



MAMTA Health Institute for Mother and Child

# Sometimes all they need is a voice

Advocating for Young People's Sexual Reproductive Health and Rights





# Sometimes all they Need is a Voice

Advocacy Process Documentation –  
Making A Case for Young People's  
Sexual Reproductive Health and Rights

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Published by:  
MAMTA Health Institute for Mother and Child  
B-5, Greater Kailash Enclave-II  
New Delhi 110048  
India

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Suggested citation: Smita Mitra, Priyanka Sreenath, Sunil Mehra, 2009. Sometimes all they need is a voice: Advocating for Young People's Sexual Reproductive Health and Rights, Young People's Health and Development: A Sexual and Reproductive Health Centered Action Approach, New Delhi: MAMTA Health Institute for Mother and Child.

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This study was made possible by the generous support of the Swedish International Development Cooperation Agency (Sida) under the terms of Sida Contribution No. 72004205 - Twinning Institutional Collaboration Project in India by MAMTA and RFSU (Swedish Association for Sexuality Education). The contents are the responsibility of the strategy team under the project 'Young People's Health and Development: A Sexual and Reproductive Health Centered Action Approach' and do not necessarily reflect the views of Sida or the Swedish Government.

# Acknowledgement



The evolution and growth of Advocacy over the past eight years has witnessed countless contributions of dedicated partners and friends, too numerous to mention individually, through various levels and stages of personal and institutional interactions.

We at MAMTA would like to thank all our colleagues who worked in the progression of advocacy work in the last five years. Special thanks to Ms. Anjali Sakhuja for her intensive contribution in developing and taking this project forward. We would also like to thank Mr. K.G. Ventakeshwaran and Mr. Kailash Shukla for their inputs in carrying forward the strategy in their respective roles.

Our Thanks to Mr. Sanjeev Kumar, Communication Consultant for preliminary work and data gathering. Let me take this opportunity to thank our committed and dedicated community workers, youth and peer educators and field animators who have lend face to the strategy in field implementation.

I would like to mention a special word of Thanks to my colleague Ms. Priyanka Sreenath for smart packaging of advocacy messages and effective communication techniques. Thank you Dr. Suba Sankar Das and Faiyaz Akhtar for all your help in the difficult times.



# Preface



The highlight of a successful advocacy initiative enunciated herein is not only its achievements, but also a true testimony of active human support, participation and fruitful partnerships, without which it would have been an unfinished agenda. We sincerely thank all those wonderful colleagues and friends who have taken this journey forward with us and helped us script a whole new chapter embellished with innovative thinking, driven by sheer passion to usher in a change in the social psyche at large.

Let us also accept that bringing a chronological or sequential flow to this document is a challenge. A number of events occurred at times in real short span while options and opportunities often followed no pre determined or well-designed action plan. Priorities and efforts shifted from one issue to the other at a quick pace with new stakeholders joining hands all the time. While the institutional efforts moved from 'Reactive' to 'Proactive' paradigms, advocacy strategies varied depending on stakeholders or an event/issue that emerged as a concern in the district, state or nationally.

During the process of the documentation, we met some of our long time partners (many of them were also important stakeholders) to understand how they perceived MAMTA'S efforts in Advocacy. Interestingly, most of them had a lot to say, sometimes beyond the periphery of our advocacy initiatives. In this text we could only include some of the key elements. At a later stage it will be relevant to have their views captured in the institutional strategy on advocacy. However, let me acknowledge that it has been an exciting experience to capture the journey of the last few years in this short and concise document.



# Foreword

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From RFSU's side I have had the opportunity to observe and follow few of the challenges encountered and endeavours undertaken by MAMTA in its ambition to develop into an advocacy organization.

Still it is with sincere pleasure that I learn more about the thought process behind the strategies, tactics and activities which, over the last decade, has enabled MAMTA to engage key stakeholders in the process to carry out changes needed in order to secure future sexual and reproductive health and rights for young people in India. This publication shows that MAMTA and its partners in the SRIJAN network have the knowledge, evidence and commitment to move sexual and reproductive rights forward.

MAMTA and SRIJAN have chosen the approach of social mobilization and networking to build knowledge, trust and commitment, complemented by dialogues and trainings, amongst stakeholders. They reoriented their approach from a social and health perspective to a more comprehensive advocacy paradigm aiming at sustainable development.

In order to ensure the main purpose of MAMTA's work - Young people's sexual and reproductive well-being and health - the solid paving, as shown, is key and a prerequisite for long term commitment and determination from the authority side. "Sometimes all they need is a voice" is a sharing of experience document, something that is truly useful in order to stimulate, motivate and strengthen Civil Society Organisations that are willing to take on the responsibility to become an advocate, or further develop its ongoing public policy work.

The research and documentation component in MAMTA is extremely valuable given the fact that most CSOs rely far too much on available research datas. Nevertheless, in order to be context and beneficiary specific it is often valid to complement the evidence collected from credible research institutions or WHO with one's own findings.

MAMTA's ambition to actively foster and involve media in order to bring out and echo the voices of the young people has proven to be a well invested method. It is interesting to see how this model used strategically strengthens the other advocacy attempts. MAMTA's strategic decision "to work with the system to strengthen response of the system" is, as I see it, a delicate balance act in which it has succeeded with flying colours. Future exertions may however need a bit more of deliberate activism to it, with young people at the core.

Another pursuit for MAMTA to consider is to develop its theory of change by including a prompt rights based approach. MAMTA as an organization is now strong and credible enough to become even more aggressive in its pursuit to affect a change on a larger scale.

Ann Svensén  
Director of External Relations,  
Public Policy and Advocacy  
RFSU, The Swedish Association for Sexuality Education.



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# Introduction

*To capture the advocacy initiatives across 94 districts with 134 NGO partners and innumerable stakeholders is a challenging task. It is almost akin to pursuing a 'constantly changing target'. From documenting the most mundane to recording the most significant, what follows is a narration of the processes undertaken as an advocacy strategy for furthering the cause of Young People's Sexual Reproductive Health and Rights (YRSHR) in India.*

*This phase of project implementation was preceded by an exploratory evolution phase that witnessed the inception and progression of strategies to address YRSHR. Throughout the five years of implementation of the project on 'YRSHR' in twining partnership with RFSU (the Swedish Association for Sexuality Education, Stockholm, Sweden), alongside partnering with various NGOs and civil society organisations, there were a series of troughs and crests. These ranged from contributing towards country's policy program scenario to introducing a cadre of outreach workers for youth and vulnerable sections of the population. There have been media articles leading to turbulence and debates and finally churning out new policy decisions. Some times youth groups mobilized for action have resulted in bringing young voices centre-stage, which for long had remained unheard.*

*The strategic directions to advocate with some Stakeholders, develop tools and design methods to bring them on board was a concerted effort made by MAMTA to steer ahead on the path of advocacy. Having our sole focus on the young people, we designed processes and channelised our work so as to advocate for their health and well-being in true earnest. Issues around sex and sexuality are still a challenge and with gender disparity and power-imbalance, this was further aggravated in the context of our subject. In this document we present to you some of the perceived outcomes of the continuous effort in advocacy and the processes involved in the same.*

*While we strive to be one of the strong advocates for young people's rights, our heart remains close to the field where a young adolescent is still powerless and vulnerable. The voices (unmet need) of these adolescents need to be taken beyond the corridors of power and into the conscience of policy makers before we can see its*

## International Scenario and MAMTA

The year 1994 witnessed the landmark ICPD Conference followed by the Beijing Conference (1995) on Women, which brought in the gender perspective to health and developmental issues of men, women and other gendered identities. Similarly the spread of HIV and AIDS world over necessitated the importance of preventive and promotive health care services for beneficiaries at large.

Around that time India was witnessing Government intervention programs on Maternal

and Child health, Immunization drives and Family Planning. However, any concerted effort towards preventive and promotive health behaviour of adolescents had not gained significant attention. That was the time when MAMTA was just beginning to initiate its work on Adolescent Sexual Reproductive Health and Rights at the institutional level. Addressing key issues involving this section of the society, a collection of articles (ranging from 'Physical growth of adolescents, nutritional status, the social milieu within which they were placed and



Behavioural issues to Government Schemes and Programs') was encapsulated in the book '**Adolescent Girl: an Indian Perspective**'.

The Beijing Conference proved to be the ideal platform and the book served to be our medium to highlight

the issues of an adolescent girl from India, drawing the much desired attention of the larger International Development fraternity. The publication received overwhelming response at the Beijing Conference and was completely sold out. To quote Dr. Sunil Mehra, the editor of the book and Executive Director MAMTA, after having read this book Ms. Firoza Mehrotra, who was then with UNFPA, expressed her keenness to work with MAMTA on adolescent issues. This later chiselled out an intervention program on youth health and development and health care service system supported by UNFPA.

## Scope

A project is always defined with its objectives intervened by strategic processes and scientific evaluation matrices leading to achievement of its goal. However, steering the project to achieve its desirable outcome with pre-defined timelines, the strategic direction is charted by its strategies like networking, knowledge management, advocacy, peer education leading to youth participation, research and development, community intervention, training and capacity building and global partnerships.

**In the dynamism of society and constantly changing baseline of cultural values, developmental initiatives can not be associated to a single advocacy effort or meeting in isolation with a Government Representative or Policy Maker. Thus there being no linear co-relate to the efforts made towards advocacy and the subsequent outputs at the district, State or National Level; one should take into account the series of endeavours undertaken towards advocating for a cause resulting in change.**

Advocacy as a strategy continues to evolve as a dynamic process. While many events have resulted in little victories accelerating it forward, others have merely fallen on deaf ears. We continuously worked at the science of advocacy through stakeholder identification and stakeholder analysis matrix, shuffling between reactive and proactive advocacy.

In this document we take you through the project, its challenges and successful initiatives. We have tried to capture voices from the corridors of power to the ground realities in the interiors of the country – only to help you understand the power of advocacy; defining and re-defining its relevance in various forms and using it on multiple occasions to initiate the desired changes.

## Policy Scenario and Project Evolution

Government of India's initiatives in addressing adolescent health and development saw policy roll outs of The Population Policy (1999), Women's Policy (2000), National Health Policy (2002) and the National Youth Policy (2003), emphasising the investment need on the concerned issues. However, the need gap persisted so far sexual reproductive health and rights with a gender perspective of the Indian youth were concerned.

This is exactly what the project set out to do. **The evolution** of the project (2001-2003) on 'Young People's Health and Development – A reproductive and Sexual Health Centred Action In the 1930's in Stockholm, when Elise Ottesen-Jensen said "I dream of the day when every child

that is born is welcome, when men and women are equal and sexuality is an expression of intimacy, pleasure and tenderness", people in Sweden had, large families, were suffering from severe poverty

Essentially being a Maternal & Child Health oriented development organisation, MAMTA had to scout world over for building technical capability through strategic partnerships to work on issues related to Adolescent Health & Development. Following dialogues with various institutions (like WHO in Geneva, Swedish NGO's, Sida, CEDPA, The John D. and Catherine T. MacArthur Foundation of U.S.A., Focus on young adults, World Bank and Pathfinder, among others), a twining partnership between The Swedish Association for Sexuality Education (RFSU) and MAMTA materialised (supported by Sida), consolidating the foundation of a knowledge base of immense value.

RFSU agreed to visit MAMTA in India as an initial interactive exchange of ideas between the two institutions. It eventually metamorphosed into this partnership with many more institutions as network partners and laid the foundation for YRSHR project in India.

RFSU has played a significant role in building the capacities of MAMTA and the network partner institutions on issues of gender, sexuality and rights of young people. It helped in their mainstreaming not just into the YRSHR project but also into the mind sets of people working in the projects, thus creating a new cult of rights and gender based thought process. Sexuality was recognised as an issue of 'well-being and healthy life style'.

approach' aimed at '**Optimum adolescent /Young People's Health and development with special focus on girls in the country-context with gender and rights perspective**'.

RFSU has a significant history of advocacy. It has been participating in national and international platforms to advocate for sexual reproductive health and rights with a gender and rights perspective. Over the last eight decades (since 1934), the institution has been working in Sweden and the world over towards greater openness on issues related to sexuality, sexual health and rights through advocacy, producing information based materials, peer education, sexuality education in schools and conducting International Training Programs.

unemployment and had inadequate knowledge on sexuality and contraception. This propelled her to lay down the foundation of RFSU. Sweden in its thirties is what India was witnessing in nineties and partly in the twenty first century. Thus learning to have a broad view on sexuality, personal relations between people, gender and equality we began nurturing our twining (MAMTA – RFSU). It prompted us to have a fresh look at the prevalent societal norms and cultural baselines. It called for re-defining pre-set roles in our attempt towards creating a more egalitarian society.

The twining partnership with MAMTA initiated the process of building the capacities of personnel at MAMTA, eventually reaching out to the network

NGO partners through them. There were series of trainings on gender, sexuality, rights and advocacy skills for the desired CHANGE, emphasising on behavioural change related to health and well-being.

Trainings and capacity building initiatives resulted in seedlings of institution across the country those were beginning to be ADVOCATES.

Independently as a single institution, intervening in the field with communities, especially young people and other stakeholders would not reap the needed impact. Therefore the strength of numbers through networking with other institutions was taken up as a concerted strategy to take the advocacy effort forward. Advocacy with policy makers, knowledge management through

information collection, collation and dissemination enabled MAMTA as an institution to initiate further networking and enhanced advocacy initiatives.

Research and documentation evolved in the following phase was an added strategy to engage scientifically proven evidences generated from the intervention field for advocacy.

Global partnerships (North – South and South – South; with institutions like IPPF, Australian International Health Institute, Oregon State University and different Swedish institutions like Karolinska Institutet, Upsalla University and Lund University) facilitated exchange of ideas and thoughts and use of scientifically proven research evidence for better networking and advocacy in the country context.

# Strategic Approach

*Success of the advocacy initiative depended on its reach and depth, enhancing the bandwidth of our target group, reshaping more lives in the process. It was imperative thus to identify, engage and motivate stakeholders who would play a pivotal role as change agents in furthering the advocacy cause.*

*Stakeholders were an important determinant in defining the course of advocacy. Therefore advocacy process was adapted to the ways and means of each stakeholder/stakeholder group including Government departments, political party functionaries, bureaucrats, media, UN agencies, National and International development fraternity. Towards the winding up phase of the project, we went back to our stakeholders to evaluate our contribution towards the young people's development (in terms of sexual reproductive health and rights) in the country. We bring to you some of their reflections while they worked with us and we evolved as MAMTA; as what we are today.*

*For each of the identified stakeholder groups, different methodologies were devised to present the case of young people's health and development and finally pursue them to work towards this cause. In the following sections of the document each of the stakeholders for example, parliamentarians, media, district functionaries, young people and Panchayati Raj institution members have been described.*

## I. Parliamentarians and Bureaucracy

With some identified Member Parliamentarians and party spokesperson, subsequent to one to one interactions, strategic inputs were made to media advisors of political parties to address young people's SRH issues through their (election) manifesto. Simultaneously, an Advocacy kit was developed with fact sheets, role of each stakeholder and how they could espouse for the cause of young peoples sexual reproductive health and developmental concerns. This further got defined in the form of technical support, disaggregated data and information on young people, conducting research studies and finally making recommendations to proposed Government Programs.

### Parliamentarians visit

The ICPD program for action was agreed by 179 different states. Despite the fact that India signed to it, there is very little understanding or reference to ICPD. In India, one usually finds it difficult to

discuss issues pertaining to sexual reproductive health in reference to young people. Elected representatives and Members of Parliament (M.P.) are no exception. Lack of political will is often pointed out as a major obstacle to address young people's SRHR. In such scenario a strong political commitment is the most important fulcrum in the wheel for political advocacy. MAMTA and RFSU thus worked out a strategy for Swedish M.P's visit to India. It was aimed towards developing a possible twinning between Swedish and Indian Member Parliamentarians wherein they could meet, deliberate and promote development co-operation as renewed interest, and explore areas of co-operation in trade and investment on mutually beneficial terms.

MAMTA facilitated this study visit of Parliamentarians, where they shared mutual experience and discussed political action in the field of Sexual Reproductive Health and Rights; explored future scope of work and possible support to promote SRHR work in India.

The Government in Sweden is democratic and consists of three levels: National (Riksdag- Swedish Parliament with 349 members), Regional (21 County Councils) and local (290 Municipalities). In addition, there is the European level, which has acquired increasing importance following Sweden's entry into the European Union in 1995. The parliamentary, county council and municipality elections are held every four years.

Sweden has been consistently ranked among the top few countries on the Human Development Index and it currently stands at 6<sup>th</sup> position (Human Development Index Report- 2005) Sweden has been ranked 4<sup>th</sup> on the Gender development index. Women hold 149 seats in the Riksdag, which is highest percentage (43%) in the world. The country has the lowest recorded rate of infant mortality at (3/ 1000 live births) and maternal mortality at (2/ 1000 live births). HIV/AIDS prevalence is only 0.1 % with infections in most cases acquired out of Sweden. The sex ratio for total population is 0.98 males(s)/ females and the literacy level is 99%.

Apart from Sida supported programs, the parliamentarians group had meetings with political party functionaries [CPI (M), BJP, and Congress], civil society institutions, and field intervention sites and directly interacted with beneficiaries. These were young people from different communities, children infected and affected by HIV/AIDS placed in care Homes and foster care institutions.

Dialogue in diplomatic circles and perceiving realities of lives of people and interacting with civil society experts, all contributed towards sensitizing the member parliamentarians and generated keenness to work with their equally receptive Indian counterparts towards development co-operation. It created channels for further exchange of ideas on SRHR with focus on

young people and containing the spread of the HIV epidemic.

Ms. Ignor Rene from conservative party and Ms. Cecilia Wikström from the Liberal party were a part of the delegation of Swedish Parliamentarians along with RFSU who visited India and met up with key officials from Ministries, Members Parliamentarians from India, leaders in opposition and civil society institutions implementing programs on young people's health and development.

### III. District level interactions

Since most of the work was implemented at the district level, sensitization of the district functionaries was the key. We organised joint meetings of District Collectors & respective Block Development Officers with Panchayat members, functionaries from the administration, front line workers (ANM, AWW, LWS, ASHA), community and young people.

Intensive effort was made towards reaching out to PRI members by network partners on district specific issues like marriage age, service utilization, and maternal and child mortality in adolescent pregnancy. This facilitated in contextualising the sexual reproductive health concerns at the local levels, the prevalent norms and customs, and statistical evidence generated from surveys and district level household studies conducted.

These meetings witnessed young people sharing the platform, talking about their experiences, challenges faced by them in the community and seeking co-operation from the system functionaries and PRI members. This turned out to be a non-threatening platform to discuss on youth issues and determine steps to take the YRSHR agenda forward. A series of district level PRI members' meet was organised by network partner NGO's. Significant media coverage highlighted perspectives of administration and its

# Working with Media

*We had realized that media advocacy could influence public opinion and policy makers by setting the agenda (pointing out which issues are important), framing (packaging information that would influence people's perception on certain issues) and priming them appropriately. It was therefore a strategic move to work closely with media to initiate a public debate, by raising the cause of young people's health and development above the 'din and clutter'.*

*Identifying effective media tactics was pivotal to the success of our strategy. Coverage of community events, scheduling interview sessions, participating in debates and open house discussions, organizing joint field visits for journalists had gradually paved way towards placing a well evidenced 'op-ed' on a sensitive issue. It was important 'to be heard' in a cluttered media landscape with too many voices saying too many things. Often it was equally significant 'to put a face to the stories', connect facts to real people and illustrate their problems, and thus media emerged as a vehicle for reaching out to various audiences. It also triggered reasoning and action to respond to (unmet) needs by designing solutions.*

## Placing Article

They were identified as an important opinion maker, a tool for keeping the issue alive and at times actively advocating for a cause through media campaign. Initially we placed some lead articles in National Dailies on young people's SRH issues facilitated by a public relations agency. The efforts were replicated in the states by initiatives made by the institution and its regional outreach, from articles in columns under social and developmental beat to program coverage through events that were organised at state and district levels. There have been articles that have led to a string of events, facilitating strengthened Institutional linkage with systems or technical support to Government Departments resulting in National initiatives.

This however could not generate enough headlines of grass root stories. In order to address this, MAMTA announced the annual '**Media Fellowship Program**'. Herein, media professionals keen to undertake investigative journalism on issues related to SRH of young people, were awarded a token amount for a pre-defined time period to interview the youth, understand their concerns, analyse them, draw perspectives of systems preparedness to respond and bring their stories into media highlight. Interesting issues related to girl trafficking in Bihar, the case of orphaned and vulnerable children in Maharashtra (due to HIV and AIDS) made news headlines.

Filing of media articles (2007) led to a chain of events of systemic vigilance. For example, schools were made to re-admit children affected and infected by AIDS, by the order of District Collectors. Stigma and discrimination had reduced significantly and children and young people started receiving acceptance in their neighbourhood and community. As mentioned earlier, the sensitization programs of other institutions, network NGO partners and child welfare institutions have cumulatively contributed to its results. However, the provision of Anti Retroviral Therapy (ART) facilities in the village vicinity still remains a challenge and calls for continuous advocacy with health systems and service providers. Nonetheless, filing of such articles on sensitive issues has brought to limelight statistical figures of HIV infected and affected people.

Cases of child trafficking, filed in the Hindi (2007-08) newspaper by a media fellow from Patna in Bihar received attention from Criminal justice system and child welfare boards, thus making the authorities scout around the town and nearby areas for missing girls in a cluster of villages in the state. This triggered a chain of events leading to tracing out the missing adolescent girls and her rehabilitation and subsequent repatriation.



Placing articles in the print media was a significant strategy adopted by the institution. It facilitated in reaching out to a wide range of audience. In the year 2003 an article was filed titled “Not Abstinence Alone: Offer All Options for Family Planning” (19<sup>th</sup> Sept Tol), provided a perspective on access to information and services, including condoms. Condom was defined as a technology which provided dual protection (against STD/HIV and helped avert unwanted pregnancy). The article however created some furore among the bureaucratic readership of the country.

This furore resulted in policy dialogue and debate on how to address adolescent needs on reproductive and sexual health. Since MAMTA was instrumental in filing the technical piece into print media, the institution was invited to put up its

position 'how to address the needs of this section of the population who were already in the transition phase and had to face the challenge of psycho-social and physiological change in their body and the environment around them. Few other civil society institutions were invited on board and similar thought echoed from the work that they were engaged in their respective field settings. Thus emerged the 'Adolescent Health and Development Module for Basic Health Functionaries' Medico-social aspects, growing up stages and developmental milestones were discussed and the front line worker (from Ministry of Health and Family Welfare, MoHFW) was equipped with knowledge and skills to address the concerns of adolescents to a considerable extent.

This module was translated in 13 languages with 600, 000 copies of the same printed and circulated. This triggered off a series of steps for technical institutions like World Health Organisation and United Nations Population Fund

(UNFPA) to work towards developing Operational Guideline and Training Modules for Medical officers in clinical settings in partnership with Ministry of Health and Family Welfare.



Following the path to advocacy en route media there were other articles titled “Wedding Hells” addressing the cause of early marriage resulting in Adolescent pregnancy and the associated risks of maternal and child morbidity and mortality. An Op-Ed on “Sex and Sexuality” (in Hindustan Times – a leading National daily) led towards the media house taking up the decision to introduce a new (youth centric) edition by the name of 'HT Next'. The efforts of media advocacy further precipitated in the form of a weekly column to address queries of youth and their parents on sex sexuality, reproductive health and relationships. A panel of professionally qualified counsellors, trained Medical Health professionals and development professionals addressed the questions posted on this Straight Talk column.

# Issues Identified for Advocacy in SRIJAN

*While MAMTA as an institution was in the process of identifying adolescence and youth as a phase in human life cycle which was in need of investment, we defined ourselves as advocates for catalyzing change.*

*In this initiative of policy advocacy, it is pertinent to define what needs to be changed, articulate a clear specific policy solution, identify who has the power to make decisions, figure out which individuals and groups can influence decision makers and provide those individuals with messages about the required policy change. The task was not just to put new information in front of people, but to change the lens with which they viewed such information. As advocates we tried to tap into the power of core cultural values, structured our messages clearly (through tools like Advocacy Kit and Hand Book) to reflect on what was wrong, how does it affect us and what should be done about it.*

The evolution processes (initial phase of the project development) were subject to evaluation in 2002 and its recommendations led towards designing the next phase: 2003-2008.

It was realised that projects alone are not going to help in overcoming long term poverty. Instead, encouraging people's participation, maintaining transparency in the work of civil society and consistent evidence based advocacy efforts are more likely to achieve long term sustainable development. It also facilitates in partnering with decision makers and 'converting' them to achieve long term sustainable impact on Sexual Reproductive Health and Rights of Young People.

Advocacy was a new concept for many of us. It was both an art and science. For us it was not an activism or protest march against the system. In simple words it was 'to work with the system to strengthen response of the system' on challenging issues. It was about people uniting to make a planned effort towards influencing a decision – in this case the issue was Young People's Sexual Reproductive Health and Rights. This was almost an all-encompassing term. This needed to be further re-defined or narrowed down for the purpose of focussed efforts. Thus emerged the following core issues that were interwoven into various initiatives of the project through its defined strategies, developed through a participatory process with network partners in order to

maximise our reach out to different stakeholders and beneficiaries:

- Prevention of Early Marriage and Early Pregnancy,
- Youth and HIV,
- Sexuality Education,
- Youth Friendly Health Services,
- Retention of Children in Educational Institutions and,
- Addressing Adverse Sex Ratio.

Most of the advocacy initiatives taken up were around these issues and simultaneously the field based community interventions helped generate evidences from the field. Alongside was the involvement of communities who were inducted into various aspects of the program component. Herein community members were gradually trained and capacitated with knowledge and skills, thus mobilising them into active partners in the development process from mere beneficiaries of interventions.

The paradigm shift from social service approach of merely providing services had paved way to participatory models of sustainable development. And this change in approach was visible in the entire Development sector. MAMTA's field intervention sites were no exception.

It was important to have youth at the centre stage. The development initiatives were directed towards their health outcomes through an attitudinal change. Hence, bringing young people into the development arena through a participatory approach was instrumental in determining the future course of direction of the project in the field, amongst the network NGO partners and at the state and National levels. Young boys and girls were made as partners into the programs as peer educators, field animators and community workers.

## Tools for Advocacy

It was realised that varied techniques were required to reach out to the wide range of stakeholders for building an enabling environment for Sexual Reproductive Health and 'Rights' in States and Districts.

An advocacy kit with stakeholder specific fliers addressing the needs of young people was developed. This



also had information on what each stakeholder could do as his/her job responsibility towards furthering the cause of YRSHR. This was well accepted among the stakeholder groups, political functionaries, bureaucracy,

program planners and implementers, media etc. However, linguistic adaptation was essential to take it down to the state and district level. Therefore, a new edition with up-dated data and more information on Rights of young people was published in Hindi.

Taking a step further, we wanted to create strong visual correlate to boost the communiqué. Thus a film was developed and produced at the institution on the 'Reflections of young people' and it was called 'Pratibimb'. The film (2002-03) is a part of MAMTA's programme to promote Reproductive and Sexual Health & Rights of the Young People. The film was intended to be shown to various stakeholders to mainstream the oft-ignored section of Sexual Reproductive Health and Rights of Young People. The young people besides the concern for employment, which is largely recognised by the Government, have several other concerns of equal magnitude. They are borne out of discrimination, exploitation or prejudice. In addition to facing several social injustices like exploitation in labour, sexual harassment and abuse and violence, young people are also ignored of many of their concerns for health and development.

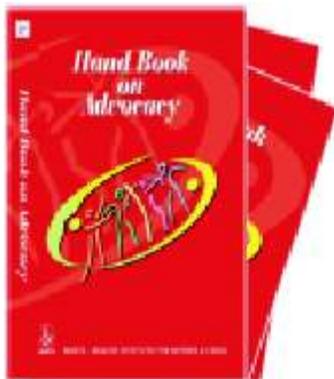
It was realised that very few audio-visual advocacy materials are available that address the rights of young people, with the policy makers and key decision influencers, as its target audience. The film has been shot with the objective:

- To inform the target audience on Sexual and Reproductive Rights of Young People and its significance in Growth & Development of the individual and the Nation.
- To share with the larger target audience the work of MAMTA in promoting Sexual and Reproductive Rights of Young People – specifically highlighting the SRIJAN network, YRSHR programs components and other programs of MAMTA- HIMC.
- To facilitate making a suggestion to the stakeholders the actions that they, as decision makers and decision influencers at various levels, can take to ensure Sexual and Reproductive Rights of Young People gets

recognised and mainstreamed into policy framework and program implementation plans

The voices and experiences of youth was filmed from the project intervention areas of MAMTA and edited into a 20 minute film corresponding with data on young people from National Family Health Survey (NFHS), declaration of International Human Rights instruments like UN Convention of the Rights of the Child, ICPD and Beijing Conference. India as a country had ratified all of these and here was the ground reality faced by youth, which was distant from the policy commitments. The film was screened at various occasions amongst policy makers, program implementers and other stakeholders at State National and Regional platforms and was well received. All this called for ACTION on the part of the policy makers.

Literature on science of ADVOCACY was available but scattered. As a part of sharing and building capacities of the Network partners and



other like-minded organisations, it was decided to prepare an advocacy handbook. This, first defined advocacy per se and then under the project purview, aiming at young people's sexual reproductive

health and development. Each element was taken up from problem analysis, defining and identification of stakeholder, building stakeholder analysis matrix and thus defining the further course of action for advocating for a cause.

Two supplements of the main document were

drafted based on the experiences of working with policy makers and media. Creating messages for effective advocacy is a significant element. This too was addressed on issues particularly pertaining to young people's health and development. The document was further adapted and translated in Hindi for wider circulation among network partners, state government institutions and other developmental institutions, UN systems, International Planned Parenthood Federation (IPPF) and civil society organisations. Recently it was identified by the UNICEF, Regional Office for South Asia in Kathmandu (Nepal) as an important document and was duly quoted and adapted for one of its publications on Advocacy with Stakeholders.

When the issue identified was in its nascent stage in the country's policy program scenario, working on publications on Advocacy would not suffice. While MAMTA was working on youth health and development issues, it had designed field based intervention programs and was implementing them, worked with media to publish lead articles; drafted and published Op-Ed's and participated in technical sessions at policy levels in national and International platforms. The continuous desk reviews and research undertaken, interpretation of data from national surveys, reflections from the field, voices of young people and stakeholders was gradually evolving as the technical competency of the Institution. At this time it was decided that publishing this work would be of great value to stakeholders, network partners and other NGO's who plan to work in this area. The publications were therefore timely, relevant and useful. A series of Working papers were published on young people's issues, ranging from Adolescent growth and development, Reproductive Tract infections, Sexually Transmitted Diseases, Youth and Media, Violence and young people to Sexual behaviour in young people and Economic of addressing young people in India.

These working papers created a window of opportunity for the institution to explore further scope of work in the area. Having undertaken the desk review and analyzing the situation on the issue from different perspectives, intervention programs were designed with more refinement. For example, 'Zero tolerance to violence' was one of the programs implemented in Haryana which had been supported by UNIFEM. It bore its genesis in the Working paper on 'Violence and Young People'. The gross violation of rights, power structures in the society and existing gender dichotomy and power imbalance helped analyse the causes and consequences of violence and hence facilitated in developing an appropriate rights based gender intervention program for the project.

## Overcoming Hurdles and Capacity Building

After the nuclear explosion (at Pokhran in Rajasthan, 1998) the institution had an opportunity to interact and present the developing country perspective to a group of Swedish Parliamentarians from the Social development background. This was to build a case for continuing development sector investments in the developing countries.

Let us emphasize that doing advocacy and developing skills for advocacy is a concerted effort taken up by MAMTA as an institution. Some of the key functionaries at MAMTA underwent training and capacity building exercises from institutions in U.S.A to be able to take steps forward.

As a part of this exercise, advocacy on certain aspects of SRH and rights was undertaken with the Senators and Congressmen in United States. It was a great learning experience to be a part of the Global Health Council (2000).

The twinning partnership between RFSU and MAMTA facilitated exchange of ideas, knowledge and skill. This was further shared with network partners here in India (across 7 states in 90 districts). A series of capacity building exercises were undertaken for chief functionaries and key staff and personnel for network partners. This facilitated smooth transfer of ideas, sharing the knowledge base and skills to implement new techniques and methodologies for development intervention in the field.

The partners demonstrated diverse experiences on advocacy. As they carried out their seemingly miniscule efforts at the community level, it resulted in actual *changes* in the lives of young people. A series of meetings with political leaders and media spokesperson of a national political party facilitated in contributing towards a section on young people and their health and development in the election manifesto of political parties in the year 2004.

It was also perceived that focused and consistent interaction with key political functionaries of certain political parties helped put forward the agenda of youth health and development into their respective political commitments.

Repeated interactions with State's Department for Women and child Development, together creating space and platform for inter-departmental co-ordination and evidence (as seen) from State NFHS Fact sheet contributed towards '*Five point Social development program for women and adolescent girls*' of which one of the issues was '*Eradication of child marriage from the state*'. I am sure there were many other factors propelling this step, nevertheless, MAMTA and its network NGO partners had a significant role to play.

But advocacy must lead to both policy change and transformation of the lives of people through change in perception and practice. Advocacy is a



continuous process and there is a need for constant dialogue between the grass roots and decision makers. A vigilant civil society mechanism builds this channel of communication and advocacy facilitates this process of change.

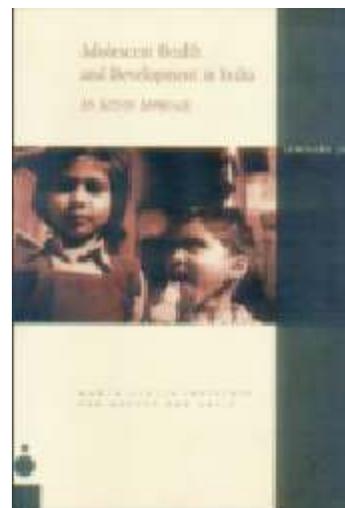
## Key Initiatives

Successful and effective advocacy involves building coalitions and alliances, inclusion of target groups in the process and building and strengthening linkages with opinion makers. MAMTA, while working on advocacy, closely interacted with some of the stakeholders and as quoted by one of the members from international donor fraternity 'they have picked up information from different groups and have been able to put in a coherent fashion for policy makers... I would necessarily say that *they have made a huge impact in those areas.*'

Advocacy is a slow process. This has necessitated the need to identify opportunities, propel smaller changes leading towards desired results. As was being understood during late nineties and early 2000, there was very little policy and programmatic initiatives undertaken addressing the needs of 10-19 (the third spurt). MAMTA approached UNFPA for taking up the agenda. This resulted in a policy review work across the country by MAMTA. The key findings of this review were shared with 10<sup>th</sup> five year plan sub-committee on Adolescent (Ms. Firoza Mehrotra Member secretary Planning Commission and Mr. Anil Bordia, Chairperson). The Sub-committee on Adolescents incorporated many of the recommendation, one of them was to make Youth Ministry nodal for overall health and development of youth. This process carried on while drafting the chapter for Ministry of Youth Affairs on health Nutrition and HIV (Sexual Reproductive Health with particular reference to STI and HIV) in the eleventh Plan. This could be regarded as 'a **classical example** of evidence

based Policy advocacy and forward action'.

The process began when MAMTA was invited to convene the working group on Gender youth Adolescent and Children under NACP III. At the same time the institution was commissioned to



undertake rural vulnerability study to assess 'Vulnerability of the Rural Populations to HIV and AIDS other than those covered under Targeted Interventions'. The study came out with some strategies as recommendations to address these vulnerable groups.

Findings of the study indicated identification of a key influencer in each village, designing a strategy to train an influencer and a group of people (balanced age and sex composition) to understand community dynamics and provide information on preventive and promotive sexual and reproductive health behaviour.

The Health care service delivery system had to be strengthened and referral linkages built. Condom programming and promotion strategies needed creativity by initiating non- conventional access channels. Apart from constituting administrative and program operation committees, the study pointed out convergence of Health systems (essentially maternal and child health centred) and HIV prevention programs for a comprehensive health and well-being approach to preventive and promotive health.

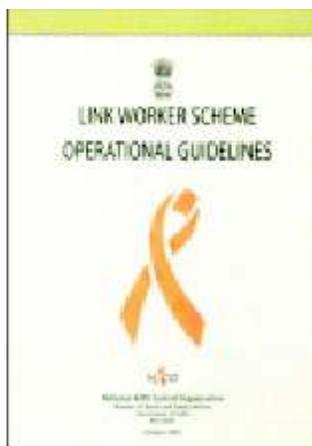
Communication strategies for HIV prevention

programs in rural areas was also emphasized, especially in the light of culturally and context specific communication strategies which could be easily absorbed by the target population.

The institutional understanding from the study conducted, its subsequent findings and discussions that emerged out of the working group on Women Children Gender and Youth, together contributed to the development of 'Link worker' scheme under National AIDS Control Program III. MAMTA also facilitated the drafting of Operational Guideline and worked in close collaboration with UNDP and NACO towards developing the Training Manual for Link Workers.

After NACP III, National Program Implementation plan was drawn. Developing the Gender Action Plan for NACP III in partnership with UNIFEM was another task, which MAMTA was designated, mainly because of the key role that it had played in the drafting of NACP III especially as the Convenor of the Sub group on Gender, Youth , Adolescent and Children. The process for this followed with formulation of Technical Advisory Committee, and UNIFEM provided the desired inputs and support for this action.

Extensive desk review was undertaken. Interaction with stakeholders, communities from Targeted Intervention, population were part of the



review process to capture voices and build not just evidence from the field, but bring out the grass-root realities (real life case stories) within policy processes. This created an echo of the thoughts and felt (unmet) need of the people actually affected by the virus.

Some of the issues that were addressed in the Gender Action plan suggested for NACP III included gender specific needs of positive women under the program components for prevention care treatment and support and strategic action plan to integrate HIV and AIDS with NRHM with gender lens. Others comprised of IEC and advocacy guidelines with regards to engendering all aspects of NACP, a prototype for drawing up action plans for key ministries and Departments towards mainstreaming gender and HIV in their ongoing programs. Finally, a suggestive format for gender monitoring and evaluation as a strategic information Monitoring and Evaluation tool under NACP III was also prepared as a part of the exercise.

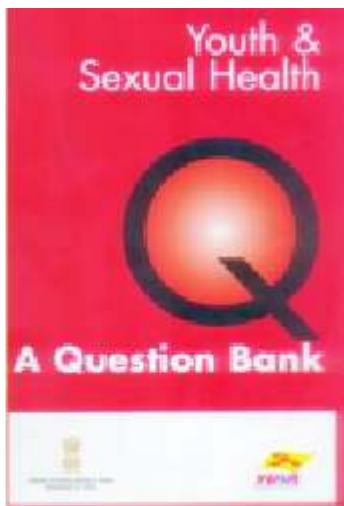
It was evident that the advocacy initiatives of several NGO's, civil society organisations and development institutions for all these years had paved way towards systems acceptance to address vulnerability of women and other gendered groups to HIV and AIDS in the behavioural context. This took into account the larger socio-cultural context in which the positive people's group existed; and thus the power imbalance existing in the society.

Through the exercise one had to critically look into the NACP III document from a gender lens and then proposing workable approaches to enhance the existing capacities in order to address gender and human rights as crosscutting for all interventions. Although one must accept that this document could not be positioned as well into the programmatic process as one would have expected. At the same time, this did a series of processes within the UN systems for positioning 'Gender and Key Populations' in the program implementation framework.

As related by the National Program Officer at UNIFEM, for Gender and HIV, 'Mamta as an NGO has a privilege to play a stronger role and I think they can work very strongly and clearly to make

*gender* a strong crosscutting issue, because they have enough of exposure, experience and understanding to be able to do so. I would request the people involved in advocacy at MAMTA to take up gender strongly as a cross cutting issue along with youth health and development'.

As a dynamic process there were other opportunities that came across to the institution (MAMTA), viz. developing a Quiz Book and Question Bank for young people on Adolescent Health and Development. This included sexual and reproductive health matters, HIV and AIDS, issues related to growth development and nutrition. A collaborative effort of NACO, Ministry of Youth and sports affairs and UNFPA also witnessed young people's participation and on the hind site MAMTA had created a niche for itself as a significant National institution with technical expertise on Young People's health and development.



It was rightly shared by one of our policy maker associates that “MAMTA houses a technical resource centre, physical and virtual; and it is this information base that facilitates their role as an advocate. MAMTA as an institution should draw reference from concerned Ministries, Health and Family Welfare and Ministry of Youth affairs to reach out to more and more people”.

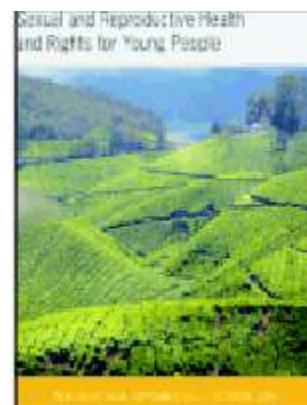
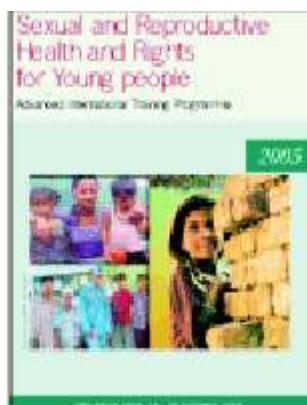
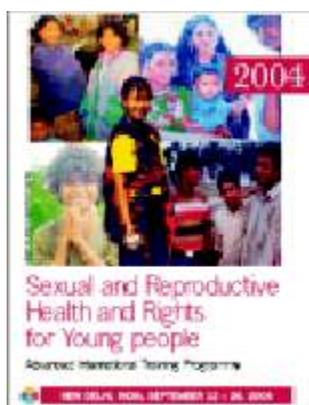
Media could be a significant medium of interface for facilitating flow of information to young people. To quote the current Director of All India Radio (AIR). It was encouraging to note as she said that “we collaborate with MAMTA to develop feature and cover stories from the field on Youth Health and Development, some from their own field based intervention areas and others from the sites of their partner NGO's”

Similarly work with NACO has expanded beyond the domain of Institutional collaboration. Joint Director IEC NACO, related that “The institution (MAMTA) has supported in terms of materials, communication material, advocacy for young people bringing in their vulnerability factors into focus and this helped developing materials and tools for training of Link workers”

## International Training Program in South Asia

At the international level, institutional Advocacy on Adolescent Sexual Reproductive Health and Development with other institutions paved way towards International course on ARSH. For the first time it led to Launching of International Training Program on ARSH for 10 countries of South and south East Asia by MAMTA and RFSU. The training program continued for five years (2002- 2007). Training was imparted to professionals from diverse socio-cultural backgrounds as well as from a wide range of professional capacities ranging from middle to senior level positions in Ministries of Health, National AIDS authorities, program persons from National and International non governmental organisations, teaching institutions (universities) and the media. It helped creating a critical mass of trained professionals.

While we make a reference to this International Training Program in India catering to Countries in south and South East Asia, it is significant to note that these developing countries were witnessing 'youth bulge' in its population pyramid. There was no debate on the need for human capital investment on areas of health, education and development of young people and their capacity enhancement. Countries engaged in drafting policies and programs on young people's health and Development; socio-cultural context was very similar to each other. Therefore addressing their concerns on Adolescent / Young people's Sexual Reproductive Health and Development was an important concern which got addressed through this training program.



It was rightly pointed out by National Program Manager Swedish International development co-operation agency (Sida) during the course of our discussion (of undertaking the process documentation) that “the canvas for MAMTA had expanded when it initiated the International Training Program and managed to reach the South and South East Asian countries which has helped them as an institute to grow and built the south collaboration.”

# Communication Advocacy : the Twinning

*While embarking upon our task of advocacy, our endeavor has been to weave communications into the very fabric of MAMTA so that we can work in a synergistic manner, anchored by our commitment to our mission. It is imperative to see communications as a mindset and as part of organizational culture, rather than as a set of activities that can be contracted out if the expertise does not exist in-house.*

*Communication along with advocacy has emerged in sync with larger organizational priorities. The method of crafting effective communication and the mechanism to deploy these strategies in tandem with other strategic priorities, are some of the thoughts that crossed our minds while brainstorming on the subject. Thus, we attempted to design a communication plan with timely messages well positioned among people and stakeholders to seek lasting policy changes at local, state and national levels.*

## Communication – a tool for advocacy

Non technical communication tools such as community theatre, puppetry, and posters as IEC materials gave further impetus to the reach of the project, some of them developed by young people themselves, some in close coordination with Creative Advertising and media agencies. These were later released on public occasions by people's representatives as a mark of subscribing to the thoughts and ideas portrayed by these materials. Puppetry workshops were organised for young people and community workers at the field level in various field settings ranging from Bawal in Haryana to Varanasi in Uttar Pradesh.

Rajasthan being the homeland of puppetry as folk art, it was an easier mode of communication of social messages pertaining to young people's health and development. As myriad areas as Parbhani in the state of Maharashtra and Warangal in Andhra Pradesh also witnessed a good response to puppetry as a folk art form for mass media communication regarding social messages on YRSHR.

The process also encountered risks. For instilling ownership of publications and IEC materials, most of them were translated into local vernacular languages, e.g. Bangla and Telegu. The technical quality of a document is always a challenge during

this process of translation, besides the cultural appropriateness of the words used.

## Rights with Responsibility

**Rights** issues were dealt in a non threatening manner. Herein the International Planned Parenthood Federation (IPPF) London and SEARO significantly contributed to the capacity building and knowledge enhancement of MAMTA personnel and key functionaries from network partner NGO's. It was important to define the thin line between rights based perspective and demanding the rights through an activist approach.

Rights based approach always has been a sensitive area bearing the risk of encroaching upon or challenging the existing ethos and sentiments, be it the functionaries or government machinery. Keeping this in mind efforts were geared towards working with the system and helping them incorporate ways and means to address the concerns of young people, which as a part of national policy claims and international commitment, the Government machinery (both Central and State Government) had to address. Involving youth and formation of youth forums (including Positive Speakers' Forum) was a step in that direction.

## Advocacy out of Dialogue

The National Training Program for Youth Friendly Health Services initiative taken up in collaboration with Lund University (as a part of the twining partnership within MAMTA-RFSU collaboration) called for advocacy with state government functionaries. It particularly aimed at strengthening health systems functionaries and capacities of medical professionals. This opportunity generated renewed interest in the systems preparedness towards gearing up for their own program implementation on Adolescent Reproductive and Sexual Health (ARSH) under NRHM as envisaged in the policy documents and respective state PIP.

Highlighting MAMTA and SRIJAN work undertaken in the states and at the National level on youth and adolescent friendly health services came handy in positioning the training program. Discussion with state Government triggered off a series of processes towards conceptualisation and development of a *Scheme for Adolescent Counselling on Health* (SACH in the state of U.P.). This was the state adaptation of Adolescent Reproductive Health Strategy (ARSH) under National Rural Health Mission (NRHM) state program implementation plan. An official agreement was signed with State Government of Uttar Pradesh to provide technical support on the scheme thus designed. Operational guidelines and Training Manual were some of the tools developed and adapted as a part of the technical support for the State Government of Uttar Pradesh.

Similar to the experience of SACH that resulted from interaction with key policy makers in the state of Uttar Pradesh, State Government of Gujarat had already designed a state specific 'school health and education program' aiming at *Nirogi Balak* and it was great to share with them the key experiences. The institution was invited to participate with the state functionaries for developing the 2009-10 state PIP on ARSH in the State of Gujarat and Maharashtra.

Though there are several factors that contribute towards breaking the inertia, the YRSHR program in its varying dimensions has significantly contributed towards health systems response to address SRH needs of young people and overall acceleration of the process of program implementation by Health systems machinery in the country.

## From the fields

The project period bears testimony of many such gains and learning experiences, but it is the individual dedication and transformation of lives of young people from the grass-root community that emerges victorious. It re-asserts the fight for rights of people to a healthy and humane society.

These tales of transformation relate stories of young girls negotiating for up-gradation of village primary school with Panchayat members, Block Development Officer and finally the district collector, thereby successfully averting child marriages, not just in the village but in the vicinity *tehsil*. When boys have rationalised delay of *gauna* of their under aged child brides on grounds of health and well-being and retention of child brides into schools, it has not only contained drop-out rates but helped avert early pregnancy and its associated risks.

When the village PHC doctor has opened up the service centre during the afternoon hours particularly for young adolescents, it has witnessed more open discussion on '*guptang*' and '*guptrog*', thus propelling positive health seeking behaviour among young generation.

When peer to peer approach among men has been followed to educate them on masculinity and issues related to gender and behaviour patterns, it has not only helped them fare better on GEM (gender equitable male) scale but enhanced inter-

spousal communication, reduced domestic violence and increased male participation in the decision for child bearing and rearing. These personal tales of transformation and triumph over age-old rituals have led to a new wave of behavioural change among young men & women.

We could relate more of such cases from the intervention sites of our network partners but that would need one more document on grass root experiences. Let me focus on one of the significant ones, the youth forum and youth positive speakers' forum. In order to bring youth voices from far-flung areas of the country into centre stage, peer educators were capacitated through training programs. Hands on experiential learning was facilitated through 'Internship' programs and finally organised into District and State Youth Forums. These forums further culminated into the National Youth Forum with nomination of candidates from different States (NGO partners) followed by campaigning and election of Executive Body members.

Young People's reflections on SRH issues needed a continuous flow from them and then back to them. The tool to facilitate this exercise was 'Aarushi', a young people's magazine. 'Aarushi' was managed by a young editorial team. They were trained on communication skills and creative writing. Backed by their long standing field experience, involvement in peer led programs and with support from MAMTA, each year the Young editorial board successfully publishes its youth magazine. Towards later stages it evolved in its multi-lingual (English, Hindi, Bangla and Telegu) form.

Aarushi is circulated among young people and stakeholders, from program implementors to media, other NGO's and CBO's beyond the network. Feedback from them is collected and further suggestions incorporated for improving the quality towards making it an informative and friendly tool for the youth.



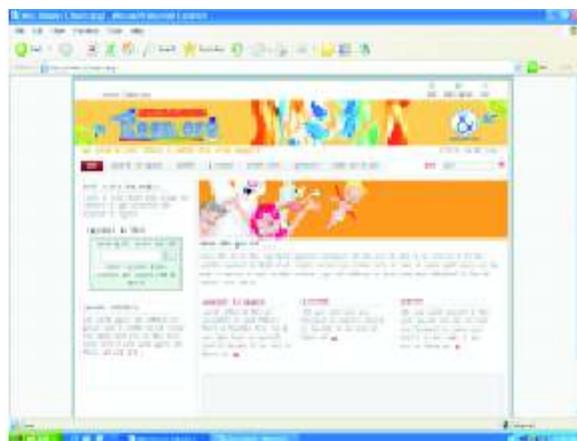
An editorial board was formed out of the youth peer groups across the network partners. These members jointly decide issues that were addressed in the Youth Magazine. They draft articles, prepare illustrations, collate photographs collected from the field and finalise content, thus creating a classic example of youth participation in word and spirit.

While working with youth groups we had all come across Young People who were positive (HIV+) and are facing stigma and discrimination. Some out of them had demonstrated the courage to come out with their positive status and wanted to work towards advocating for the rights of young positive people. It was realised, the lack of knowledge about safe sexual practices and safety measures to protect one self were the main causes of falling prey to the virus amongst many young people. Therefore the main issues taken up for advocacy by them were need for Life skills education (AEP) and information on safe sexual health practices. A strategy was defined to identify (only those who wanted to disclose their positive status) positive young people, undertake capacity building and equip them with information and advocacy skills to live **positive lives**. Some of them also had an opportunity to participate in International Forums and share their experiences. Further efforts are on to mainstream these young people (according to their skill and capability) into ongoing Developmental initiatives by Government and other agencies as Link Workers, as counsellors and as outreach workers with associated health system machinery.

Moving from physical to virtual, MAMTA initially launched the English ([www.yrshr.org](http://www.yrshr.org)) website with information, provision of e-counselling and a gateway to intervention programs, initiatives and capacity building exercises. The web-link had attracted a considerable traffic. However with a wide Hindi speaking audience across network states and range of stakeholders, it was realised that a large cross-section of the masses remained unreached.

This led to the evolution of Hindi website ([www.12teen.org](http://www.12teen.org)).

As a corollary to this an ICT (Information communication Technology) training and hands on capacity building exercise was undertaken for young people and program implementors. A direct co-relate was the increased number of hits that was witnessed post the workshop.



## 'Sex Textuality'- tracking the trail

It has been widely researched and proven that educating young people on issues of Sex sexuality, gender dimensions and reproductive health has positive influence on their risk taking behaviour. It reflects in their health status. However, traditionally it is faced with hurdles owing to the silence that surrounds issues like sex and sexuality. In India the story is no different. A country that has gifted the world with 'Kamasutra' and bears monuments like temples of Khajuraho, cave paintings of Ajanta is perplexed about teaching sexuality to its children.

Family life education through National Education Policy (1986) has long been introduced by the Department of Education under Ministry of Human Resource Development. NCERT has successfully attempted to mainstream school AIDS education program, a joint effort by Ministry of Human Resource Development and National AIDS Control Organisation in the form of "Key outcomes and next steps for action, Adolescent Education: National framework and state Action Plans 2005-06."

The Adolescent Education Program (AEP) was initiated with the aim 'to empower adolescents to make informed choices and develop life skills for addressing psychological social and health concerns.' However, with the tool kit introduced and training methodology content and illustrations, the program was caught in controversy with a range of criticisms against introduction of sex and sexuality education to adolescent children. While the socio-political and religious game was on, the child who is growing up was in total ignorance. At the same time research evidence presented facts on risk taking behaviour of young people. Over 35 percent of all reported AIDS cases in India were occurring among young people in the age group of 15-24 years while they were affected by more than 50 percent of the new HIV infections (NACO 2005).

A new study on child abuse in India by Ministry of Women and Child Development, Government of

India, brought forth the seriousness of the phenomenon of physical as well as sexual abuse of children. Over 53 percent reported having faced one or more forms of sexual abuse and 50 percent of the abusers were known to the child or in a position of trust and responsibility. It also revealed that majority of the abuse cases take place within the family environment, perpetrators being close family relatives. One of the significant recommendations is 'Life skills education of children to enhance their knowledge and capacity to deal with abuse and that it should be made an integral part of the curriculum.'

With all the conundrum at the political and program level, there was consensus of the fact that adolescents need information and skills and this should be provided to them in a factual, non-judgemental manner within a rights based framework. Hence the Government Departments, development fraternity, NGO's and civil society organisations, research institutions, teachers, and parents (representing Parent – Teacher Associations) were brought on board to constitute an AEP review committee under National AIDS Control Organisation. This committee was further co-ordinated and technically supported by MAMTA and based on the recommendations of the review committee a new AEP tool kit was developed.

A complete package of AEP tool kit was facilitated and technically supported by MAMTA consisting Teachers' Handbook, Facilitator's Guide, Advocacy Kit and Ready Reckoner. It was prepared to carry out training implementation and creating an overall environment for facilitating acceptance of AEP in the country. Child friendly illustrations were designed, class room transaction method was revised, pedagogy was made participatory and through the advocacy kit an attempt was made to prepare fact sheets. Case was made for advocacy with various stakeholders ranging from media professionals, Government officials, service providers, elected representatives and Parents. This was almost in line with our

experience of designing earlier Advocacy Kit on YRSHR issues, 'Investing on Young People'. The Advocacy kit was aimed at creating an enabling environment.

NACO with its IEC and mainstreaming division had facilitated the dissemination of the tool kit with respective State AIDS control societies and SCERT and other concerned Departments. This was followed by training of Master trainers in 5 regional workshops in a TOT cascade to be taken forward to its respective states and necessary follow up activities.

Interestingly, in retrospect, the program evaluation of 2002 had made a suggestion to mainstream Sexuality Education in the cultural country context with inter Departmental co-ordination, Government participation and involvement of different stakeholders. The process of project implementation and by way of advocacy with different agencies the suggestion was turned into a reality in the year 2008.

### What did we achieve?

If we want to fathom our achievements it is probably nothing significant to everything that we wanted and sometimes beyond our expectations. In terms of measuring the health outcomes, very little impact of advocacy can be seen. Nevertheless, a lot has been worked towards it in a short span of five years from National policy positioning in NACP to RCH II and in youth policies. State level advocacy initiatives have started reflecting in the form of promising outputs. However one must admit, systems and service providers need constant advocacy inputs for sustaining and making the results of their efforts visible.

Sexuality, Gender and Rights continue to be a challenge at state and district level. Lot needs to be done to translate National Policy in reaching the youth in an interior district of the country. Nevertheless, 136 partners spread across 99 districts in India is a bunch of committed institutions ready to take the credges of YRSHR forward with a bare minimum support.

### Experiential Learning on Advocacy

Though MAMTA has been recognised as a Technical Institution with good evidence base, to undertake advocacy, however, it is important to create a niche to be an advocacy centric institution for larger policy and programmatic impact. It has been duly realised that advocacy capacity building of key functionaries in the system and service providers is important rather than confining ourselves within the institution and among the network partner NGO's. An advocate is always an advocate. Thus it is an on-going process and one must always look for an opportunity.

There is no advocacy without self - belief and motivation. It is a passion and is visible in the advocate's effort and conviction. It helps in changing mindsets of people and their belief through their trust in you. Therefore it comes with responsibility and integrity towards the cause.

Using appropriate language, right evidence, at times just voices and understanding the power and role of the stakeholder is most crucial.

### Advocacy: The Unfinished Agenda

A project driven development intervention is often accused of giving myopic view of its *program impact*. But here was a project that not only touched the lives of people in grass root communities but also influenced National program and policy decisions. Gender and rights are best debated in development platforms and academic journals, but intertwining them into programs with participatory tools is what this **program** has taught us, especially when focussing on advocacy efforts.

There is a strong belief in the network and MAMTA that as an institution, we need to shift our focus to states and hence get a step closer to action. This is where our next focus needs to be channelised and if resources permit, take the initiatives down to key districts in the country.

## Acronyms and Abbreviations

IEC	Information, Education and Communication
INR	Indian rupees
IPPF	International Planned Parenthood Federation
NGO	Non-government organization
PI	Phased Intervention (component of the project)
R&D	Research & Development
RFSU	Swedish Association for Sexuality Education
SFA	State Facilitating agency
STI	Sexually transmitted infections
ToT	Training (or Trainer) of trainers
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NRHM	National Rural Health Mission
RCH	Reproductive and Child Health
WCD	Women and Child Development
NCW	National Commission of Women
ARSH	Adolescent Reproductive and Sexual Health
WHO	World Health Organisation
YFHS	Youth Friendly Health Services
BCC	Behaviour Change Communication
MOHFW	Ministry and Health and Family Welfare
MOYAS	Ministry of Youth Affairs and Sports
NHRC	National Human Rights Commission
PI	Phased Intervention
PRIs	Panchayati Raj Institutions
R&D	Research and Documentation
RFSU	Swedish Association for Sexual Education
RTIs	Reproductive Tract Infections
SFA	State Facilitating Agency
Sida	Swedish International Development Agency
SRIJAN	Sexual Reproductive Rights Initiative for Joint Action
STIs	Sexually Transmitted Infections
YIC	Youth Information Centre
YSRHR	Young People's Sexual Reproductive Health and Rights





MAMTA Health Institute for Mother and Child is a non-profit, non-government organisation aiming to improve Sexual and Reproductive Health of current and future generations through Rights-based approach. Through its various interventions the organisation constantly strives to bring about an equitable and sustainable change in the lives of young people in India and in South Asia. In addition to Sexual and Reproductive Health and Rights, MAMTA has a significant focus on Maternal and Child Health, and HIV Prevention, Care & Support programmes. Working in the context of poverty and addressing gender and Rights issues is a common mandate within all areas of work.

Established in 1991, MAMTA presently has interventions located in three countries (India, Nepal and Bangladesh) and 12 states in India. Its headquarters are located in New Delhi, with state offices in Lucknow, Chandigarh and Jaipur. MAMTA's interventions are made possible through partnerships with more than 150 organisations across India and South Asia.



RFSU (the Swedish Association for Sexuality Education) was founded in 1933. Today it is the leading organisation in Sweden in the field of Sexual and Reproductive Health and Rights (SRHR). RFSU sees openness on sexuality as the point of entry of health promotion and prevention. Rights to sexual and health services, and sexuality education are key tools in the struggle for a healthier and more equitable society.

RFSU's five international programmes on Sex Education and the right to information about sexuality, STI and HIV/AIDS, Right to sexual and reproductive health care, Health and rights of lesbians, gays, bisexuals and transsexuals, Women's right to safe abortion and reduced maternal mortality, Right to freedom from sexual violence and violence based on gender covers Tanzania, Zambia, Uganda, Kenya, China, Mongolia, Vietnam, Bangladesh, Russia, Estonia, Latvia and Lithuania.

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