

**Policy and Advocacy, including Community
Engagement for ASRH and HIV Prevention
among Young People.**

Health Services Response Consultation

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Purpose

- review documented evidences of:
- Policies
- Advocacy
- Community involvement /participation/
engagement

Policies

- “Policy is defined as any official document endorsed by a government or its representative”
- These include: UN or Intergovernmental Conferences’ declarations or resolutions, National policies, frameworks, programmes, Plan of Action standards of practice or formal guidelines laws or regulations, official statements authorizing provision of Health information and services to young people.

Policies: Lessons learned

- National policy (NPP - Thailand 1970, and Senegal 1988, - implications of early sexuality and pregnancy: Later Condom promotion in Thailand, and AIDS education targeting youth adolescents in Senegal. In both, - abstinence, fidelity and condom use)
- Use International consensus as basis for action – HIV/AIDS UNGASS, ICPD PoA, Rights of Child Convention, Beijing, and CEDAW
- Coordinated implementation across sectors
- Technical assistance and Funding - Bolivia
- Local leaders and advocacy groups – Kenya, South Africa, Uganda
- Involving Youth – Mali
- Not enough evidenced-based data to show impact.

Advocacy

- Enlisting the commitment and support of leaderships and communities for the provision of health information and services to young people;
- Acceptability and utilization among the beneficiaries;
- enhancing partnership with governments, civil societies, media and other existing structures including communities for the integration, institutionalization, scaling up and sustainability of health services provision for young people

Partnership with Constituencies

- International
- Regional
- National
- Local

Examples of Community involvement

- Navorongo project on Community-based Health Planning and Services (CHPS) Initiative from 1 district to 95 out of 110 districts in Ghana (participatory learning at the community level, experimental research at the district level, and national utilization of research findings for health system reform)

Examples of Constituencies

- Policy makers and Governments, mayors and parliamentarians
- Development partners- UN System, bilateral, NGOs
- Religious leaders and institutions
- Traditional/cultural leaders
- Media (print, electronic, entertainment education)
- Youth and youth organizations/networks
- Professional and labour organizations

Community Involvement

- District/local health authority, Village health Committee, and Community outreach
- Parents /family members
- Opinion leaders
- Community leaders
- Faith based groups/leaders
- Elected representatives
- Youth Participation
- Media, including entertainment education
- Traditional healers
- Local drug store vendor
- School teachers, others

Why Community Engagement?

- Create awareness of existing laws, policies and practices related to ASRH
- Promote policies and social norms, values and practices supportive of ASRH and HIV/AIDS interventions among young people.
- Create supportive environment for acceptance and utilization of Health service interventions
- Create community involvement, participation and ownership for sustainability (including mobilization of local resource for health services provision).

Strategic approaches for Community Engagement

- Rapid low-cost formative research: This could be in the form of rapid assessment of the situation and needs, including consumers' views, stakeholders and their perspectives on ASRH and HIV among young people.
- Review of policies related to ASRH, including HIV/AIDS.
- Mobilizing political will of the community for policy or byelaws review or formulation, implementation and enforcement.

Strategic approaches Cont.

- Alliance and partnership building with government and civil society including young people to overcome resistance to change or to mobilize resources for ASRH
- Capacity building for community advocates, including young people.
- Community mobilization and empowerment to support ASRH and HIV/AIDS interventions, using rights-based approach.

What happened in Uganda?

- In addition to ABC
- High-level political support with multi-sectoral responses.
- Decentralized planning and implementation of BCC reached general population and key target groups
- Interventions addressed women and youth, stigma and discrimination e.g. by law women 1/3 of parliament
- Religious leaders and faith-based organizations

UGANDA Cont.

- Africa's first confidential Voluntary Counseling and Testing (VCT) services 1990
- Condom Social Marketing
- Sexually Transmitted Infection STI treatment and control
- Decrease in multiple sexual partnerships and network

Source: USAID, 2002

Common features to Senegal, Thailand and Uganda

- High level political Commitment
- Multisectoral approach – public Sector, Civil society and NGOs, and Private sector
- Comprehensive behaviour change-based strategy
- Community participation.

What Does not Work

- Focusing narrowly on health aspect of the epidemic without also considering other aspects, including education, socioeconomic issues and the broader implications for government and society
- Therefore, if this consultation outcome will focus only on Health Services, for success, its implementation must be in partnership with other sectors and stakeholders in a supportive environment

Recommendation

- Advocacy, including community participation
- Education and Communication
- Access to Condom
- STI Treatment
- Voluntary Counseling and Testing and Care referral
- Improving Young People's lives, including socio-economic in partnership across sectors.