss the communication strategies suggested above with your team and decide what will work best for you. In addition, build team management tools with your colleagues. These management tools can help your team adjust your management strategies in the future. Over time, you will discover the system that works best for you.

Also, make sure that all written documents are fact-checked, properly referenced, peer-reviewed not only by team members but also by external specialists, copy-edited and proof-read.

2. Dealing with opposition

Opposition to young people's advocacy can be fierce, but it can also be successfully countered. Some stakeholders may regard your attempt to improve adolescent health and well-being as altering the **status quo**.

Opposition comes from people and institutions actively working against issues relating to adolescent health and well-being. It takes many different forms, but it usually stems from a lack of recognition of adolescents as rights holders.

When developing your advocacy action roadmap, it is important to anticipate different scenarios, including the strategies of your opposition, in order to prepare a strategic response.

Opposition can be based on ideology, morals and values, religious, cultural or traditional beliefs, or even economic concerns. The nature of your opposition—who they are (individuals or institutions) and their specific concerns—may pose the biggest challenges and will influence your plans.

The following advice may help you to overcome opposition:

- **Be prepared:** Anticipate opposition positions—think about what they will say before they say it. If you can, read their materials and sign up for their email bulletins to learn more about their position and plans.
- **Be proactive in your efforts:** Provide information, so that the real facts of your case are made public and everyone has a chance to respond. Set the tone for any debate by taking the lead.
- **Create a broad-based coalition of supporters:** Building support and benefiting from the expertise of others are key to advancing advocacy goals. Creating a coalition of vocal supporters from diverse movements and groups, such as community members, faith leaders, traditional leaders, colleagues and politicians, will signal evidence and support for your cause and provide greater support for your team. Religious leaders and organizations can be important allies when dealing with opposition, so it is important to reach out to those who are supportive of your work.
- **Explain and defend your cause:** Do not let the language and arguments of the opposition persuade decision-makers and the general public. Instead, use anecdotes, personal narratives, reference to well-recognised and highly quoted books, authors and statements, science and statistics to reinforce the importance of your cause. Defend your cause against erroneous claims from opponents by verifying your statements and pointing out any misconceptions and untruths in theirs.
- **Protect yourself and your colleagues:** If opponents are very hostile, it may be necessary to ask for protection from the proper authorities. Be especially careful about what you publish online; consider what information about you, your organizations and your strategies are publicly accessible. Reach out to allies for support.



TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Tools to Define SMART Goals & Objectives

- Advance Family Planning's *Advocacy Portfolio Resources*²³⁴
- UN Women's *Key steps in designing a communications strategy*²³⁵
- Smart Chart 3.0's *interactive online tool to make and assess strategic decisions*²³⁶

Tools for M&E

- UNICEF's *Monitoring and Evaluating Advocacy*²³⁷
- USAID's *MEASURE Evaluation*²³⁸
- Funders Collaborative on Youth Organizing's *Building Transformative Leadership: Data on the Impacts of Youth Organizing*²³⁹
- Aspen Institute's *Champions and 'Champion-ness': Measuring Efforts to Create Champions for Policy Change*²⁴⁰
- Community Commons' *Community Health Needs Assessment*²⁴¹



photo: provided by Alice Tatah courtesy of Centre for Media and Strategic Communication

Production of reusable menstrual pads by adolescents of the Centre for Media and Strategic Communication



EXERCISE 4: Develop and implement your advocacy action roadmap

In this exercise* you will work in three phases to develop a complete advocacy action roadmap, and discuss the best way to implement this roadmap with your team and partners. By the end of this exercise, you will have all the information you need to complete the planning process and to put your planning into action!²⁴

All three phases should be completed in discussion with your team and relevant partners. After discussing the directions for each phase, write your final responses in the boxes provided.

*Note: If you and your team decide to have **more than one OBJECTIVE** to achieve your advocacy goal as a part of your advocacy action roadmap, you should complete this exercise for **EACH** of those objectives. Then collate these into a comprehensive work plan for your project.*

Phase 1: Build consensus

Goals and objectives

As the first step of your advocacy action roadmap, you will need to agree on the goal and objectives you want to achieve. For the sake of this exercise, choose only one objective. **In reality, you can have any number of objectives for reaching your goal, and will probably have at least two or three.**

To select just one objective, consider the following questions:

- Which is the highest priority?
- Which is most achievable in the short term?
- Which has the greatest potential to help reach your long-term goal?
- Which must be realized BEFORE other objectives can be addressed?

Ensure that your objective meets all the SMART criteria. Also, make sure it is not overly ambitious. Some discussion might be needed to select an objective that can be met in the short term.

Broad goal:

SMART objective:

*This exercise is adapted from Advance Family Planning's SMART Guide. For more information about Advance Family Planning and their advocacy resources, please visit <http://advancefamilyplanning.org/>.



Audience and decision-makers

After setting your goal and objectives, identify the audience and/or decision-makers you need to reach in order to achieve them. To do this, consider who has the power to ensure that your issue is addressed.

Your audience and decision-makers could come from the private sector, government, academia or civil society, or they could be health-care providers. Discuss the following characteristics of your potential audience or decision-makers before coming to a consensus:

- Identify the people who have the authority to make decisions.
- They may not be at the highest level of power or influence—there are gatekeepers at all levels!
- You may need to convince more than one leader of a government body or organization.
- You may need to find out more about the decision-making process in order to make the best choice—talk to stakeholders and do your research to find the best entry point!

Box 2. Identify audience and decision-makers

Audience/decision-makers:

Phase 2: Focus efforts

Identify challenges and opportunities

Now that you have identified who you need to reach in order to achieve your objective, consider the **context**, or the environment and external factors that may affect your ability to convince your audience or decision-makers to commit to adolescent health and well-being. Understanding the political, social and cultural environment will help you identify the best strategies for making progress in your advocacy roadmap.

Discuss the following questions to determine what challenges may impede your advocacy, and what opportunities there will be for advancement, at given points along your advocacy roadmap:

- What is happening in the environment that will influence your ability to achieve the objective?
- What is being said about your issue?
- Where do people stand on specific issues regarding adolescent health and well-being?
- Are there any foreseeable events or policy changes that will help or hinder your work?
- What is the opposition like? What are their methods or approaches for opposing your issue?
- Is there competition for resources or attention?



Box 3. Challenges

Box 3. Opportunities

The five-point message box

Filling in the five points of the message box below will help you, your team and your partners to specify what your advocacy will be asking from the audience/decision-makers you identified. It will also help you decide how best to deliver that “ask.”

When deciding how to express your ask you must identify the evidence and arguments you will use to support it. Consider these three ways of presenting your case:

- Rational arguments backed up by evidence from credible sources that present current research and proven results;
- Emotional arguments that add a human dimension, such as personal stories from adolescents and young people;
- Ethical arguments that take into account justice, social/cultural and moral norms.

Use these discussion points to fill in the boxes below:

Core concerns: What is the audience’s/decision-makers’ background? Have they committed to your issues in the past? Whose opinion do they care about? What do they value and how can you appeal to it?

Objections: Anticipate their objections to your proposal. Will they say it is too expensive? Not culturally appropriate? Have a valid and convincing response that backs your proposed ask.

SMART ask: Make sure that what you ask is SMART. Here you should focus on the “R”, and make sure that what you ask is **realistic**.

To what end? What do you want the audience/decision-makers to do? What can they realistically do? What will they be comfortable doing?



Box 4. The five-point message box

1. Audience/decision-makers:

2. Audience's/decision-makers' core concerns:

3. Objection:

4. SMART ask:

5. To what end:

Identify your messenger

Now you need to consider who will make the best messenger for your advocacy ask. This could be an individual, a group of representatives or someone with power or influence who is on your side. Here are some questions to consider:

- Who has access?
- Who is influential?
- Who will the audience or decision-makers listen to?
- Who can you persuade to come on board?

Once you identify the messenger you want to enlist, keep a few additional things in mind:

- If the messenger is not a member of the group developing the advocacy strategy, develop a plan to enlist his/her support.
- The person who is the most effective messenger (community members, politicians) may not be the most knowledgeable about the issues you are addressing. If needed, build in advocacy training and other support for them to make sure they are well prepared.
- Consider the best platforms for delivering your message. One-on-one meetings with decision-makers are valuable, and social media and digital platforms can also be powerful tools. Discuss what works best for your message and audience/decision-makers.

Box 5. Identify your messenger

Messenger name:



Phase 3: Put your plan into action

Develop a work plan

As a final step, plan out in detail who will take action, when, and what resources they will need to do so. By creating a detailed work plan with a timeline, deadlines and assigned tasks for activities, you will ensure that all activities you plan as a part of your advocacy roadmap will directly contribute to making your SMART objectives happen.

Consider the following points when filling in each part of your work plan for your defined objective:

Input activities

What activities are needed to make sure your identified messengers can deliver your advocacy “ask” effectively? Activities are actions that:

- Take advantage of existing identified opportunities
- Directly help the audience or decision-makers to act
- Help move your objective forward.

Examples of input activities include: developing materials, conducting advocacy training, planning field visits and conducting one-on-one meetings with decision-makers.

Estimated budget

- Outline the resources, both financial and otherwise, that are available to your team and your partners for implementing these activities.
- What organizational staff or volunteer resources do you have?
- Do you have connections to larger coalitions, networks, working groups and/or relationships with prominent spokespeople or experts on your issues that you can enlist?

Person(s) responsible

- Make sure that the person responsible for the activity is best suited for the task at hand.
- If the person responsible needs support for a specific task, make sure this is also identified.
- This person should be kept accountable for the activities assigned to them.

Timeline

- Make sure your timeline is **REALISTIC**, and that what you set out to achieve can feasibly occur in the time allotted.
- If your donors have specific timelines that you need to follow, make sure they correspond with your activities.
- Make sure that you implement your activities in the most efficient order: specify what needs to be done **BEFORE** starting the next activity.

Output indicators

- Output indicators should directly reflect the numerical output from the activities conducted or the extent to which they were completed.
- Examples of output indicators include: number of policy briefs developed, number of meetings with policy-makers and number of advocacy trainings conducted.

Outcome indicators

- Outcome indicators should measure the extent to which you have successfully reached your objectives and your advocacy asks have been met. Just like your objectives and asks, your outcome indicators should be SMART.
- Examples of outcome indicators include: policy-makers pass a bill in parliament, community health centres offer new services, and age-appropriate comprehensive sexuality education is made available in a certain school.



Box 6. Work plan template

SMART objective	Next steps/ input activities	Estimated budget	Person(s) responsible	Timeline

Indicators of progress

Output indicators:	Outcome indicators:



Congratulations! You now have the tools to build your advocacy roadmap, and you have developed strategies to implement your roadmap with your team and partners!



Chapter 5:
**Review, monitor
and act for better
results**



Having put all the pieces together, you are now ready to develop and implement a well-informed advocacy roadmap for adolescent health and well-being. As you prepare to roll-out your project, it is important to ensure that all stakeholders involved are accountable for their part in implementing your roadmap. As noted in Chapter 3, the accountability circle includes three phases: “monitor, review and act.”



By the end of this chapter, you will have:

- Clearer understanding of how you can review and adjust your advocacy action roadmap to make it more effective;
- Greater appreciation of the importance of on-going monitoring in tracking progress for adolescent health and well-being.



As you begin to implement your activities, make sure you keep track of all progress made, and keep adjusting your strategy to adapt to any unexpected challenges you encounter along the way.



5.1

ARE YOUR EFFORTS WORKING?

Using M&E to review progress is an ongoing process, and you should plan to undertake it for every activity in your advocacy roadmap.

It is important to build in time and effort throughout your advocacy roadmap to collect evidence on the advocacy activities

you are implementing and to review progress made to date.²⁴³

For this, you will need **quantitative evidence**, such as the number of young people you reached with a specific message, or the number of petition signatures delivered to your decision-makers.

You will also need **qualitative evidence**, for example, the points discussed in a meeting with the adolescent health focal point in the ministry of health, or feedback from young people who attended your workshop. This evidence will help to inform future advocacy activities, and may even reshape your advocacy objective as part of your roadmap.

Before an advocacy activity, make sure you have everything necessary to collect the evidence you need.

Before you conduct each of your advocacy activities, ensure that you have all the information collection tools and strategies you will want

to use during and after your activity. Here are some factors to keep in mind when planning your evidence collection.

- **Advocacy objectives and related indicators:** Consider the indicators you developed to achieve your advocacy objectives. Do they need to be adjusted in any way? You may have adjusted your advocacy objectives, or you may now have access to more qualified team members or new data collection tools to help you measure an indicator that was originally not feasible.
- **Evidence collection process:** What kind of evidence will you be collecting? Does it need to be qualitative, quantitative or a mixture of both? How will it be gathered? Who will do it, how will they do it, and where and when? Make sure you allow time for the team members and partners to collect the evidence you need.

- **Means of verification:** What data collection tools will you be using (surveys, focus groups, sign-in sheets, quotes and testimonials, media tracking etc.)? Make sure you keep clear records of both the tools and the sources of evidence you collect, so that you can refer back to them if you are asked to do so by partners or donors.
- **Partner/Donor requirements:** Do you have to report the outcomes of these activities to partners or donors? If so, what are their reporting requirements, and what information did you promise to provide them?

All these evaluation components should be in place **BEFORE** your advocacy activities begin, otherwise you will waste time and energy later. Additionally, you will then have more accurate information when reporting on your activities. Use the data collected as the basis for assessing the effectiveness of the activities implemented, and compare them with the benchmarks you set beforehand.

After an advocacy activity, reflect on achievements made and possible future improvements.

As soon as possible after an activity, take the time to brainstorm **what worked well** and the evidence of successes, as well as **what did NOT work well** and what changes are needed to achieve better results in the future.

On-going learning with your organization and with partners involves learning from successes and failures throughout the whole process. Reviewing your activities together is a simple but powerful way to do this. Get everyone together to discuss some key questions, including:

- What did you expect to happen? What actually happened? Did things occur that you did not expect?
- What did not work well and could be changed in the future? Why did it not work, and how should it be changed?
- What worked well and should be continued in the future?

The most important part of M&E is learning from experience, which will strengthen your project and help achieve your objectives.



Understanding the impact of your project roadmap

As you evaluate your work, you will learn whether your objectives were achieved. However, you will not necessarily know if your work has had any **effect or outcome**.

An **impact assessment** is the systematic analysis of the lasting or significant changes—positive or negative, intended or not—in people’s lives brought about by a given action.²⁴⁴

You may not be able to assess the impact of your advocacy activities within a short time after certain advocacy activities, or even after your entire project has been implemented. However, you should always aim to assess the impact of your work whenever possible. Ways to help assess impact include:

- **Long-term follow-up:** Consider collecting data from sources such as annual follow-up surveys and focus groups, or simply host one-on-one conversations with policy-makers, partners and key populations to see whether your advocacy work has had any effect or outcome.
- **Partner to measure impact:** Donor organizations, the government and academic partners may be interested in the impact of your advocacy work. Consider partnering with such organizations, which may offer more expertise on staff to help assess the impact of your work.

Because the impact of youth-led advocacy is not well understood, and little data exists on the subject, consider attempting to incorporate an impact assessment into your work, if time and funding allow.

Reporting the impact of your work would be a significant contribution to the field of advocacy for adolescent health and well-being!

The demand to better understand the impact of youth-led advocacy is also why it is very important that you share your work methods, challenges and lessons learned with others in the field. Ways you can do this include:

- Using social media to highlight what you are advocating for, including writing blogs and sharing videos;
- Hosting a webinar to share best practices and engage in interactive discussions with partners around the world;
- Organizing events or panels associated with key conferences and meetings to the reach of large audiences.

5.2 ARE YOU CREATING LONG-TERM CHANGE?

Reviewing progress involves analyzing whether stakeholders are upholding their commitments to improve the health of young people. First, this involves checking the data collected at the country level from the “monitoring” stage, to ensure that they are credible and of good quality. These data are then used in an independent analysis of the country’s work on its commitments, which can take the form of reports or scorecards.

However, quantitative data are not the only basis for meaningful review. Qualitative feedback, from citizens’ hearings, court judgments and national health sector reviews, all contribute significantly to the review of a country’s progress.

While there are global and regional mechanisms for review, such as the UN treaty bodies, the Independent Accountability Panel and the African Union Peer Review, this core accountability function must come from the country level.

What can you do?

Whenever possible, you should contribute to government-led reviews of data on young people’s health and well-being. Young people can also call for, and help organize, citizens’ or community hearings on young people’s health and access to services across sectors. In addition, you can participate in reviews on relevant topics,

EXAMPLE: Youth Participation in the Monitoring and Evaluation of Municipal Council Activities in Santa, North West Region (2010-2015)²⁴⁵

Young people in Santa Sub Division located in the North West Region were not adequately informed about the actions and responsibilities of their local council and its officials. Consequently, it was difficult for them to meaningfully engage in decisions concerning their health and well-being. To ensure active participation of Santa youth in their local governance, a select number of them were trained in the following areas: advocacy for development, adoption, implementation and monitoring of a municipal youth policy. This was done in a series of working sessions between 2010 and 2015 organized by the Santa Municipal Council in collaboration with Youth Outreach Programme and Cuso International-Voluntary Services Overseas.

The young people who took part in these working sessions were selected by the Cameroon Youth Council sub-divisional bureau of Santa and the youth officer of the Santa Municipal Council. They came from all 10 villages of Santa (Akum, Alahteneng, Awing, Baba II, Bali Gham, Mbu, Mbei, Njong, Pinyin and Santa Central). The young people consisted of students, out-of-school youth, skilled and unskilled workers, single mothers, those with disabilities, youths from different religious affiliations and youths from indigenous groups like the Mbororos. These young people engaged with hundreds of Santa community leaders like traditional rulers ('Fons') and government representatives also from all the 10 villages. They all deliberated on issues concerning adolescents and young people.

Through engagements and discussions in over 20 workshops, periodic youth-led have-your-say meetings, action learning and planning (ALP) meetings and two major town hall meetings, the Municipal Youth Policy of Santa was developed. Through the have-you-say dialogues in 2010, the municipal council carried out youth-led social accountability meetings involving young people, community members and traditional rulers. During these deliberations, the young people evaluated and made recommendations on the council's activities. Youth participation took three forms: drawing competition through which students represented their vision for Santa; written suggestions from young people on how the Santa council can develop and oral suggestions during plenaries. Young people complained about issues such as the absence of street lights, limited employment opportunities, and inadequate farm-to-market roads.

Besides the have-your-say dialogues, in 2010, the council appointed councilors, workers of the council and some youth leaders who participated in ALP sessions. The focus was on transparency, accountability and participation (TAP) in the council's management of projects. It reviewed the council's budget and set priorities for development.

A marked consequence of the youth engagement in the monitoring and evaluation of the Santa municipal council activities included extensive spotlighting of youth capacity in participating in development and an increase in the credibility of youth in taking part in public deliberations. Moreover, after the adoption of the National Youth Policy, youth leaders from Santa joined their counterparts across the North West Region to compile youth signatures as an appeal to the Ministry of Youth Affairs and Civic Education and the Cameroon National Assembly to translate the Cameroon National Youth Policy into English and to adopt a text of application which would speed up the adoption of the Santa Municipal Youth Policy.



such as the Sustainable Development Goals (to reduce poverty, improve health, achieve gender equality, ensure access to clean water and reduce inequalities) and human rights reviews, to ensure that young people's issues are highlighted and addressed.

5.3 DO YOU NEED TO RE-STRATEGIZE?

The final requirement of the accountability circle is to “act”. The government and other stakeholders need to respond to, and if possible resolve, gaps and challenges for adolescent health and well-being identified in the “monitor” and “review” phases. This includes taking remedial action to address shortcomings, as well as preventing potential future challenges. Guidance for country actions comes from the recommendations and analyses issued by independent accountability mechanisms.

If necessary, the country can seek support from national-, regional- and global-level technical and funding agencies in order to implement follow-up actions. These agencies include, but are not limited to expert CSOs, the HG²⁴⁶ (UNFPA, UNAIDS, UNICEF, UN Women, WHO and the World Bank) for technical support; and the Global Fund to Fight AIDS, Tuberculosis and Malaria,²⁴⁷ the Global Financing Facility for women, children and adolescents²⁴⁸ and GAVI: The Vaccine Alliance²⁴⁹ for financial support.

What can you do?

You can support the processes that the government has in place to respond to the recommendations of independent accountability mechanisms.

For instance, if the government chooses to strengthen the health workforce and health systems, you should first of all ensure that you are abreast with the progress the government is making.

If your accountability efforts involve recommending to re-allocate or increase budgets for health and other relevant services, you can advise as to the range of services needed and provide evidence of demand for them. You can also support initiatives to improve the quality of services, such as training health workers to provide more youth-friendly services.

If you also independently identify gaps in funding and policy and programme implementation for adolescent health and well-being through your advocacy work, but the government or accountability mechanisms do not recognize them, you can incorporate advocacy to fill these gaps into your own ongoing advocacy activities!



TO LEARN MORE ABOUT THE TOPICS COVERED IN THIS CHAPTER, LOOK INTO:

Example of Youth Engagement Document in Monitoring and Evaluation

- [Santa Council Youth Action Plan](#)²⁵⁰

Project Management Tools & Guides

- The PACT's [ACT/2015 Advocacy Strategy Toolkit](#)²⁵¹
- The PACE Project's [Policy Communication Toolkit](#)²⁵²

Monitoring & Evaluation

- Cameroon Strategic Planning and Monitoring of Municipal [Development](#)²⁵³
- CDC's [Country Monitoring and Accountability System II](#)²⁵⁴
- UNFPA's [Independent Country Programme Evaluation, Cameroon 2008-2011](#)²⁵⁵
- International Federation of Red Cross and Red Crescent Societies' [Project/programme monitoring and evaluation guide](#)²⁵⁶
- United States Agency for International Development's [Evaluation Toolkit: Guidance, Tools, & Resources for Planning, Managing, & Learning from Evaluations](#)²⁵⁷

Impact Assessment

- BMC Public Health's [Evaluation of the Reach and Impact of the 100% Jeune Youth Social Marketing Programme in Cameroon: Findings from Three Cross-sectional Surveys](#)²⁵⁸
- World Health Organization's [Health impact assessment](#)²⁵⁹
- Gutmacher Institute's [Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights](#)²⁶⁰



photo: DESERVE

Meeting in New York chaired by Director General of the World Health Organization, Dr. Tedros Adhanom, with young leader, Desmond Nji as attendee



EXERCISE 5:

Review your advocacy strategy and monitor progress

Now that you have begun to implement your advocacy roadmap, you will track progress made in order to assess whether your project's strategies are working. Monitoring and evaluating your progress is essential to discovering whether your team needs to modify its strategies in response to the country's changing landscape.

This exercise to help you monitor, evaluate and review your team's advocacy process has three parts. Parts 1 and 2 involve process evaluation, to evaluate the progress you and your team have made to date on the outcomes and objectives you set for yourself. Part 3 involves long-term monitoring of adolescent health indicators, which is vital for tracking long-term progress towards achieving global commitments.

Part 1: Tracking advocacy progress

In Chapter 4 you created an M&E framework for your advocacy plan: you defined your desired outcomes, indicators tied to these outcomes, targets your team wants to reach, and the means of gathering information to track your progress.

Now, you can put this planning into action! Follow up with this framework and indicate the progress you have made. Then, discuss your progress to date with your group. Your team should answer the following critical questions:

- Which of your desired targets are you reaching? Are you falling behind on others, and if so, why?
- Do the indicators you set still accurately reflect what you want to track?

If these discussions show that it is necessary, consider revising relevant sections of your advocacy strategy or M&E plan.

Part 2: Assess your advocacy activities

At this point, you have already implemented some of the advocacy activities you defined as a part of your adolescent health and well-being advocacy plan. You, your team and your partners can now reflect on how effective these advocacy activities were, and decide if lessons learned can inform changes for future advocacy work. Using the template below, list the advocacy activities you have conducted so far, assess their effectiveness, and define lessons learned for the future.

Read the example on the next page and fill in each column based on your group's experience.



Advocacy activity	What worked well	The evidence	What didn't work well	Future changes to improve your advocacy
<i>Example: Op-ed on adolescent health and well-being in the local newspaper</i>	<i>The quality of the op-ed was good and it was positively received</i>	<i>Comments online from readers were positive</i>	<i>The local newspaper is not popular, or is not read by your decision-makers</i>	<i>Focus on publishing the op-ed in a more widely read newspaper Follow-up to establish some connections with the widely read newspaper</i>

After assessing the advocacy activities your team and your partners have implemented to date, discuss key questions to help you move forward in your work.

1. STOP: What did not work well and could be stopped in the future? Why did it not work? Why should it be stopped?
2. CONTINUE: What worked well and should be continued in the future?
3. START: What could you start doing to help achieve your goals and objectives?

Part 3: Monitor country-level progress

As you start to implement advocacy activities that may improve the way the government addresses adolescent health and well-being policies and programmes, it is important to continue monitoring whether the concerned decision-makers are living up to their commitments to adolescent health and well-being. By developing a global commitment tracker, your team and your partners will be able to monitor progress over time, and advocate for improvements and needed actions if commitments are not being met.

You mapped the global commitments made by the government in exercise 3. List those commitments in the chart on the next page and record the progress made on the commitments and indicators to date.



GLOBAL COMMITMENT TRACKER

Global commitment (with link)	Adolescent health issues addressed (with relevant commitment sections)	Relevant indicators	Country-level indicators baseline (with data source)	Country-level indicators levels at present (with data source)

After assessing the advocacy activities your team and your partners have implemented to date, take the following steps to continue to hold decision-makers to account for fulfilling their commitments to adolescent health and well-being:

- If you see urgent needs for adolescent health and well-being in the country that are not being addressed by the authorities in charge and by global commitments, incorporate advocacy for these needs into all levels of your advocacy work.
- Continue to revisit this tracker on a regular basis (quarterly, annually) as data become available, and continue to monitor progress.
- Get involved in collecting data and evidence for global commitments! Working in partnership with health providers, the government and community members is the best way to help achieve these goals.

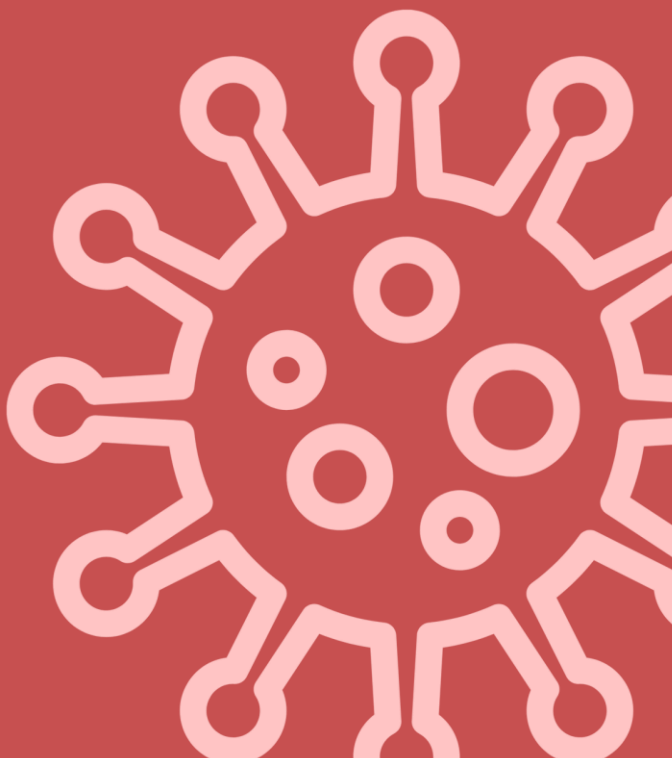


Congratulations! You now have developed tools and strategies for monitoring advocacy for adolescent health and well-being, and for adjusting your advocacy roadmap based on results and lessons learned to date!



Addendum:

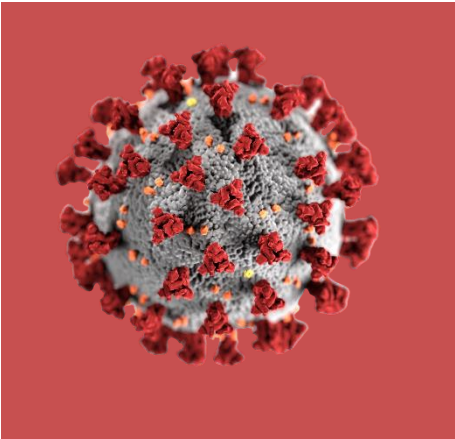
**Adolescent Health and
Well-being in Crisis
Situations: The Case of
the Global COVID-19
Pandemic**





I. GLOBAL OVERVIEW OF COVID-19

A **pneumonia** of unknown cause detected in Wuhan in the Chinese Province of Hubei was first reported to the World Health Organization (WHO) Country Office in China on 31st December 2019.²⁶¹



Staying in close contact with national authorities, WHO began monitoring the situation and requested further information on the laboratory tests performed and the different diagnoses considered. Drawing from the management of Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) and other respiratory viruses, infections and prevention, WHO issued an online guidance to all countries on how to detect, test and manage potential cases on 10th January 2020.²⁶² On 13th January 2020, Thailand authorities confirmed a case of the novel virus in the country, with the arrival of a 61-year-old Chinese woman from Wuhan City among a tour group of 16 people.²⁶³ It was not unexpected that cases of the novel virus would emerge outside of China, reason why WHO had called for active monitoring and preparedness in other countries. Over time, the disease gradually spread to Asia, Europe, North America and Africa such that on 30th January 2020, WHO declared the outbreak a Public Health Emergency of International Concern²⁶⁴ and on 11th February 2020, WHO announced a name for the new viral disease: **COVID-19**.²⁶⁵ WHO further declared COVID-19 as a global pandemic on the 11th March, 2020.²⁶⁶

Africa's first COVID-19 cases were registered in North Africa (Egypt and Algeria) in February 2020 among travellers arriving from major hit areas in Europe, Asia and the USA.²⁶⁷ Since then, all African states reported

COVID-19 cases, with Lesotho being among the last countries to report the first case on 13th May 2020.²⁶⁸ Out of the millions of COVID-19 infections globally (more than 750 million cases by July 2023),²⁶⁹ up to about 21% cases were among children, adolescents and young people below 20 years.²⁷⁰

II. SOME GLOBAL EFFECTS OF COVID -19

Beyond a health crisis, the Coronavirus pandemic has been a human crisis, attacking societies at their core, with far-reaching sociopolitical consequences and economic slumps.²⁷¹ Hence, the global solidarity call to tackle the many social and economic dimensions of this crisis with a focus on the most vulnerable such as women, youths, health workers, low-wage workers, small and medium enterprises, the informal sector and vulnerable groups, who/which are most at risk.²⁷²

Globally, over 80% of students were affected by the abrupt closure of schools in more than 130 countries.²⁷³ At least 58 countries and 11 others postponed and cancelled examinations respectively.²⁷⁴ Global economy estimates indicated that the virus could trim global economic growth by 3.0% and global trade by 19%.²⁷⁵ In 2020, it was predicted that the global travel and tourism market would experience a loss of over 100.8 million jobs worldwide while approximately 63.4 million, 13 million and 7.6 million jobs would be lost in the Asian Pacific region, Europe and Africa respectively.²⁷⁶

Six months of lockdown could cause an additional 31 million cases of gender-based violence and could leave over 47 million women in low- and middle-income countries without access to modern family planning methods.²⁷⁷ It hampered programmes aimed at ending female genital mutilation and child marriages.²⁷⁸ These delays coupled with the growing economic hardships globally, could result in an estimated 13 million more child marriages over 10 years.²⁷⁹

III. OVERVIEW OF COVID-19 IN CAMEROON

The first case of COVID-19 in Cameroon was detected in Yaoundé on the 5th March 2020 and officially reported on 6th March 2020 and a second case was confirmed just hours after the first.²⁸⁰ The first



case was a 58-year-old French citizen who arrived in Cameroon on 24th February while the second case was a Cameroonian citizen who had been in close contact with the first patient.²⁸¹ Less than two weeks after, Cameroon registered 10 Coronavirus cases,²⁸² urging the government to institute 13 firm measures on the 17th of March 2020 aimed at forestalling the spread of the virus in the country.²⁸³ There was the systematic closure of off-licences, restaurants and entertainment spots from 6 pm daily and the overall recommendation of home confinement.²⁸⁴ Some of the measures specifically affected adolescents and youth such as the closure of schools, restriction of gathering comprising of more than fifty persons, and the postponement and cancellation of university sporting activities.

The following thirteen urgent measures were taken by the government of Cameroon on the 17th March 2020 to contain the spread of the Coronavirus pandemic in its early stages:²⁸⁵

1. Cameroon's land, air and sea borders were closed except for cargo flights and vessels carrying consumer and essential products but with limited stopover times.
2. The issuance of entry visas to Cameroon at various airports were suspended.
3. All public and private education and training institutions from nursery to higher education were closed.
4. Gatherings of more than fifty persons were prohibited.
5. Schools and university competitions were postponed.
6. Bars (pubs), restaurants and entertainment spots were expected to close from 6 pm daily.
7. A system for regulating consumer flows was set up in markets and shopping centres.
8. Urban and inter-urban travel was to be taken only under extreme necessity.
9. Drivers of buses, taxis and motorbikes were urged to avoid overloading, with forces of law and order on standby to ensure their compliance.
10. Private health facilities, hotels and other lodging facilities, vehicles and special equipment were requisitioned as required for containment by competent authorities.
11. Public administrators were expected to give preference to electronic communication and digital tools for meetings likely to bring together more than 10 persons.
12. Missions abroad of members of government, public and para-public employees were suspended.
13. The wearing of face masks as well as maintaining hand hygiene as recommended by WHO was highly encouraged.

Despite the firm measures, the virus still spread to all 10 regions of the country, making Cameroon one of the COVID-19 hotspots in West and Central Africa. By June 2020, Cameroon had registered more than 12,000 COVID-19 cases, with more than 300 mortalities but an appreciable 10,000 recoveries.²⁸⁶ The government relaxed the COVID-19 response measures on 30th April 2020, paving way for the return to normal operations of restaurants, off-licences and public transportation²⁸⁷ in compliance with required actions like wearing of face masks, proper handwashing and sanitization and social distancing. End-of-course examination were allowed to be taken in August, in compliance with strict COVID-19 social distancing and hygiene practices. The tardy start of the 2020/2021 academic year on 5th October, 2020 was amidst regulations for a two-shift system (two sets of learners who attend the same class sessions at different times) for learners in very populated schools (usually in cities), promotion of distance learning and required hygiene equipment and practices in schools.

IV. EFFECTS OF COVID-19 ON ADOLESCENTS AND YOUNG PEOPLE

The response measures adopted to contain the COVID-19 pandemic provided the opportunity for adolescents to venture into new economic activities such as agriculture, skills acquisition in the production of hand sanitisers and face masks, washing detergent, buckets with taps etc. It also exposed the importance of digital technology, especially information and communication technology, which helped to bridge the gaps created by social/physical distancing through virtual meetings. Moreover, hygiene and sanitation was enhanced as awareness was increased in these areas, such as regular washing of hands, regular disinfection of used surfaces and proper disposal of used tissues. The lockdown also enhanced family bonding between spouses as well as between parents and their children.





Despite the positive effects brought about by the response measures, COVID-19 as a contagious disease, had sore and far-reaching ramifications on human health and societal well-being. It was even more so because of its novelty, amid research and trials for a cure. Even the response measures significantly affected many routine activities and the well-being of people. In spite of the fact that adolescents were considered to be less vulnerable to severe COVID-19 symptoms, they faced significant disruptions in their day-to-day livelihood.²⁸⁸ It was estimated that school closures would lead to a significant increase in drop-out rates, disproportionately affecting adolescent girls and further entrench gender gaps in education.²⁸⁹ Out of the over 1.54 billion children and youths enrolled in schools globally, nearly 743 million girls, with more than 100 million from developing countries, were out of school owing to COVID-19 school closures.²⁹⁰

In Cameroon, over 7 million children and young people witnessed a disruptions in their education.²⁹¹ Prolonged periods of lockdown could lead to mental health crises including battling the imminent isolation from peer and community networks.²⁹² Adolescent girls could experience higher levels of domestic violence²⁹³ and teenage pregnancy as a result of quarantining and limited access to sexual and reproductive health information and services.

It was predicted that complications from pregnancies as well as restricted access to health services could lead to an increase in 11% infant and 16% maternal mortality rates in 12 months.²⁹⁴ Lock down, loss of income and fear of contracting COVID-19 are top reasons for restricted use of health services owing to COVID-19, a situation which is severer for among children²⁹⁵ During a youth focus group discussion in the South West region of Cameroon, some girls testified that they were in need of sexual and reproductive health services such as counselling and routine health outreach events. The stigma surrounding COVID-19 also prevented access to essential health services. Ashley, a student in Buea said *'even get scared of going to the hospital whenever I am sick of something else due to the stigma attached to the COVID-19 signs and symptoms.'* The lockdown also entailed limited access to the recommended guidelines for 60 minutes of moderate to vigorous physical activity daily for adolescents.²⁹⁶

Economically, the informal sector, which accounts for over 90 per cent of Cameroon's workforce²⁹⁷ was the most affected by the COVID-19 response measures; whereas, most of those in the informal sector are women and young people.²⁹⁸ It is evident that obligatory response measures to prevent the spread of the pandemic affected the employment status of women and young people through retrenchment actions like staff reduction

and cuts in customer services. Schuyler, a final year student of the University of Buea said *'My mother, who is a roadside food vendor of 'puff puff' and beans faced difficulties providing for our daily needs because by 6 pm, all restaurants and bars were closed.'* Apparent effects were low income and inability to access health care and other basic supplies. These effects were severe in the crises-hit regions and amongst the most vulnerable populations.



photo: Provided by Paul Patrick Endeley
courtesy of ACESA

V. EXAMPLES OF HOW YOUNG PEOPLE JOINED CAMPAIGNS TO MITIGATE COVID-19 SPREAD

Youth in Cameroon also engaged their peers and communities to help mitigate the spread of COVID-19. Young people used virtual media for sensitisation, produced hygiene and sanitation equipment like buckets with taps and hand-sanitisers; some organised joined community outreach events while others took part in research and evidence synthesis and sharing (as the case with this addendum).



photo: Open Dreams

Open Dreams: Young people on a COVID-19 community outreach, distributing face masks in Bamenda, Cameroon

Open Dreams is a non-profit organisation which helps students in Cameroon to achieve their educational goals through mentorship. It organised two webinars in Yaounde to share reliable information on COVID-19. Young people were encouraged to boldly reach out to their peers and to join their communities to effectively curb the spread of the pandemic. In Bamenda, young people in the organisation carried out community engagement activities involving the production and distribution of face masks to over 18 homes in New Layout.



photo: Youth 2 Youth Courtesy

Youth to Youth: Young people leading COVID-19 sensitisation and distribution of hygiene materials in Bawock, Cameroon

Youth 2 Youth organisation, in partnership with the Bawock Think-tank, mobilised over 700 people in the Bawock locality in the North West Region of Cameroon. The activities included information sharing on COVID-19, demonstrations on proper handwashing procedures and wearing of face masks. They also distributed face masks, hand sanitizers and handwashing equipment. Parents and teenagers were informed on the national online teaching programmes implemented by different universities. Given the limited access to SRH services amid COVID-19, counselling was also done on sexual and reproductive health (SRH) of young people.



In the North Region of Cameroon, Association pour la Promotion du Développement Durable (AP2D) carried out a sensitization campaign, round table discussions and distribution of hygiene and sanitation items to young people and the elderly in four villages in the Mayo Louti Subdivision (Gaval, Larba, Mousgoi and Matafal). The activities registered an outreach of over 1,000 people in schools, homes, farms and market places. Items distributed included a combination of face masks, hand sanitizers and cubes of soap.



photo: Provided by Aliyou Haman courtesy of AP2D

AP2D: Outreach event on COVID-19 prevention in the Mayo Louti Subdivision, Cameroon

Noble Professional Academy engaged in the production of face shields and hand sanitizers and also trained 15 youths on production techniques. The face shields and hand sanitizers were supplied to schools in Yaoundé and Bamenda. Over ten thousand face shields were distributed to primary and secondary schools, higher institutes of learning such as the St Louis University Institute of Health and Biomedical Sciences and hospitals such as the Mbingo Baptist Hospital and the Bamenda Regional Hospital.



photo: Noble Professional Academy

Noble Professional Academy: Distribution of face shields to young people in schools



photo: Provided by Aliyou Haman courtesy of AP2D



VI. CALLS TO ACTION

COVID-19 posed a 21st Century challenge across the world but the lessons learnt can guide both present and future policy actions targeting affected populations including adolescents and young people. Below is a list of policy actions that different stakeholders should be mindful of, include in their agenda and actually deliver in the light of adolescent health and well-being during crises moments as COVID-19:

Government:

1. Ministry of health should ensure that essential and reproductive health supplies are not altered during such crises as COVID-19 to reach even the most vulnerable populations in conflict zones.
2. Ministries of youth and health should set up psychosocial support teams to manage the mental well-being problems caused by such crises among adolescents and young people.
3. Ministries of education should harness digitalisation in education as a means to contain any future disruptions in learning.
4. Ministries of water and energy, commerce, health, education etc. should set up crisis committees to mitigate the economic effects of such crises on adolescents and young people through donations and delivery of basics like food, water and shelter.
5. Ministries of health, education and youth should ensure adequate disaggregated data on the effects and response measures on adolescents and young people.

Young Leaders and Civil Society:

1. NGOs should quickly join primary prevention efforts to reduce the effects of pandemics and other crises.
2. Spread reliable information to educate communities in the most comprehensible way on prevention, treatment and other support.
3. Work with the government to communicate policy actions taken and also follow-up decision-makers to

ensure they carry out necessary actions in times of crisis.

4. Take part in hands-on outreach actions in communities to supply essential commodities and services.
5. Capacitate young people to engage effectively in community outreach.

Religious and Traditional Authorities

1. Sensitise their target population on preventive measures in local languages.
2. Promote messages on behaviour change and civic responsibility.
3. Effectively distribute preventive equipment and essential supplies.
4. Meaningfully engage with government to promote and ensure adherence to preventive and containment measures.

Parents/guardians

1. Ensure the safety and security of children and adolescents.
2. Provide proper nutrition and other basic items to children and adolescents.
3. Educate children and adolescents on preventive and containment measures and ensure that they adhere to them.

Community

1. Implement recommended preventive and containment measures.
2. Assist the government to ensure measures are respected and report any necessary information.



TO LEARN MORE ABOUT THE TOPICS IN THIS ADDENDUM, LOOK INTO:

- Johns Hopkins Center for Adolescent Health's [The Impact of the COVID-19 Pandemic on Adolescents](#).²⁹⁹
- UNFPA's [Coronavirus Disease \(COVID-19\) Preparedness and Response: Technical Brief](#).³⁰⁰
- UNICEF Cameroon's [Cameroon: COVID-19 Situation Report - Situation Overview and Humanitarian](#).³⁰¹
- United Nations' [Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of COVID-19](#).³⁰²
- [Onana's Etat des Lieux et Bref Aperçu des Effets Socio-économiques Potentiels de la Pandémie du COVID-19 au Cameroun](#).³⁰³
- Tochie et al.'s [Intimate partner violence during the confinement period of the COVID-19 pandemic: Exploring the French and Cameroonian public health policies](#).³⁰⁴
- WHO's [Maintaining essential health services: Operational guidance for the COVID-19 context](#).³⁰⁵

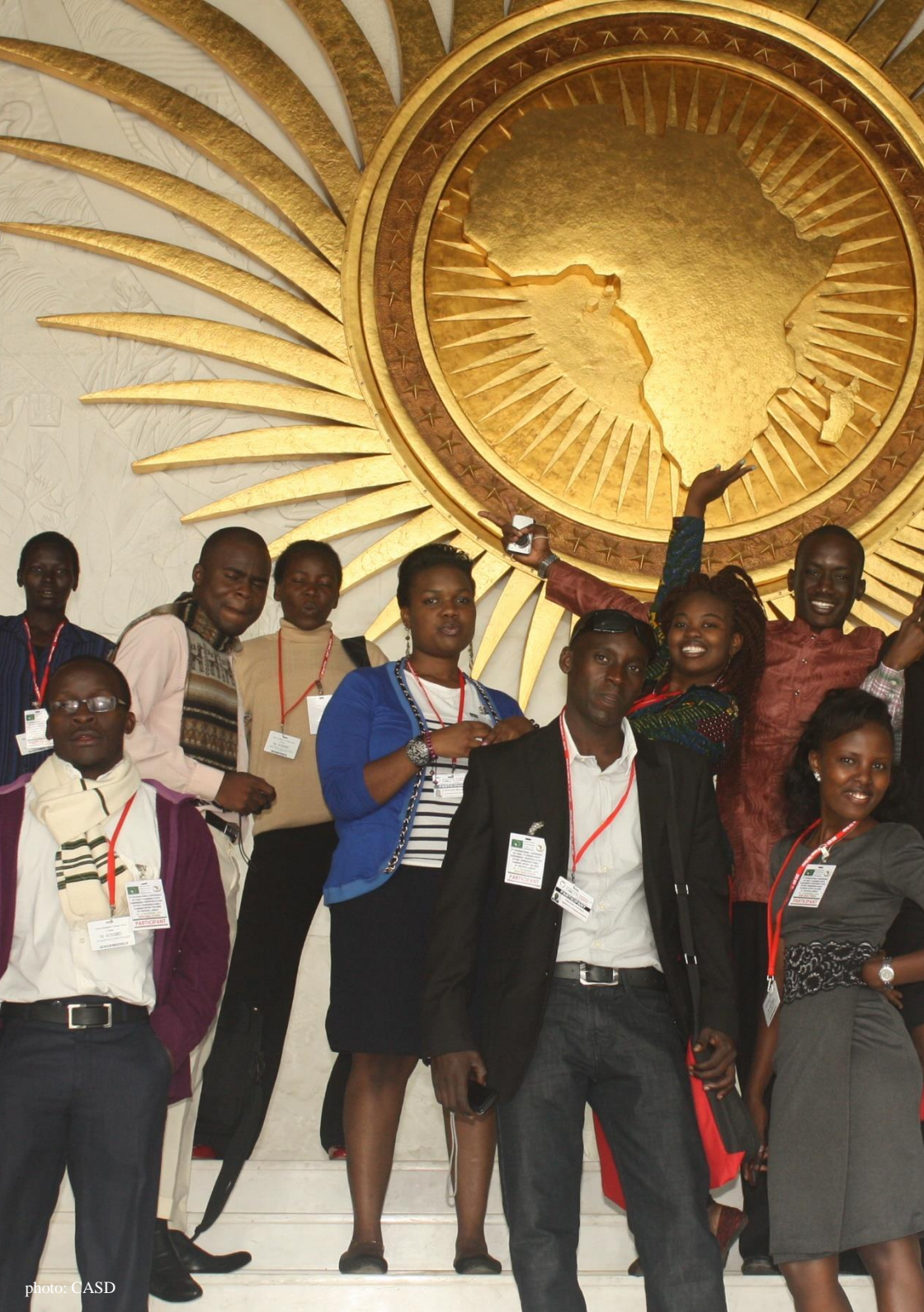


photo: CASD

DESERVE

DESERVE upholds that health and well-being are pivotal for personal and collective development. DESERVE also values awareness—especially through education—as a key factor for enhancing personal and collective health and well-being. Building on these, DESERVE is a champion of holistic health and well-being education among adolescents and young people. Apart from the pivotal role of homes in making sure adolescents get sound education about their sexual and reproductive health (SRH), DESERVE also acknowledges the immense role which formal education can play in this.

In light of the above, DESERVE integrated the voices, realities, perspectives and insights of different stakeholders in Cameroon including: government officials, young people, community leaders, faith leaders, medical and education authorities to develop and design an age-appropriate sexuality education manual to guide the teaching of sexuality education among adolescents. The manual is a component of the Adolescent Health and Well-being Package (AHWP); the basis for which extensive disaggregated data and analysis can be obtained on adolescent health and well-being experiences when the manual is used. DESERVE also trained a number of school counsellors across Cameroon on the teaching of holistic sexuality education in secondary schools. DESERVE's advocacy, tools and programmes aim to facilitate a meaningful institutionalization and effective delivery of age-appropriate sexuality education and services among in-school and out-of-school youths in Cameroon.

For more information, please go to www.deserve-intl.org or email deserve.ngo@gmail.com ; info@deserve-intl.org

Cameroon Youth Network (CYN)

The Cameroon Youth Network³⁰⁶ is a network of youth-serving and youth-led organisations, school and university clubs across Cameroon with the goal of promoting exchange of experiences and information between organisations. It was created since 2004 by young people, in collaboration with UNICEF Cameroon and the then Ministry of Youth and Sports. Its objectives are: to increase youth participation in development; to improve leadership among young people to fight HIV and other STIs; to reinforce the capacity of young people in techniques of communication, management, M&E of projects among young people, to produce and disseminate information, education and communication (IEC) tools among young people; to analyse and evaluate national and international programmes and policies on young people; to promote international cooperation and solidarity among young people.

Among its key objectives was the advocacy for a national youth policy which was achieved in 2006. To realize its vision for Cameroonian youth to be meaningfully involved in all decision processing affecting them at all levels, the CYN also does advocacy for the health and well-being of young people.

CYN as of February 2014 during its general assembly in Yaounde comprised more than 50 registered organisations in 10 branches across the 10 regions in Cameroon.

For more information, please to go [CYN](#)

Cameroon Agenda for Sustainable Development (CASD)

Cameroon Agenda for Sustainable Development (CASD) is a civil society organisation that was founded in 2011 by a group of young people to significantly contribute to the Cameroon government's vision for an emerging economy. CASD works with policy makers and grassroots communities to address health and socio-economic issues affecting the lives of adolescent girls, vulnerable women and children in need, in ways that are inclusive, sustainable and accountable. CASD believes that the SRHR of adolescents and women is a very crucial area of investment for any emerging economy and thus should be included in all development agendas.

Through: lobbying and advocacy, CASD works with policy makers at national and international levels and local community leaders to push for changes in policies and traditions/cultures that put women and children at vulnerable positions; educative campaigns, employs innovative strategies to make available relevant and quality information to target communities, assisting them make informed sexual and reproductive health related choices; capacity building, empowers young people as counselors, advocates and community health workers to serve most vulnerable populations.

For more information, please go to www.casdcam.org or email secretariat@casdcam.org

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