



WOMEN'S
GLOBAL NETWORK
FOR REPRODUCTIVE RIGHTS

W G N R R
AFRICA

POLICY IMPACT ASSESSMENT TOOLKIT

A strategic Tool & Resource Guide for NGOs to Assess the
Effects of Policies on Adolescents' Health

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Table of Contents

Table of Content	1	Part II Preparation of your analysis.....	23
Acknowledgment.....	2	How to use the HeRWAI tool in a flexible way	24
About WGNRR Africa	2	Making a work plan for your analysis process	24
List of Abbreviation.....	3	HeRWAI: the Analysis is 6 steps	25
Introduction to the toolkit.....	4	Step 1.....	27
Background.....	4	Step 2.....	28
Purpose of the toolkit	4	Step 3.....	30
Structure of the toolkit.....	4	Step 4.....	31
Chap 1. Understanding Young people's Health & Wellbeing	6	Step 5.....	34
Introduction	6	Step 6.....	37
Young people & SRHR in Africa	6	Case studies.....	39
What health issues affect adolescents in sub-Saharan Africa	6	Chap 5. Developing an Effective Advocacy Action plan.....	41
Why investing in adolescents health is important	7	Introduction	41
Barriers preventing adolescents from achieving health and wellbeing	8	What do you want to achieve for adolescents health and well-being	41
Chap 2. Human Rights and Rights based Approach.....	9	Who has the potential to accomplish your goal and objectives	42
Introduction	9	What activities will help you accomplish your objectives	42
What are human rights.....	9	Which advocacy options are available to lobby the government & where	43
Why a rights based approach	9	How will you know your efforts are successful.....	43
Key International and regional human rights instruments relating to adolescents health & wellbeing	10	Are you ready to get Started.....	44
Chap 3. Understanding national policies, strategies and plans	12	Annexes	45
Introduction	12	Workplan for HeRWAI Analysis process.....	45
What are policies, strategies & plans	12	Template of Advocacy Action plan	46-47
What does the policy planning process entails	13		
What makes for an effective adolescent health and wellbeing.....	13		
Why are some adolescents health policies ineffective.....	14		
Why is a public policy important	14		
Chap 4. Impact Assessment of national policies, strategies and plans.....	15		
Introduction	15		
About HeRWAI	15		
What is HeRWAI & how does it work	15		
Who can use HeRWAI	15		
Which policies can be analysed using HeRWAI	16		
Focus on government's responsibility	16		
How much time does a HeRWAI analysis take	16		
Understanding key concepts and definitions	16		
Get Ready for your HeRWAI Analysis.....	19		
Part I About Quick scan.....	22		

This toolkit was developed in response to the capacity needs expressed by the WGNRR Africa's constituency working to advance sexual and reproductive health and rights (SRHR) of adolescents and young people. Women-led and youth-led/focused CSOs members, partners and allies of WGNRR Africa often have reported limited capacity to analyse the effects of policies on adolescents' and youth' health and formulate right based arguments to hold their government accountable for their commitments to human rights. To respond to this specific need, WGNRR Africa has developed this toolkit.

All information used in this toolkit is based on existing resources which are referred to in the text. It also integrates the updated version of the Health Right of Women Assessment Instrument (HeRWAI), a flexible tool previously integrated in the WGNRR MDG toolkit developed through a partnership between "Aim for Human Rights"¹ and WGNRR Global.

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Women's Global Network for Reproductive Rights Africa (WGNRR AFRICA) is a feminist grassroots-led regional network working to ensure that sexual and Reproductive Health and Rights (SRHR) are respected and fulfilled as universal and indivisible human rights for all people.

We seek to ensure women and girls in all their diversities have access to universal sexual and reproductive health care services; have the social, political and economic power and resources to decide freely on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence; and there is no obstruction nor stigmatization to formal and informal education programmes which offer comprehensive sexuality education.

In achieving the above, we champion right-based approach on sexual and reproductive health (SRH); we connect, strengthen capacity, support and coordinate grassroots CSOs/networks to implement strategies to advance SRH and rights by influencing policy change, practices and attitudes for SRHR of marginalized communities such adolescents, youth, people with disabilities; and we amplify the voice of grassroots organizations in policy advocacy processes.

Youth Leadership in SRHR being one of its programmatic areas, WGNRR Africa works with members, partners and allies to - Increase the recognition of young peoples' SRHR as human rights; - Increase the capacity and ability of young people to influence the availability, accessibility and quality of youth-focused/youth-centered SRH information and services; and - Increase actions to support youth-led campaigning and advocacy on SRHR issues.

¹ Aim for human rights was a Dutch NGO that worked to contribute to effective implementation of human rights through development of instruments to measure the effectiveness and impact of human rights policy and capacity building efforts in human rights organisations all over the world. It closed in 2012 due to funding constraints.

List of Abbreviations & Acronyms

- AAAQ:** Availability, Accessibility, Acceptability & Quality
- CEDAW:** Convention on the Elimination of All forms of Discrimination Against Women
- CSE:** Comprehensive Sexuality Education
- CSOs:** Civil Society Organizations
- CRC:** Convention on the Right of the Child
- HeRWAI:** Health Right of Women Assessment Instrument
- HIV/AIDS:** Human Immunodeficiency Virus/Acquired Human Immunodeficiency Syndrome
- ICCPR:** International Covenant on Civil and Political Rights
- ICESCR:** International Covenant on Economic, Social and Cultural Rights;
- ICPD:** International Conference on Population and Development
- LGBTQIA:** Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
- LMICs:** Low and Middle Income Countries
- M&E:** Monitoring and Evaluation
- MDGs:** Millennium Development Goals
- NGOs:** Non-Governmental Organizations
- SDGs:** Sustainable Development Goals
- SRH:** Sexual and Reproductive Health
- SRHR:** Sexual and Reproductive Health and Rights
- UN:** United Nations
- UNAIDS:** United Nations Programme on HIV/AIDS
- WGNRR:** Women's Global Network for Reproductive Rights
- WHO:** World Health Organization

INTRODUCTION TO THE TOOLKIT

BACKGROUND

Globally, Sexual and Reproductive health Rights (SRHR) are related to positive population trends that provide economic and social opportunities for all to escape the cycle of poverty. SRHR are often held to include the right to control one's reproductive functions, the right to access quality reproductive healthcare including access to safe abortion, and the right to education that will empower adolescents and youths make sexual and reproductive choices free from discrimination, coercion, and violence. Based on the principle of freedom, adolescent girls and young women have the right to freely make decisions and choices regarding contraception as well as the right to be fully protected from any kind of coercion and violence in making these choices. So, SRHR are essential in order to achieve the highest attainable standards of physical and mental health for everyone, including adolescent girls and young women.

Despite the realization of the importance of SRHR, most developing countries in Sub-Saharan Africa report poor sexual and reproductive health and, adolescents and youth unmet needs of basic sexual and reproductive health services are common. Despite at times having greater needs for sexual and reproductive health (SRH) services, adolescent girls and young women often face challenges when trying to access them. Their capacity and autonomy to make decisions about their health and wellbeing is often ignored and suppressed.

As long as these disparities exist, not everyone, and particularly girls and young women, will exercise and enjoy the SRHR they are entitled to. Governments have made commitments on SRHR through human rights treaties (or [covenants](#) or [conventions](#)), yet these go unfulfilled. Most duty bearers (policy/decision makers, healthcare providers) and gatekeepers rarely have the capacity, will or resources to meet girls and young women's SRHR needs and entitlements.

In essence, Civil Society Organizations (CSOs) have a crucial role to play in holding governments accountable to take their responsibility fulfilling SRHR and in achieving justice for all. Over years, CSOs have traditionally played a 'watchdog role' by actively voicing the views of communities they represent when engaging with responsible national and regional officials in various human rights and SRHR forums. They have the potential to support officials in national and regional agencies to identify and critically examine key issues and problems in the health sector affecting adolescents and youth on the ground. CSOs are also in a good position to explore opportunities for collaborative actions with national and regional government officials. However, in order for CSOs representatives to effectively engage and influence national and regional SRHR policy dialogue, they need to be proficient in policy analysis and SMART advocacy.

In recent years, grassroots CSOs working on policy advocacy around youth SRHR have grown in number and prominence in sub-Saharan Africa where adolescents'

SRHR (ASRHR) demand greater priority and accountability.

However, these CSOs, especially women and youth-led/serving organisations/networks, often have limited capacity to analyse policies related ASRHR and monitor their implementation and formulate right based arguments to hold their government accountable. Most of them go straight into advocacy without evidence-based arguments resulting into many recommendations which sometimes are not realistic, pragmatic and right-based. It's in the context of these discussions and consultations with its audience that WGNRR Africa brought together the ideas of developing this toolkit.

PURPOSE OF THE TOOLKIT

This toolkit is designed to strengthen the capacity of grassroots networks of youth-led, youth-serving and women-led organizations concerned with adolescents' health and well-being to analyse the impact of national policies, programs and plan on Adolescents SRHR (ASRHR) and to design a SMART advocacy action roadmap to bring about positive policy-specific changes to improve the health and well-being of adolescents and youth.

Specifically, using this toolkit will help grassroots CSOs to effectively carry out analysis of local or national policies impacting on adolescents' and youth's health; comparing how well the policies meet Human Rights and other internationally/regionally agreed treaties such as SDGs, Beijing Platform of Action, ICESR, ICCPR, CRC, CEDAW, ICPD and the Maputo protocol; develop evidence and right-based recommendations to hold duty bearers accountable; and develop advocacy strategies and action plan to influence policy change.

STRUCTURE OF THE TOOLKIT

This toolkit provides a structured approach to assessing the implementation of Health related/impacted policies and developing rights based arguments for policy improvement and effective implementation. The rights-based approach and focus on adolescent girls and young women's health rights means this tool is closely aligned with WGNRR's feminist and rights-based approach to development.

Although intended for use by CSOs working on adolescent girls and young women's health issues, this toolkit can also be used to support policy analysis on a variety of topics particularly those emerging issues that have significant "intersectionalities" with health.

The tool is essentially divided into five chapters:

- Chapter 1 prepares you for action to improve adolescents' health and well-being. It focuses on understanding the key concepts of adolescent health, well-being, and rights;
- Chapter 2 takes you through Human rights and rights based approach concepts

- Chapter 3 provides an overview of the Policy, strategies and plans concepts.
- Chapter 4 introduces you to a step by step tool – Health Right of Women Assessment Instrument (HeRWAI) - that assists CSOs working for adolescents and youth issues in identifying the gaps between the local realities that adolescent girls and young women face on a daily basis and the national policies and human rights treaties. This chapter details a six step process to analyse the effects of a policy on girls and young women’s rights. On completion of the six steps a strong rights based argument for policy change will be developed along with an action plan to call local and national governments and other duty bearers to account for failures to implement their obligations under human rights treaties they are part to.
- Chapter 5 explains how you can develop an effective advocacy action roadmap, review, re-strategize and monitor your advocacy actions in order to achieve better results for the fulfilment of girls and young women’s health right.

Introduction

This chapter adapted from "Advocating for change for adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being WHO/FWC/NMC/17.2 (WHO 2018)" provides an overview of adolescents' well-being. By the end of this chapter, you will have - greater understanding of adolescents' health issues globally and regionally, and of their rights; - better appreciation of the barriers that prevent adolescents from achieving health and well-being; and - more awareness of how important youth advocacy and accountability are for realizing adolescent's health and well-being.

YOUNG PEOPLE AND SRHR IN AFRICA

Young people can be defined as people between the ages of 15-24. In some contexts, young people are defined as those under the age of 35. For the purposes of this toolkit young people, refers to people between the ages of 15-35.

Africa is the only region in the world where the youth population is increasing. According to United Nations' statistics from 2015 Africa has the largest concentration of young people in the world: 226 million people aged 15-24, representing nearly 20% of Africa's population, making up one fifth of the world's youth population. If one includes all people aged below 35, this number increases to three quarters of Africa's population.²

For many adolescents and young people, this period of their lives is a time of enormous vibrancy, potential, discovery, aspiration, innovation and hope, but it can also be a challenging time for young people. While the development of sexual identity and sexual debut during this period can be associated with the risk of unplanned pregnancies, HIV and other sexually transmitted infections³, young people's capacity and autonomy to make decisions about their health and wellbeing is often ignored and suppressed. While significant progress has been made by many countries, progress has been uneven and inequalities still persist.

In many societies, young people are often perceived as asexual beings and youth sexual expression is stigmatized due to conservative values that contradict scientific facts.⁴

Sexuality education and access to sexual health and rights, remain a taboo in many countries across the continent and so while some progress is being made with respect to education on adolescent sexual and reproductive health, comprehensive sexuality education (CSE) is rarely taught in schools in low income countries. Adolescents are a marginalised group more vulnerable and likely to be neglected by SRH services.

WHAT HEALTH ISSUES AFFECT ADOLESCENTS IN SUB-SAHARAN AFRICA

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

Adolescent sexual and reproductive health (ASRH) continues to be a major public health challenge in sub-Saharan Africa, especially for adolescent girls where child marriage, adolescent childbearing, HIV transmission and low coverage of modern contraceptives are persisting and need much greater attention in many countries⁵. The most significant health issues affecting the health and life of adolescents and young people in Africa are summarized below:

Early pregnancy and child birth

Adolescent childbearing remains a major public health concern, mostly in low- and middle-income countries due to high levels of unwanted fertility (including shortly-spaced births) among young women.

Almost one-fifth of adolescent girls in Africa gets pregnant. In 2018, the estimated adolescent birth rate in sub-Saharan Africa was 115 births, the highest regional rate in the world⁶. Consequences of teenage pregnancy are numerous encompassing obstetric, health, economic and social problems.

² UNFPA East and Southern Africa, News, 'Meaningful youth participation, partnership key to youth sexual and reproductive health', 12 February 2018, <https://esaro.unfpa.org/en/news/meaningfulyouth-participation-partnership-key-youth-sexual-and-reproductive-health>

³ Marie Stopes International & USAID, Delivering sexual and reproductive health services to young people: Key lessons from Marie Stopes International's programmes, 2013, p. 4, <https://mariestopes.org/media/2117/delivering-sexual-and-reproductive-health-services-to-young-people.pdf>

⁴ Guttmacher Institute, 'Know the Numbers, Use the Data', Infographic, June 2015, <https://www.guttmacher.org/infographic/2015/know-numbers-use-data>

⁵ Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind? <https://gh.bmj.com/content/5/1/e002231>

⁶ Adolescent birth rate by country (number of annual births per 1,000 adolescents aged 15-19), <https://data.unicef.org/topic/child-health/adolescent-health/>

Child marriage

In sub-Saharan Africa, a staggering 40 percent of girls marry before age 18, and African countries account for 15 of the 20 countries with the highest rates of child marriage.⁷

Girls who marry young are often denied a range of human rights: many must discontinue their education, face serious health risks from early and multiple pregnancies, and suffer sexual and domestic violence.

Female Genital Mutilation

FGM is practiced in about 28 countries in Africa, with most of these countries concentrated in the sub-Saharan African region⁸. FGM has thrived in sub-Saharan Africa (SSA) owing to strong socio-cultural drivers, which facilitate clandestine perpetration of the act and underreporting. FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

HIV

In sub-Saharan Africa, 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 (including obtaining and using condoms during sex, and clean needles and syringes for those who inject drugs). Four in five new HIV infections among 10–19-year-olds are among girls, while around 44 adolescent girls (10–19 years) died of AIDS-related illnesses every day in 2018 (UNAIDS 2019 estimates).

Unmet need and access to contraceptives

Adolescents' access to contraception is a particularly pertinent SRH issue in SSA. Research from many countries repeatedly confirms that adolescents in this region have a substantial unmet need for contraception. Existing data indicate that Sub-Saharan Africa has the greatest need to scale up access to contraception⁵ and

Unsafe abortion

Africa, 99% of abortions are unsafe resulting in one maternal death per 150 cases. Developing countries register 98% of unsafe abortion annually, 41% of which occur among women aged between 15 and 25 years. Additionally, 70% of hospitalizations due to unsafe abortion are among girls below 20 years of age⁹. Adolescents are more likely to use clandestine methods of abortion whose consequences are devastating, lifelong, or even fatal.

Interconnected issues

Often, these issues do not affect adolescents in isolation. For example, female adolescents who face gender-based violence may also be susceptible to early pregnancy and childbirth as well as infectious disease. Additionally, issues related to adolescent health can have linkages to education, poverty and other factors.

Vulnerable groups

Adolescents who are part of vulnerable populations face additional challenges. Vulnerable groups include people living in humanitarian and fragile settings, people with disabilities, those identifying as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex or asexual) and indigenous populations. When analyzing issues that affect adolescents globally, it is important to consider how these vulnerable populations are more acutely affected.

WHY INVESTING IN ADOLESCENTS' HEALTH IS IMPORTANT

Young people including adolescents and youths is 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.¹⁰ Yet, despite compelling evidence of these benefits, adolescent health and well-being remains neglected in most countries, and, as a result, adolescence remains a life period when many face great risks.

A critical, overarching reason to invest in the health of adolescents is that adolescents, like all people, have fundamental rights to life, development, the highest achievable standards of health and access to health services. These are supported by global human rights instruments, to which almost all countries are signatories.

Investment brings a triple dividend

More specifically, it is becoming increasingly clear that promoting and protecting adolescent health will lead to great public health, economic and demographic benefits. Investments in adolescent health bring a triple dividend of health benefits:

⁷ UNICEF, Ending Child Marriage: Progress and Prospects, 2014, http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/Child-Marriage-Brochure-HR_164.pdf

⁸ United Nations Children's Fund [UNICEF]. Female genital mutilation/cutting: a statistical overview and exploration of the dynamics of change. 2013. https://www.unicef.org/media/files/FGCM_Lo_res.pdf.

⁹ Abortion among adolescents in Africa: A review of practices, consequences, and control strategies; The international Journal of Health Planning and Management, 2019. <https://doi.org/10.1002/hpm.2842>

¹⁰ Sheehan, P., et al. (2017). Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. The Lancet. Retrieved from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30872-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30872-3.pdf)

For adolescents now – promotion of positive behaviours (e.g. good sleep habits and constructive forms of risk-taking, such as sport or drama) and prevention, early detection and treatment of problems (e.g. substance use disorders, mental disorders, injuries and sexually transmitted infections) can immediately benefit adolescents.

For adolescents' future lives – support for establishing healthy behaviours in adolescence (e.g. diet, physical activity and, if sexually active, condom use) and reduction of harmful exposures, conditions and behaviours (e.g. air pollution, obesity and alcohol and tobacco use) will help set a pattern of healthy lifestyles and reduce morbidity, disability and premature mortality later in adulthood.

For the next generation – promotion of emotional well-being and healthy practices in adolescence (e.g. managing and resolving conflicts, appropriate vaccinations and good nutrition) and prevention of risk factors and burdens (e.g. lead or mercury exposure, interpersonal violence, female genital mutilation, substance use, early pregnancy and pregnancies in close succession) can help protect the health of future offspring.

Investment brings wider societal gains

In addition, improved adolescent health brings economic and larger societal benefits. This occurs through greater productivity, reduced health costs and enhanced social capital. In low- and middle-income countries (LMICs), investment in adolescent health is likely to result in declines in mortality and fertility rates, which can contribute to accelerated economic growth.

With fewer births each year, a country's young dependent population grows smaller in relation to the working-age population (aged 15–64 years), creating a window of opportunity for rapid economic growth.

Investment in adolescent health is also essential to achieve the 17 SDGs and their 169 targets, each of which relates to adolescent development, health or well-being directly or indirectly.

Some SDGs, such as those addressing health and food security, broadly encompass the health and well-being of adolescents within their targets for broader populations.

Finally, investing in adolescent health is vitally important because it is a unique phase of human development and also because of the particular disease and injury burdens that are borne by adolescent populations.

BARRIERS PREVENTING 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.¹¹

Even in countries where a national legal framework exists, cultural norms, customs and religious laws often undermine or even violate adolescents' right to health. 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.

Before identifying a policy to analyse using the HeRWAI tool, you will identify the major barriers facing adolescents in your community and country that prevent them from exercising their human rights to health and well-being.

¹¹ Patton, G. C., et al. (2016). Our future: a Lancet commission on adolescent health and well-being. The Lancet, 387: 242378. Retrieved from <http://www.thelancet.com/commissions/adolescent-health-and-wellbeing>

Chap 2: HUMAN RIGHTS & RIGHT-BASED APPROACH

Introduction

This chapter adapted from the WGNRR MDG Advocacy toolkit explains the basic notions of human rights and what a human-rights based approach entails. It explains why it is useful to apply a human-rights approach when analysing and promoting girls and young women's health rights.¹²

WHAT ARE HUMAN RIGHTS?

Human rights are the rights possessed by all persons, by virtue of their common humanity, to live a life of freedom and dignity. The first and most influential document reflecting human rights is the **Universal Declaration of Human Rights** of 1948. It is the predecessor of the major human rights treaties. The declaration recognizes the *inherent dignity and equality of all human beings*, a notion that lies at the heart of all human rights. It is the predecessor of many major human rights treaties (or **covenants** or **conventions**) which cover a wide range of issues. Some other features of human rights are listed below:

- Human rights are **fundamental**, because individuals need them to survive, to develop and to contribute to society. They are the primary means for every person to develop their full potential.
- Human rights are **inherent**. This means that they are not granted by governments or by international law. Every individual has human rights and is entitled to all of his or her human rights by virtue of being human.
- Human rights are **inalienable**. They cannot be taken away from a person or fully denied to a person by the State, whatever the condition or circumstances may be.
- Human rights are **universal**. This means that every human being is entitled to human rights, regardless of gender, race, age, ethnicity, citizenship, religion, disability and other status.
- Human rights are **indivisible**; they are closely connected. The realization of the right to health, for example, is closely connected to the realization of other human rights, such as the right to education, food and an adequate standard of living.

Article 1 of the Universal Declaration of Human Rights states: *All human beings are born free and equal in dignity and rights.*

WHY A HUMAN-RIGHTS BASED APPROACH?

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

Human rights treaties are the foundation of a human-rights based approach. States have the obligation to **respect, protect and fulfil** the human rights laid down in the treaties they have signed and ratified. When applying this to girls and young women's right to health, this means that governments are not allowed to interfere with or to limit the health rights of girls and young women (obligation to respect) and that they should restrain others – companies for example – from interfering with the health rights of girls and young women (obligation to protect). Moreover, the government should do all it can to make sure that girls and young women achieve *the highest attainable standard of health* (obligation to fulfil).

In other words, this is an obligation for governments, not just a mere aspiration.

Keeping this in mind, it can be said that:

- A human-rights based approach is based on the idea that every human being has human rights. States are responsible for the realization of these human rights. This means that citizens can hold the State accountable for its obligations to respect, protect and fulfil human rights.
- The basis of a human-rights based approach is that a human rights violation needs to be addressed, even when the number of people involved is small or not precisely known. Each human rights violation stands on its own and should be taken seriously. A decrease in numbers of a certain type of human rights violation is a positive development, but does not excuse other violations still taking place.
- A human-rights based approach to women's health means monitoring the way women enjoy, exercise and claim their health rights and to what extent those rights are recognized by others.

¹² This chapter is based on input from María Herminia Graterol and "Building Capacity for Change: A Training Manual on the UN Convention on the Elimination of All Forms of Discrimination Against Women", IWRAW-Asia Pacific, 2004.

Rights must be respected, protected and fulfilled.

- **Respect:** this means not infringing any individual's human rights. For example, the right to education is violated if a government (a State) denies pregnant adolescents 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 a State does not provide information and comprehensive sexual and reproductive health-care services that meet adolescents' needs.

WHAT ARE ADOLESCENTS' RIGHTS?

All adolescents have human rights which 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. 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.

Duty-bearers: those defined as having obligations under the Convention on the Rights of the Child concerning the respect, protection and fulfilment of human rights. Government and its agents (social workers, judges, police, health-care workers, teachers etc.) are the primary duty-bearers responsible for realizing the rights of all individuals, including children.

Parents, community members and others, for example those caring for children, are secondary duty-bearers, with specific legal responsibilities for upholding the rights of children under their care.

Rights-holders: active participants in rights realization, including those under age 18. They must be empowered to make claims and hold duty-bearers to account.

In 1948, [The Universal Declaration of Human Rights](#)¹³ was adopted by the United Nations (UN) General Assembly.

This landmark document outlines common standards for human rights for all 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."

As outlined in The Universal Declaration of Human Rights, 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 on when both parties consent freely and fully.

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

Although not all human rights instruments 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 or regional customary laws: if a State does not fulfil its obligations under such an agreement, individuals or groups can challenge that State through advocacy.

Key international and regional conventions, declarations and initiatives relating to adolescent health and well-being.




[Convention on the Elimination of All Forms of Discrimination Against Women](#)¹⁴ (1979) and its [Optional Protocol](#) (1999) | Treaty Body: [Committee on the Elimination of Discrimination against Women](#)¹⁵

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.


¹³ United Nations. (1948). The Universal Declaration of Human Rights. Retrieved from <http://www.un.org/en/universal-declaration-humanrights/>

¹⁴ United Nations Human Rights Office of the High Commissioner. Convention on the Elimination of All Forms of Discrimination Against Women. Retrieved from <http://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

¹⁵ United Nations Human Rights Office of the High Commissioner. Committee on the Elimination of Discrimination against Women. Retrieved from <http://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

 [Convention on the Rights of the Child](#)¹⁶ (1989) and its Optional Protocols (2000) | Treaty Body: [Committee on the Rights of the Child](#)¹⁷


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 \(ICPD\) \(1994\) and ICPD +25 \(2019\)](#)¹⁸


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 and ICPD+5 specified adolescents' rights to reproductive health education, information and care, as well as to participate in programme development and implementation. The 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 Youth](#)¹⁹ (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 Action](#)²⁰ (1995) and Beijing +5 (2000)

The Beijing Declaration and Platform for Action, adopted at the 1995 Fourth World Conference on Women, and Beijing +5 in 2000, 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 Declaration](#)²¹ (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.

 [The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa \(Maputo Protocol - 2003\)](#)²²

Adopted in 2003 by African Union (AU) Member States in order to safeguard and advance women's and girls' rights across Africa, the Maputo protocol remains one of the most progressive legal instruments providing a comprehensive set of human rights for African women and girls. Unlike any other women's human rights instrument, it details wide-ranging and substantive human rights for women covering the entire spectrum of civil and political, economic, social and cultural as well as environmental rights. It would not be incorrect to name it the African Bill of Rights of Women's Human Rights.

 [Global Strategy for Women's, Children's and Adolescents' Health](#)²³ (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, multilaterals, 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 Goals](#)²⁴ (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.

¹⁶ United Nations Human Rights Office of the High Commissioner. Convention on the Rights of the Child. Retrieved from <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹⁷ United Nations Human Rights Office of the High Commissioner. Committee on the Rights of the Child. Retrieved from: <http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>

¹⁸ United Nations Population Fund. (2014). Programme of Action of the International Conference on Population Development 20th Anniversary Edition. Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENG-LISH.pdf

¹⁹ United Nations. (2010). World Programme of Action for Youth. Retrieved from <http://www.un.org/youthenvoy/wp-content/uploads/2014/10/wpay2010.pdf>

²⁰ UN Women. (1995). Beijing Declaration and Platform for Action: Beijing+5 Political Declaration and Outcome. Retrieved from http://www.unwomen.org/-/media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf?vs=800

²¹ United Nations. (2000). Resolution adopted by the General Assembly: United Nations Millennium Declaration. Retrieved from <http://www.un.org/millennium/declaration/ares552e.htm>

²² Africa Union (2003). Retrieved from <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>

²³ Every Woman Every Child. (2015). The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform. Retrieved from <http://www.everywomaneverychild.org/global-strategy>

²⁴ United Nations Development Programme. Sustainable Development Goals. Retrieved from <http://www.undp.org/content/undp/en/home/sustainable-development-goals.html>

Introduction

This chapter intends to help advocates have a – greater recognition of the differences between national policies, strategies and plans and what they aim to achieve; – greater understanding of the policy planning process and – a better appreciation of what a good adolescent health and wellbeing policy may entail. Your understanding of these key concepts associated to their understanding of adolescents health and wellbeing issues in your country, your government's obligations to respect, protect and fulfil adolescents' human rights, and your vital role as an advocate holding your government to account, will shape your knowledge for analysing the impact of national policies on adolescents' health in your countries.

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 differences between policies, strategies and plans.

A policy can include a broad range of laws, approaches, prescriptions, guidelines, regulations and habits, including financing.²⁵

Your 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 made by your government, including how much money is allocated to adolescent health in the national budget.

Too often policies are developed but not effectively implemented. From a human rights perspective, your government is the key authority responsible for decisions or measures that should help realise human rights obligations through the implementation of national policies.

A strategy is a plan of action designed to achieve a long-term or overall aim; it describes how we plan to achieve our goal.²⁶

An operational plan is a detailed plan, with short-term implications, accompanied by a short-term plan and budget.²⁷

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 time-scale), to a five-year plan, to a three-year rolling plan and to a yearly operational plan.

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 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.²⁸

In some countries policy prevents the provision of contraceptives to unmarried adolescents or to those under a certain age: this is an example of a policy that fails to provide the end goal

What is the difference between policy, law and Legislation?

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.

²⁵ Pavignani, E. & Colombo, S. (2009). Analysing Disrupted Health Sectors: A Modular Manual. Module 5: Understanding health policy processes. World Health Organization. Retrieved from http://www.who.int/hac/techguidance/tools/disrupted_sectors/adhsm_en.pdf?ua=1

²⁶ World Health Organization. (2010, June). A Framework for National Health Policies, Strategies and Plans. Retrieved from http://www.who.int/nationalpolicies/FrameworkNHPSP_final_en.pdf

²⁷ World Health Organization. (2010, June). A Framework for National Health Policies, Strategies and Plans. Retrieved from http://www.who.int/nationalpolicies/FrameworkNHPSP_final_en.pdf

²⁸ World Health Organization. (2010, June). A Framework for National Health Policies, Strategies and Plans. Retrieved from http://www.who.int/nationalpolicies/FrameworkNHPSP_final_en.pdf

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 such as (restricting) contraception."²⁹

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 many countries, 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.

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 socioeconomic 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 Monitoring and Evaluation (M&E):³⁰

- **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 an advocate, you will need to understand each element of this policy planning process in your country,

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

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

WHAT MAKES FOR AN EFFECTIVE ADOLESCENT HEALTH AND WELLBEING 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 give them the opportunity to participate in decisions that affect them.

WHO recommends a range of policy measures to address adolescent health issues, including but not limited to:

- 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
- Specifying features of the physical environment to promote and protect health (e.g. road design measures such as footpaths, street lighting, youth friendly SRH services spaces, etc.)
- Providing comprehensive sexuality education and access to sexual and reproductive health information and services with the aim of preventing unintended 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.³¹ 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. 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 Ministry of Education should involve input and collaboration with other ministries, such as health, gender, 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.

²⁹ Patton, G. C., et al. (2016). Our future: a Lancet commission on adolescent health and wellbeing. The Lancet, 387: 2423–78. Retrieved from <http://www.thelancet.com/commissions/adolescent-health-and-wellbeing>

³⁰ World Health Organization. (2010, June). A Framework for National Health Policies, Strategies and Plans. Retrieved from http://www.who.int/nationalpolicies/FrameworkNHPS final_en.pdf

³¹ Catalano, R. F., et al. (2012). Worldwide application of prevention science in adolescent health. The Lancet, 379:1654–64.

WHY ARE SOME ADOLESCENT HEALTH 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.

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. Clear monitoring and accountability processes should be established within and across all sectors, under a common framework. All ministries that affect adolescent health and well-being, particularly those relevant for prevention, should ensure that multi-sectoral plans and monitoring, review and remedy systems are effectively in place.
- *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).
- *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 needs.

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

Implementing effective local planning and programming

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 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 from contributions of either human or financial resources by CSOs, NGOs, and by not-for profit and for-profit private sector bodies.

WHY IS PUBLIC POLICY IMPORTANT

From the previous discussion, it is evident that public policy gives direction and provides order to the implementing agencies about what the government does, for whom and what it stands for. These are some of the reasons behind the essence of policy. At the bottom-line, any public policy should affect everyone, protect what is in the best interest of the public or citizens of the society. That said, it is a reality that public policy may affect some individuals positively and others negatively depending on their situations. For example, the process of diverting financial and human resources initially intended to sexual and reproductive health goods, commodities and services illustrates a public policy process that have gendered impacts that disproportionately affect adolescents, young women, and disabled people.

The contribution of NGOs working for adolescents and youth to policy making or improvement at the local, national and regional levels with respect to the health sector is therefore deemed imperative. In essence, NGOs bring to the discussion table the realities facing the these groups that are sometimes overlooked by officials working in local, national and regional governments. This is in addition to their own set of technical and professional expertise and institutional knowledge that can add value and strengthen a specific policy under implementation.

ASSESSING THE IMPACT OF NATIONAL POLICIES, STRATEGIES AND PLANS

Introduction

This chapter introduces the Health Right of Women Assessment Instrument; a strategic tool and resource guide to enhance advocacy and lobbying activities for better implementation of girls and young women's health rights developed by "Aim for Human Rights". It describes key concepts to understand before taking you through the 6 steps of a policy analysis using the HeRWAI tool.

ABOUT HeRWAI

How HeRWAI helps realize the health rights of young women and girls

Adolescent girls and young women in all societies face challenges regarding the realization of their right to health. This is closely related to their social and economic status in society. For example:

- A young woman who has no job cannot easily access a hospital, because she cannot afford the user fees.
- Adolescent girls in many countries are denied access contraceptive services if they have no parents' consent. They are constrained to practice the most failed "abstinence only" approach
- Discrimination of adolescent girls in the family and in school undervalues taking care of their health. They get unintended pregnancies, STIs and HIV because of lack of knowledge and means to protect themselves.
- An adolescent girl who never had comprehensive sexuality education from her family nor school. She does not recognize that she runs the risk of unwanted pregnancy and STI/HIV contamination
- An adolescent girl is being forced to marry a man who raped her, as she perceived as born for being married.
- Adolescent girls who get pregnant when they are at school are being denied to go back to school while their counterpart adolescent boys continue with schools.

These are but a few examples of many. However, all these girls and young women do not see or know the connection between what is happening to them in their daily life, and what should be happening according to the human rights obligations signed by their governments. This gap is explored by HeRWAI tool. It shows how a government can actually live up to its obligations by realising policies that ensure adolescent girls and young women get their rights realised.

WHAT IS HERWAI AND HOW DOES IT WORK

The Health Rights of Women Assessment Instrument (HeRWAI) is a strategic tool and resource guide to enhance lobbying activities for better implementation of adolescent girls and young women's health rights by asking the right questions. A HeRWAI analysis links what actually happens with what should happen according to the human rights obligations of a country. It examines local, national and international influences. The HeRWAI analysis consists of six steps, which analyse a policy that is linked to adolescent girls and young women's health problem in their daily lives. Each step consists of information and questions to guide the analysis. Explanations, examples and checklists facilitate the answering of the questions. The analysis produces a set of recommendations to improve the impact of the policy, as well as an action plan to lobby for adoption of the recommendations based on the findings of the analysis. In this tool we focus on adolescent girls and young women in their diversities.

The HeRWAI analysis takes a human-rights based approach. The text is based on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol - 2003), which outlines the human rights of women, and the International Covenant on Economic, Social and Cultural Rights (ICESCR), which provides comprehensive information about health rights.

A human-rights-based approach has a lot to offer concerning advocacy for policy reforms. Human rights are universal; they do not belong to any particular region or political group. Most governments have binding human rights commitments, created by ratifying human rights treaties. You can hold your government accountable and request that they do all they can to realise adolescents and young women's rights. A human-rights approach is not dependent on statistics; any infringement of human rights is a violation, irrespective of the number of people affected. HeRWAI focuses on adolescents and young women's health rights, but a similar approach can be useful for other human rights as well.

WHO CAN USE HERWAI AND FOR WHAT PURPOSE?

HeRWAI is designed for NGOs, in particular women's organisations, health organisations, including health professionals, and human rights organisations. In this document these organisations will be jointly referred to as young women's organisations and NGOs.

In addition, academia and expert institutions can make use of the instrument.

The main purpose of performing the HeRWAI analysis is to produce arguments which can be used to lobby for policies that improve the implementation of adolescents and young women's health rights. Using HeRWAI to analyse a policy should help to:

- make a direct link between the problem, the policy, and relevant human rights issues;
- gain a better understanding of what is happening in the current situation of adolescent girls and young women's lives;
- make an assessment of the human rights impact of the policy, both now and in the future;
- form a conclusion about what the government should do and what your organisation will do to press the government into action.

However, HeRWAI can also be used as a resource guide for gaining knowledge on adolescent and young women's health rights; help facilitate implementing a rights based approach within the work of an organisation; and can help organisations to ask the right questions for their lobbying strategy or evaluating their own strategy.

The outcomes of a HeRWAI analysis can be used at all levels: local, national and international. At the international level HeRWAI can help facilitate comparisons between countries on how they each implement the same human rights obligations.

This can be helpful when lobbying international institutions such as the World Bank, United Nations, World Trade Organisation etc or at international political meetings and committees. The results of a HeRWAI analysis also provide information that can be used for **shadow and civil society reports** submitted to the Committees that monitor the implementation of human rights treaties.

WHICH POLICIES CAN BE ANALYSED USING HERWAI?

HeRWAI starts with a context quick scan which leads to the identification of a problem, and asks which policy is related to this problem and has the best potential for change. This is the policy that HeRWAI analyses. The focus of the analysis is on policies (and their funding), as they are the main tool used by governments to realise change, and civil society can hold governments accountable for what they do or fail to do. The analysis can be done on any kind of **policy**, as long as it relates to and can influence the problem an organisation wishes to address. This can be health policies, but can also include policies which do not directly address health issues but do have an impact on health, i.e. environmental, labour or education policies. HeRWAI is particularly relevant in cases where policy-makers may overlook adolescents and young women's health rights. You can use the instrument to analyse an existing policy, as well as to review the expected impact of a policy which is still being developed. If a government does nothing to address a problem, you can use HeRWAI to analyse what the consequences are of the absence of a policy.

FOCUS ON GOVERNMENT RESPONSIBILITY

HeRWAI primarily focuses on **governments**, because national governments have the primary responsibility for the implementation of human rights. The term 'government' in HeRWAI applies to governments of countries worldwide. Usually your focus will be on a specific part of the government: a ministry or department, or the local authorities responsible for the development or implementation of a policy. Government responsibility also means that it should direct or stimulate other actors which are involved in implementing health rights. Examples of such actors are pharmaceutical industries, private clinics and individuals.

HOW MUCH TIME DOES A HERWAI ANALYSIS TAKE?

A HeRWAI analysis is most useful and successful when the issue selected is closely related to the work of an organisation. Although a full HeRWAI analysis may take 2 to 3 months; a HeRWAI short version analysis can take 3 to 6 weeks depending on the capacity available within the organizations and if the participating organizations were taken in a HeRWAI short version workshop.

They analyse one particular topic that has the interest of all organisation. They can use the results of the workshop as a group of organisations to advocate for changes on the policy level.

The HRWAI short version workshop should bring together stakeholders with different knowledge, skills and expertise on the subject. This will help to do an in-depth analysis. The data collection is the most time-consuming part of the process, but becomes easier when integrated into the overall work of the organisation. I.e. doing interviews while providing services, going to the field or to already planned meetings with government officials. Sharing the workload of the analysis in a coalition of organisations working on the same issues is also a way of making the process less intensive. However, sound lobbying arguments need to be based on facts. The depth and detail of information needed varies from situation to situation and not all required information will be readily available. You can limit your time investment by selecting the questions which are most relevant to your situation. Instead of a full HeRWAI analysis, you can also consider doing a **HeRWAI Short version Analysis**.

UNDERSTANDING KEY CONCEPTS & DEFINITIONS

Before going through steps of undertaking a policy analysis using a HeRWAI tool it's important to understand a number of concepts that form the basis of the HeRWAI analysis. The concepts help you understand what human rights principles are laid down in the different human rights treaties in relation to the rights of young women and the right to health.

Why focus on adolescents and young women only

Despite years of advocacy for equal opportunities for women, discrimination against women, especially adolescent girls and young women continues to exist. Persistent discrimination against women was the reason the United Nations and the African Union developed the Women's Convention (CEDAW) and the Maputo protocol respectively. Discrimination against women influences health, and ill health may reinforce discrimination. The United Nations Special Rapporteur on Health states: 'Systematic discrimination based on gender impedes women's access to health and hampers their ability to respond to the consequences of ill health for themselves and their family'. Discrimination adds to the impact of marginalization due to poverty, age, ethnic background, religion, etc. Even though these factors also affect boys and men, girls and young women face additional barriers in accessing their right to health.

What is the right to health?

HeRWAI focuses on women's health, and more specifically, the right of all girls and young women to enjoy the highest attainable standard of health. HeRWAI uses the following broad interpretation of the right to health:

HEALTH

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. It is not confined to health care, but includes socio-economic factors, and extends to the underlying determinants of health, such as resource distribution, gender, food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment³².

The right to health includes the **Availability, Accessibility, Acceptability and Quality (AAQ)** of health care and health determinants. Health is a fundamental right, which influences all aspects of life.

It is therefore closely related to other human rights. Adolescents girls and young women who are ill cannot fully enjoy their right to education or participation, whereas the lack of food and housing, for example, make it difficult to live in good health. It is important, therefore, to look at health in a broad way. Although HeRWAI focuses on health rights, this does not mean that these rights are considered more important than others. Health is an approach; all rights are equally important. Ideally, HeRWAI could serve as a model to measure the impact of policy on other rights, such as education or work.

Women's health is more than reproductive health

Girls and young women suffer from the same diseases that affect boys and men. However, girls and young women's disease patterns often differ because of their genetic constitution, the influence of hormones, and gender-based role patterns. Gender roles make them more vulnerable to certain conditions that affect their health: for example, domestic violence or simply their ability to stand up for their health needs. In that respect, the freedom to control one's body and mind is an important element of girls and young women's right to health. Hence, gender equality plays a key role in the realisation of women's health rights. In addition, adolescent girls and young women have specific health needs related to sexual and reproductive functions. Their reproductive systems can cause health problems, even before they start to function. However, although this forms part of women's health, it is important to note that this reflects only a part of their health rights.

The principle of non-discrimination

The principle of non-discrimination is a cornerstone of human rights principles. Discrimination based on sex and age is one of the prohibited grounds of discrimination^{33, 34}

In HeRWAI, discrimination is an important element of the focus on girls and young women's health rights.

DISCRIMINATION

Discrimination means 'any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.'³⁵

Girls, young women and boys and men should have equal access to health care. However, this does not just mean treating everyone the same. Such an approach ignores biological and social differences between women and men and the disadvantages girls and young women face as a result of existing discrimination.

Therefore, the right to non-discrimination also requires treating significantly different concerns in ways that adequately respect those differences. Women may require different treatment from men due to biological factors (e.g. women's menstrual cycle and menopause), socio-economic factors (e.g. realisation of maternity leave)

³² Adapted from ICESCR general recommendation 14, paragraph 4 and 20

³³ Universal Declaration on Human Rights, article 2; CEDAW article 1 and 2; ICESCR article 2 and 3, general comment 16

³⁴ Art 2 of the Convention on the Right of the Child

³⁵ CEDAW article 1

and psychosocial factors (e.g. depression and eating disorders such as anorexia and bulimia).

States have important obligations with regard to discrimination:

- To eliminate not only their own discriminatory practices, but also those of individuals.
- To address direct as well as indirect discrimination. An example of direct discrimination is a decree that deny adolescent girls who got impregnated to go back to school after giving birth, but does not require the same of boys who impregnated a girl. An example of an indirect discriminatory law is one which requires everyone to pay the same amount for health care, even though the cost is unaffordable for young women without paid work.
- To implement temporary special measures (where necessary) to reverse the effects of past discrimination on particular groups. An example would be a training and recruitment programme especially for female medical staff, to ensure a more equal gender balance at the management level of the health sector.
- To take measures to ensure that women and men can and do participate in society on an equal basis, for example by removing barriers which women face to gain access to their rights.

BARRIERS

Barriers which girls and young women face in gaining access to health facilities include parents' consent requirement, absence of youth friendly services, age-related discrimination and stigma, etc.

Culture and religion can also create barriers to girls and young women's health rights, for example in the case of female genital mutilation, or customs which require girls and young women to not speak in public. CEDAW, ICESCR and Maputo protocol stress the importance of cultural and social rights, but do not allow these to be used to violate women's rights. States which have ratified these treaties have the obligation to protect and fulfil the rights of women, including when these are restricted or denied by discriminatory cultural or social attitudes and practices.

Participation

Another important human rights principle is that of participation.

PARTICIPATION IN THE POLICY PROCESS

Participation is the process through which stakeholders (individuals and organisations) influence and share control over priority-setting, policy-making, resource allocation, and access to public goods and services.³⁶

The participation of the population in all health-related decision-making at the community, national, and international levels is an important aspect in shaping the right to health.

Individuals and groups should be involved in making decisions regarding policies with the aim of achieving better health.³⁷

They should also have an opportunity to make complaints about the negative effects of laws and policies.

There are numerous ways through which individuals and organisations can participate: through consultation in the development and evaluation stages of policies in committees that monitor the implementation of services, etc. Because of traditional gender roles, women tend to participate less than men in political and public life.³⁸ Involving girls and young women in decision-making therefore requires specific attention by the government.

Why use international human rights treaties?

A human rights **treaty** (or **covenant** or **convention**) is a written document binding States under international law. All countries that have agreed to be bound by international human rights treaties through **ratification** or **accession** have a legal obligation to implement these rights and principles at the national level.³⁹

Human rights treaties lay down important principles. CEDAW, for example, states that women and men must have equal rights with regard to health care and – at the same time – that governments examine the specific health needs of women. Committees of independent experts (treaty-monitoring bodies) monitor the implementation of a certain treaty. They study reports on the implementation of the treaty that States have to submit regularly. Youth and Women's organisations and NGOs can provide important input to this process via so-called shadow reports. Some treaties offer the possibility for individuals to submit complaints to a treaty-monitoring body. In the case of CEDAW, this is done through an Optional Protocol, which States must ratify separately. Regional Treaties are connected to regional human rights systems.

There are regional systems in place in Europe, the Americas and Africa. Each of them has their own regional court system as well.

³⁶ World Bank at <http://lnweb18.worldbank.org/ESSD/sdvext.nsf/66ByDocName/ParticipationatProjectProgramPolicyLevel>

³⁷ ICESCR general comment 14, paragraph 54, see also paragraph 11 and 17.

³⁸ 1 CEDAW general recommendation 19, paragraph 11.

³⁹ This is the main difference with consensus documents, such as the outcome documents of world conferences and the UN General Assembly resolutions, which entail a moral, but not legal, duty to implementation.

REGIONAL SYSTEMS

Inter-American Human Rights system:

- [American Convention on Human Rights](#)

African Human Rights system:

- [Africa Charter for Human and People's Rights](#)

European Human Rights System

- [European Treaty on Human Rights](#)

Human rights are generally associated with national obligations and policies. However, it is important to realise that human rights also include international obligations and that many international decisions by States impact on human rights.

For example:

- Being party to a *human rights treaty* not only means that governments must take action within their own borders, but also that they should assist other governments in the full realization of the human rights laid down in the treaty. Development cooperation, both financial and technical, is an important way of providing such assistance.
- As a general rule, governments have to make sure that no *international agreement* they sign or policy they make has a negative impact on human rights. This also includes trade agreements.
- *National action* can also have an effect beyond the borders of a country. Setting standards for air and water pollution are clear examples of such influence.
- Decisions by *influential international institutions*, such as the World Bank, can have an important impact on human rights. It is important to realise that these same institutions are owned by the governments of member nations, and that those governments generally have the ultimate decision-making power within the organisation on all matters.
- States can also consent to *political agreements*. These are not legally, but morally binding and may have an important international status. The Millennium Development Goals are an important example of such agreements. These documents are also called consensus or policy documents.

From the above it is clear that in a globalized world decisions at the local, national and international level influence each other. HeRWAI aims to help its users examine these linkages.

GET READY FOR YOUR HERWAI ANALYSIS

The process of data collection and analysis is divided into 6 steps. However, some preparations are needed prior to start your six-step journey of analyzing a policy.



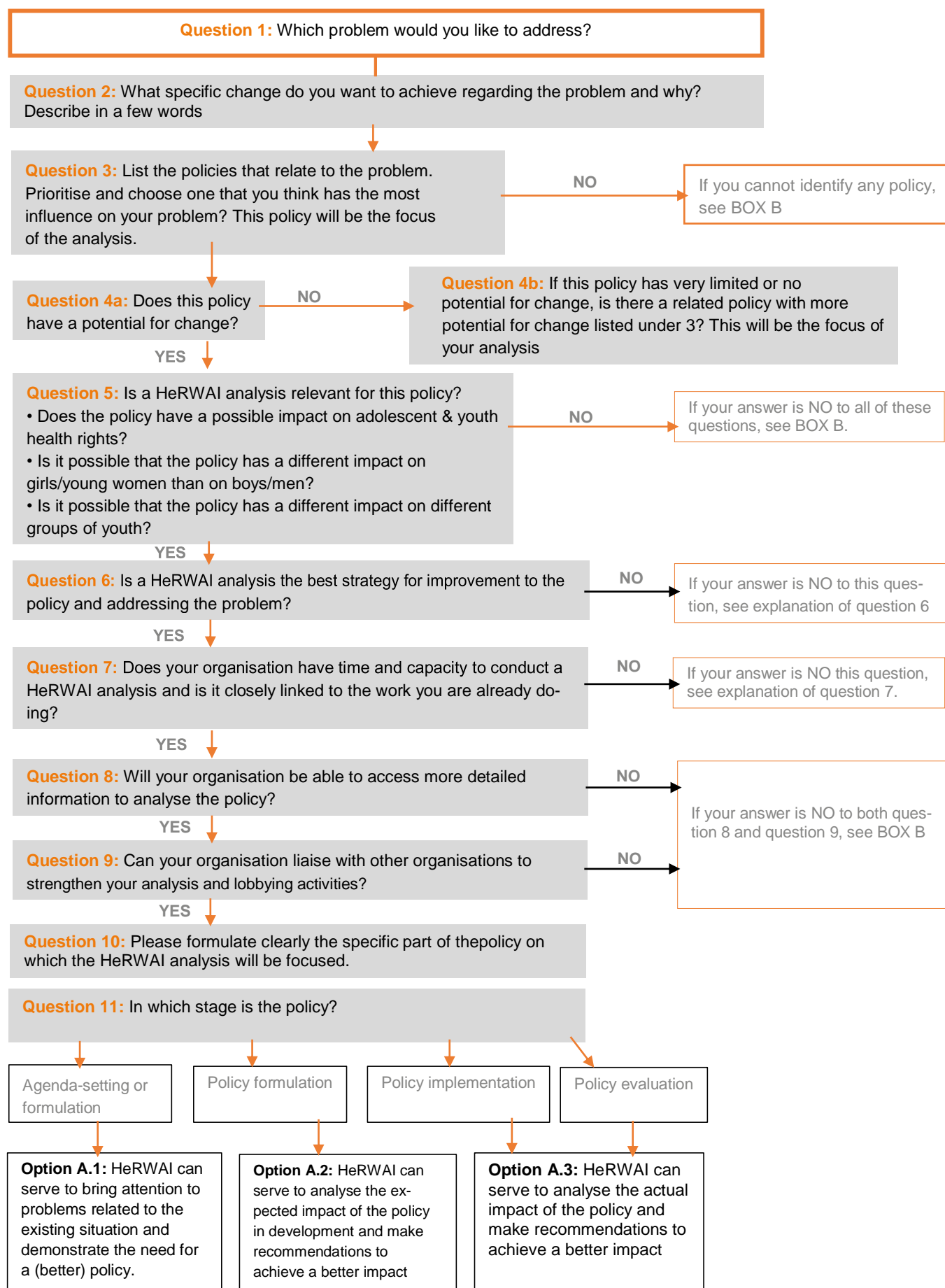
Do a quick Scan

The purpose of the quick scan is fourfold:

- To link a problem to a policy;
- To select a policy;
- To find out if it is relevant to use HeRWAI for assessing this policy; and
- To decide whether HeRWAI is the best way for your organisation to address the problem.

The quick scan provides a format (see next page) to achieve the above purposes. You can discuss the questions on the basis of readily available data and your own experience. Some of the questions of the quick scan will reappear in the analysis, at which point they will require more detailed data.

BOX A:



BOX B:

Even though HeRWAI was not designed for your particular situation, you can still use parts of the instrument to analyse your problem or policy. Below are some suggestions for doing this:

- **If there is no policy to address**

In some situations, there is no policy at all to address the problem. You can use HeRWAI to analyse the impact of the lack of policy. However, this does mean that you will need to interpret/ adapt some of the questions. For example, you will have to read "lack of policy" when the questions state "the policy".

- **If you are concerned about policies of other actors**

The focus of HeRWAI is on government policies. However, you may be confronted with the policy of another actor, such as non-governmental organisations or companies. In this case you can decide via questions 3 and 4a/b which policy the government should use to influence the actions of the other actor. The end product of the HeRWAI analysis will be recommendations to the government to ensure a better impact of its actions on the other actor. Alternatively, you may decide to analyse the policy of the other actor. In this case some of the HeRWAI questions will not apply, as the focus is on the responsibilities of the government.

- **If the policy is not expected to have a different impact on girls/women than for boys/men**

HeRWAI is strongly based on the principle of non-discrimination of women. Therefore, HeRWAI may not be the best instrument to analyse the policy if the policy has an equal impact on girls/women and boys/men. However, it may still serve to analyse a policy which you expect to have a discriminatory impact on another group of people, such as a specific ethnic or religious group, people with disabilities, or people with diseases such as HIV AIDS.

- **If quick action is needed**

In this case it might be useful to do a short version HeRWAI workshop. For more information contact af-rica_officer@wgnrr.org

Flexible use of the instrument

If the outcome of the Quick scan is that you do not think an analysis is the best option to address the issue, please consider that the different steps do contain a lot of information on what Women's Health Rights are and what a human rights based approach is. You can use this information also to develop information packages, workshops or other ways that you find relevant.

Questions 1 & 2: Which problem would you like to address? & What specific change do you want to achieve regarding the problem and why? Describe in a few words

Explanation: You are alarmed by a problem your organisation has signalled coming forth out of the work you do in practice. When thinking about this problem, it is important to consider the following: governments cannot be blamed for each individual health problem. After all, the right to health does not mean that people have the right to be healthy. However, you can hold a government accountable for what it does to prevent or reduce health problems. This is why you need to consider what the specific problem is; and what you like to see as a change. HeRWAI asks you to link it to related government policies. An example of a problem as a starting point can be the high rate of teenage pregnancies in your country, an issue which youth's organisations are concerned about.

Question 3: List the policies that relate to the problem. Prioritise and choose one that you think has the most influence on your problem. This policy will be the focus of the analysis.

Explanation: It is important to note that within HeRWAI a policy is considered to be any decision or measure taken by someone in authority to address a certain problem or issue. Policies can take the form of laws, a national health strategy, a decision to allocate resources, etc. If you are confronted with policies of other, non-governmental actors we refer you to Box B (see previous page).

Policies (and their funding) are the main tool of governments to address problems. Usually a problem is influenced by a combination of policies. As it will not be possible to address all policies at once, you will need to select a policy which will be the focus of your analysis. The relationship between policy and problem may be negative (the policy causes or reinforces the problem), neutral (no effect) or positive (it reduces the problem). Analysing a 'neutral' or 'positive' policy is relevant if you expect that changes to the policy could result in a better impact on the problem. In the above example, various policies influence the problem teenage pregnancy: the training curriculum on comprehensive Sexuality Education; the back to school policy, the youth/adolescent sexual and reproductive health policy, etc.

Question 4a & b: Does this policy have the most potential for change? If this policy has very limited or no potential for change is there a related policy with more potential for change listed under 3? This will be the focus of your analysis.

Explanation: You need to select the policy with the most potential for change, and which is most likely to succeed in addressing the problem. This will be the policy on which to focus the HeRWAI analysis. In some cases the most obvious policy is not the policy that can be changed easily. If a policy has just been approved and is moving towards implementation, there might be very little political will to change it again. In that case it might be wise to choose

another policy, which is related to the topic, but more favourable to change at that moment in time. This really has to be decided based on information of the local context. For example, in Kenya it was decided not to select the Sexual Offences Bill for an analysis on safe abortion services, because the issue was already very sensitive. The government was about to adopt this law. In this case, the analysis might have been counterproductive and arguments for improvement of the text could have resulted in non-adoption of the law.

Question 5: Is a HeRWAI analysis relevant for this policy?

• Does the policy have a possible impact on health rights?

Explanation: The policy you select should have an impact on women's health rights. HeRWAI can help to analyse health policies as well as non-health policies that have an impact on girls and young women's health. For example, a bad toxic waste disposal system can influence the reproductive health of adolescents girls and young women. The policy that needs to be analysed then is most likely a policy that addresses waste disposal or environmental issues.

• Is it possible that the policy has a different impact on girls and young women than on boys?

Explanation: As HeRWAI is designed to examine the impact of policy on girls and young women's health, HeRWAI is most suitable if you expect a different impact on girls and young women than on boys and men.

• Is it possible that the policy has a different impact on different groups of women?

Explanation: If it seems that the impact of the policy is similar on boys and girls, it is still important to consider whether a specific – vulnerable – group of girls and young women is more affected by the policy than others. And, if a different impact on girls and young women is determined it is necessary to take into account whether certain groups of girls and young women are more affected by the policy. The impact may be different on various groups of girls and young women, such as those with different backgrounds or in different stages of an **adolescence or woman's life cycle**. For example, poor and rural girls and young women, girls and young women with disabilities, or with certain ethnic backgrounds may be more affected by the policy than urban, rich girls and young women.

Question 6: Is a HeRWAI analysis the best strategy for improvement to the policy and addressing the problem?

Explanation: A HeRWAI analysis will help you to formulate strong arguments which you can use in advocating and lobbying for improvement of the policy, directed at the government or other actors. You can also use the outcome of the HeRWAI analysis for other purposes, for example, to publish in a report or to integrate into a shadow report for the CEDAW Committee. However, a HeRWAI analysis and the advocacy that follows is one way of addressing a problem, but this is not always the best option. You should look at what you can do directly as an organisation to address a problem, or whether you need to go for a more

structural solution that needs to be provided by the government.

For example, with the issue of domestic violence the government needs to provide a framework to address the issue. However, your organisation might already be able to educate health workers to recognize signals of violence within a community and refer for help. This might be more effective than waiting for the government to take action, as this will take too long for the adolescent girls and young women who need help immediately.

Question 7: Does your organisation have time and capacity to conduct a HeRWAI analysis, and is it closely linked to the work you are already doing?

Explanation: Conducting a HeRWAI analysis is an investment in time, capacity and resources of an organisation. It is important to realise in advance the amount of work that is involved to make sure you will be able to perform the analysis. Performing the HeRWAI analysis is not the aim itself. The analysis should provide rights-based arguments that can help the advocacy and work of your organisation.

Experience of users has shown that undertaking the analysis also becomes easier when it is done in the context of work already planned and closely following the strategy in place. This will provide easier access to relevant information, stakeholders and overall knowledge on the issue.

Question 8 & 9: Will your organisation be able to access more detailed information to analyse the policy? Can your organisation liaise with other organisations for this purpose?

Explanation: Please consider the remarks under question 7. A liaison with another organisation or organisations may help to collect the necessary information, as well as to strengthen your lobbying and advocacy activities later on in the process.

Question 10: Please formulate clearly the specific part of the policy on which the HeRWAI analysis will be focused.

Explanation: It is important to clearly formulate the policy, and on which part of it the analysis will focus. Where possible, you may use the formulation which the government itself uses to describe the policy. If you narrow down your focus, it becomes easier to come up with concrete recommendations to your government at the end of the analysis. For example, the Johannes Wier Society in the Netherlands first wanted to analyse street prostitution in the Netherlands. When they realised that each municipality has its own policy they decided to narrow down the focus of the analysis to two large municipalities.

Question 11: In which stage is the policy?

Explanation: The policy process in governments follows (at least in theory) a number of stages:

- Agenda-setting; the process by which problems come to the attention of the government,
- Policy formulation: the process by which policy options are formulated by the government,
- Decision-making: the process by which the government adopts a certain course of action (or non-action),

- Policy implementation: the process by which the government puts the policy into effect,
- Policy evaluation: the process by which the results of policies are monitored, both by the government and by civil society, and which may lead to a new round of stages.
- In each of these stages a HeRWAI analysis can play a role. However, the possibility for organisations to influence the process varies. In particular during agenda-setting, policy formulation and evaluation, women's organisations and NGOs may have a strong role. In other stages it may be more difficult. It is important to realise that in practice different stages in the policy cycle may overlap or be skipped altogether.



Prepare yourself for your Analysis

Undertaking an analysis becomes easier when organising in advance and bringing all necessary stakeholders on board.

Make sure that you select only the questions that are relevant for your analysis.

Who are the stakeholders for the process?

In the first step of the HeRWAI analysis you will be asked to list the actors involved and those that have an interest in the promotion of the policy. However, before you start, consider stakeholders from a broad perspective and see which of these stakeholders could benefit from involvement in the process.

This in return can help with knowledge and resources in areas where your organisation has less experience or access to information. By performing this (partial) stakeholder analysis in advance you can consult a group of different experts, organisations, and affected groups that can all contribute to the process. You could consider putting together an official assessment team.

Organize participation in the process

Participation is a key principle of Human Rights. This also applies to a human rights based analysis. By involving the most affected people in the analysis process it gains in validity. It also makes sure the analysis reflects the views that are key for the improvement of the implementation of a policy. It increases ownership over the outcome of the process.

Participation is needed throughout the process:

1. It already starts with **the selection of a problem** for the analysis, by bringing together the target group that an organisation works with. This serves to provide them with information on the Right to Health and discuss what they find the most important issue that needs to be addressed.
2. The next steps then are deciding through the Quick scan which policy is related to this problem; **informing the target group** on what policy the analysis

will be focused; how long the process will take; and how participation is organised.

3. During the analysis it is helpful to **consult** the affected groups for information on the actual situation. What is happening in the daily reality of the women and use this to find out which violations are taking place. This can be done through focus group discussions, personal interviews etc.
4. In the final phase of the analysis when developing the recommendations, it is advisable to go back to target group and other relevant stakeholders and **formulate and/or discuss the recommendations together**, based on the conclusions that are most important. What is the message that should be taken to the government?
5. Finally, in order to develop an **inclusive advocacy strategy** it is important to go back to the affected groups. They should have been listened to from the beginning when the policy was first drafted; this process provides an opportunity to have a second chance.

It is important to recognize that an analysis process can also serve as a means to increase knowledge on the Right to health, women's rights, the issue at hand, and the rights-based approach in general.

How does the political and social context influence your analysis process?

Policy processes are part of a political and social context that provide opportunities, but can also make it difficult to put 'sensitive' issues on the agenda. When you have selected your problem and policy, it is important to quickly map out in what kind of political and social climate you are operating. Ask yourself the question: Which political processes and discussions in society and the media are influencing the issue? Are they relevant for the analysis? Do they provide opportunities or form obstacles to work on the issue? Keep in mind that a HeRWAI process is a long term commitment, and the political and social climate will change over time.

This might create new opportunities or obstacles (i.e. shift of power due to elections, social unrest, economic changes etc.). Hence it is important to closely monitor when and where the input of an analysis can be effective.

Where does the analysis fit in the work of the organization?

Experience has shown that performing an analysis is a long term process. It is most effective when it is closely connected to the work of the organisation. It should contribute to the overall strategy and work of the organisation, and be carried out within a set framework and time.

Starting up an analysis process can be part of the strategic planning of the organisation that will ensure that time, staff capacity and resources are allocated to the process. In addition the process can be experienced as a learning process for the whole organisation. Going through a rights-based analysis process will strengthen research, analytic, and advocacy skills among staff.

HOW TO USE THE TOOL IN A FLEXIBLE WAY

Some of the steps or questions may not fit your particular situation; do not be afraid to adapt the process to your own needs. The same goes for the order of the different steps. You may find that a different order is more suitable for your purposes, or that some steps need to be revisited. You may also find that you can skip parts of steps. Feel free to do so! Often, when an organisation has gone through an analysis, they feel confident to use HeRWAI in a more flexible way, by only using those parts that they feel are relevant, and seeing it more as a resource guide to help them think about their rights-based advocacy. HeRWAI has also been used as a resource guide for workshops on the Right to Health (in particular Step 4 can be helpful here), articles in newspapers, interviews with politicians to hold them accountable, and even drafting a full gender action plan. Others have adapted the tool to particular topics and needs.

MAKING A WORK PLAN FOR YOUR ANALYSIS PROCESS (see annex 1)

To keep an overview of all the work involved, a work plan, developed by the assessment team and closely linked to already planned work, can be useful. It will help you decide when, where, and how you will collect information, who will be working on which step, and when things should be finished.

Traffic light-principle for selecting questions

In the layout of this tool you will see a **white** and **orange** dot. Before you start answering the questions in step 1 to 4 it is essential to go through them and mark whether you wish to answer the question. Orange means yes, gray means no. Go through this process quickly without mulling too long over each question. Helpful questions might be: Can I think of a general answer in relation to the problem and/or policy under analysis? And do I know where to find the sources of information for it? If you cannot come up with a general idea, this may mean the question is not relevant. It should help you decide which questions provide you with the information you really need and help show the traffic light here already.

Checklist: do you have everything you need?

1. Identify stakeholders for your analysis:

- ☐ Who are the relevant stakeholders to the problem?
- ☐ Who would be willing to work with you on the assessment team?

2. Build your assessment team:

- ☐ It is good to have people with different skills in the team: research, advocacy, information from the ground, working in different levels of the organisation. Members for your assessment team may come from your own organisation as well as from outside your organisation.

3. Set the objectives of the assessment:

- ☐ What outcomes do you seek, and how will the HeRWAI help you to achieve this within the strategy of your organisation?

4. Ensure participation of the group(s) affected:

- ☐ If your team is not composed of members of the groups which are affected by the policy: how will you ensure their participation in your team, the process, the outcomes and your advocacy?

5. Discuss how you want to collect information:

- ☐ Does your organisation have access to this information or can it get access?

6. Make a work plan

- ☐ Work plan

7. Ensure you have the necessary resources:

- ☐ Sufficient time spread over a longer period
- ☐ Financial and human resources: think of costs of salaries, translation of documents, travel expenses, etc.
- ☐ If you do not have the funds, do you know of ways to acquire them?

8. Engage in human rights knowledge:

- ☐ If you are not familiar with human rights, can you get the support of another organisation/other people (e.g. university students) that can assist you with their human rights knowledge?

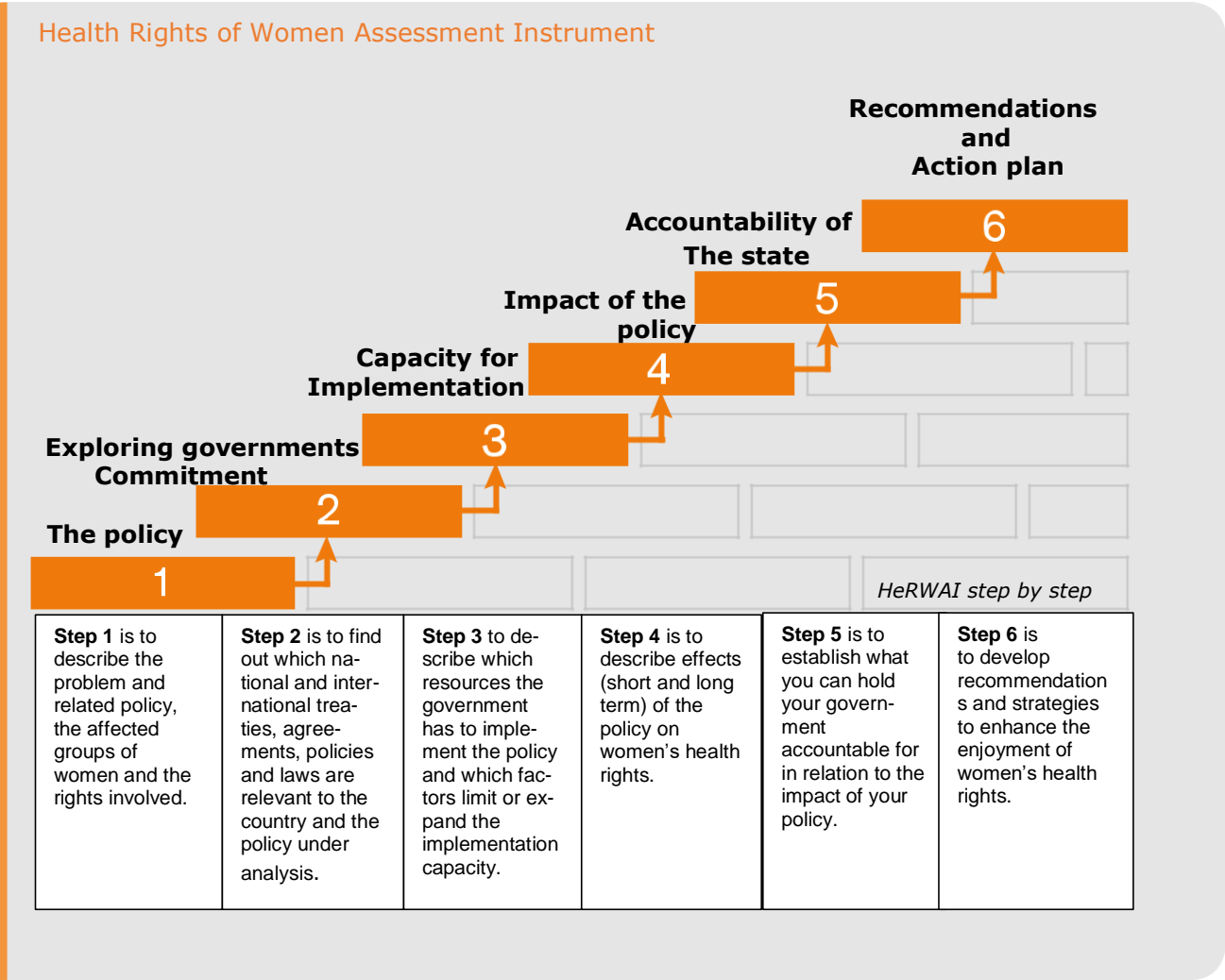
9. Go through the steps following the traffic-light principle to select questions.

- ☐ Which information do you really need for your analysis?

HeRWAI: The analysis in 6 steps

Introduction

The HeRWAI tool provides the questions and information that will guide your analysis. The process of data collection and analysis is divided into 6 steps.



Each of these steps consists of a brief explanation of the main human rights issues related to the step concerned, followed by a number of questions to guide the data collection and analysis. The questions are closely related to the texts of the international treaties. Explanations, examples and checklists help you to answer the questions. Each step ends with a conclusion, in which you summarize the most important findings for that step.

How to go about it

The steps provide a structure for the HeRWAI analysis. Steps 1 to 5 guide you in the data collection and analysis. In the sixth and last step you will compile the information in such a way that it can be used to lobby for improvements in the policy and prepare your action plan. As you work, you may go back and forth between the steps. Where possible, collect quantitative and qualitative data demonstrating the impact of the policy. Reliable qualitative and quantitative data support your arguments. Please be aware though that quantity does not decide whether or not human rights are violated. If discrimination takes place, this is a violation of human rights, regardless of the number of people who are discriminated against.

Finding the right information
During the process you will discover that it is sometimes very hard to find the right information. Governments might not publish certain data, or have no data collection mechanism in place. If no information is provided this is also part of your analysis. You can follow the following rule of thumb: No information is also information. It informs you on how capable and how much value a government puts towards providing correct and public information in meeting its human rights obligations.

Step 1 Identifying the policy

Purpose

In this step you will define the focus of your analysis. You can do this by describing the problem and the policy and/or specific component of the policy that you have decided to analyse, the affected groups of adolescents girls/young women and the rights that are involved. Some of the questions have already been discussed while making the Quick scan. Here you note the answers in a way that forms the basis for further analysis. You can also use this information to clarify for others what is included in the analysis and what is not.

Human rights aspects of government policies

On the basis of human rights treaties, governments have the responsibility to do everything in their power to ensure the realization of the right to health. They must take deliberate, concrete and targeted steps to ensure that all individuals can enjoy the highest attainable standard of health. Governments also have to take all appropriate measures to eliminate discrimination against all women by any person, organisation or enterprise and to ensure the full development and advancement of girls and young women. This means that policies should not have a discriminatory impact on adolescent girls and young women's health rights.

The most affected groups.

When outlining the policy, it is important to describe who will be affected by it. The groups that are most affected by the policy are the groups on which you should focus in the following steps. The affected groups may be the same or may differ from the groups which the government policy is intended to reach. It is also important to consider whether specific subgroups of young people may be more affected than others. Certain groups of young people are particularly vulnerable in relation to their health rights, such as adolescent girls, rural girls and young women, and young women living with HIV/AIDS or with disabilities. The 'most affected groups' also refers to female youth in various life stages (life-cycle approach). In addition, you need to examine whether certain groups of adolescents and young women are excluded from the beneficial effects a policy may have. For example, it often happens that contraceptive methods are not made available to adolescent girls or unmarried young women. If different groups may be affected by the policy, the data to be gathered in the rest of the assessment process should be disaggregated according to these groups (e.g. rural/ urban, minority girls and young women).

Rights affected

The HeRWAI analysis focuses on health rights. But within or related to health rights, a number of more specific rights may be affected and these may influence the type of information you need for the following steps. For example, the no back to school policy for pregnant girls affects not only girls' right to health but also their right to education. In step 1, you make a first rough assessment of the rights involved in the policy. The issue of rights affected will be worked out further in step 4 and at that point, you may want to add on or change the rights you first listed.



KEY QUESTIONS

Which problem and related policy will be analysed?

Which groups are affected by the policy?

Which rights are affected by the policy?



WHERE TO FIND THE INFORMATION

You may find relevant information to answer the following questions in:

- Government policy documents/websites,
- Articles and studies describing the policy,
- Interviews with women affected by the policy,
- Government reports and NGO reports to United Nations bodies,
- National Human Rights Institutes/Commissions,
- Focus group discussions

CONCLUSION

To sum up, what is the focus of your analysis?

A brief formulation of the focus of your analysis will help you to keep your focus during the next steps. Summarize which groups are affected and in which political and social context you are working. Clearly note the rights that are affected. You can base this on your answers to the above questions. In general making a summary at the end of each step will help you in step 5 when you will do your analysis.

Step 2

Exploring the government's Commitments

Purpose

The main question to be answered in step 2 is: **which commitments has the government made?** You will explore which national and international agreements, policies and laws are relevant to the country and the policy under analysis. This includes both legally binding agreements such as human rights treaties, and consensus documents such as the Beijing Platform for Action. You will also look at the procedures by which civil society can participate in decision-making (the formal participation mechanisms). The focus in step 2 will be on what is on paper, the so-called '**de jure**' situation. You will use this information for a comparison with what is actually happening, the so-called '**de facto**' situation, in step 3 and 4.

The purpose of analysing government commitments is to find out which standards you can use to hold the government accountable for the possible negative impact – or the lack of positive impact – of the policy. You look for the most specific commitments, because these make it easier to formulate your claims to the government.

Human rights aspects of government commitments

Many of the commitments that countries make by ratifying human rights treaties require changes on a national level. States must recognize the right to health in their political and legal system. They have to abandon any laws or measures that have a discriminatory impact. Inclusion of the provisions of a treaty in national legislation may make it easier for people to claim their rights. States should also adopt a national health policy with a detailed plan for realizing the right to health. In international relations, such as trade relations or development cooperation, countries have to respect the human rights of people living in other countries, and they should influence each other through legal and political means to encourage compliance with human rights.

Treaties

Practically, all countries are bound by a number of international agreements to exercise women's rights and the right to health. Besides CEDAW, Maputo protocol and ICESCR, which form the basis of HerWAI, a number of other international or regional human rights treaties may be of relevance.

If a State has ratified a treaty, it is legally bound to implement it. Below you will consider the treaties your country has ratified.

Consensus documents

Consensus documents are documents which have been adopted by declaration. Though they are not legally binding, these documents are important because governments have a moral obligation to abide by them, as they are based on political agreement. Famous examples of consensus documents are the Beijing Platform for Action and the Sustainable Development Goals.



THE KEY QUESTIONS

Which treaties and consensus documents are relevant?

What does the national legislation say about adolescents and youth's right to health?

Does the government have a national health policy and/or other relevant strategy and program?

How is the participation of CSOs to influence the policy process?



WHERE TO FIND THE INFORMATION

You may find information to answer the above questions in:

- Websites with information on international treaties and ratification;
- Websites of the United Nations Human Rights Office of the High Commissioner (<http://www.ohchr.org/>); United Nations Population Fund (<http://www.unfpa.org/>); United Nations Youth Envoy (<http://www.un.org/youthenvoy/>); UN Women (<http://www.unwomen.org/>); United Nations Millennium Declaration (<http://www.un.org/millennium/declaration/>); Every Woman Every Child (<http://www.everywomaneverychild.org/>); United Nations Development Programme (UNDP) (<http://www.undp.org/>)
- Sometimes it is useful to ask specific advice from a legal professional on where to find particular information within your national system or on the international system
- National plans (such as five-year plans);
- National budget;
- National and international policy documents and reports;
- Websites of local, regional and national government.

Please note: You can easily get lost in the piles of treaties and consensus documents that exist. We therefore advise you to limit your analysis to those treaties and consensus documents that contain the rights and clauses that are most relevant in relation to your policy

CONCLUSION

What are the most relevant commitments the government has made in relation to your policy? What opportunities does civil society have to be involved in the policy making process? And how has civil society participated in the policy making process in relation to your policy under analysis?

Please formulate the answer to these questions on the basis of your answers to the above questions. Step 2 has provided an impression of the commitments which the government has made with regard to women's health rights. Some of these commitments may be quite different from the reality in daily life. The following steps serve to find out if the government is in a position to do more to close the gap between commitment and reality.

Step 3

Describing the capacity for Implementing the policy

Purpose

Step 3 looks at the capacity of the government to implement the selected policy. You will look for information on human and financial resources which are available for the implementation. Government resources fluctuate, so also consider factors that can reduce or expand the government's implementation capacity. These include cultural, religious and social factors. Last but not least, look at the influence of donors and other international relations. This information provides a context to understand the impact of the policy in step 4. It will also help to formulate realistic recommendations and demands in step 6.

Human rights aspects of a government's implementation capacity

A country needs a national health strategy and action plans for the implementation of its health policy. While the general health policy should be based on a sound gender analysis, in many cases it is also useful to have a specific strategy for youth and adolescents' health throughout their life cycle.

The government should allocate sufficient budget and human resources for the implementation of the health strategy and action plans. Health and socio-economic data disaggregated according to age and sex are an essential basis for the formulation of such strategies and plans. These data should particularly provide information about conditions which affect girls/women differently from boys/men.

Lack of capacity in itself is no justification for bad or non-existent health policies. The government can take many measures that do not require extensive resources, such as the dissemination of information. Even in times of severe resource constraints, or in the time of pandemic outbreak, the government has to protect vulnerable groups through targeted programmes. Lack of resources is sometimes the result of lack of priority, when governments spend large amounts on issues other than health or education, such as military expenditures. In relation to this, it is important to note that making a health strategy on the one hand, but not taking it into account in other policy areas will also affect its implementation.

Governments can expand their capacity by seeking international assistance. This international assistance can take the shape of financial support from donor countries

or international agencies, as well as technical support from experts and information exchange.

There are also factors which limit the implementation capacity of governments, such as socio/cultural factors (e.g. traditions which attach low value to women's lives), religious factors (e.g. the role of the Catholic Church in policies on reproductive rights) and environmental aspects (e.g. floods and air pollution). Limiting factors are important to take into account, though they should not be used as an excuse.

If, for example, local tradition attaches little value to women's lives, the government should undertake awareness-raising activities to change these ideas.

Political will is an important factor, and can either expand or limit the use a government makes of its possibilities. A government may want to make an issue a priority on the basis of the political situation of the moment, for example, because of upcoming elections or international pressure.



THE KEY QUESTIONS

Which financial resources are available for the implementation of the policy?

Which human resources are available for the implementation of the policy?

Which factors limit or expand the implementation capacity?

WHERE TO FIND INFORMATION

You may find information to answer the above questions in:

- National budget;
- National plans (such as five-year plans);
- Progress and evaluation reports, local government reports;
- Poverty Reduction Strategy Papers;
- United Nations Common Country Assessments;
- International Monetary Fund (IMF), World Bank, World Trade Organisation (WTO) and other multilateral or bilateral agreements;
- Progress reports, local government reports;
- Organisations that specialise in budget monitoring.

CONCLUSION

Please answer the following questions based on the above answers. What is the capacity of the government to implement the policy? And what are the main factors influencing the implementation capacity?

In step 3 you described what the government has or lacks to implement the policy. This helps you to make a realistic assessment of what you can recommend to your government later on the analysis. In step 4 and 5 you will look at how the capacity is being used in practice and if the government is making sufficient efforts to maximize its capacity and to achieve a positive impact of the policy.

Step 4

The impact of the policy on the right to health

Purpose

Step 4 will look at the human rights impact of the policy. This step assesses what actually happens and whether the effects of the policy result in a violation of adolescents/youth's health rights. States which have ratified the human rights treaties mentioned in step 2 have to comply with all elements of young people's health rights (described below). The questions in step 4 help you to distinguish which elements are relevant and how the policy affects these aspects of young people's health rights. If the policy has a negative impact on girls and young women's health rights, States are in violation of their obligations under those treaties.

If there is no impact, it is important to ask: has the State missed an opportunity to improve youth and adolescents' health rights?

The two main questions in step 4 are:

- What is the impact of the policy on girls and young women's health, in human rights terms?
- Does the policy have a discriminatory impact?

Human rights aspects of the impact of the policy

This paragraph explains eight important elements of the right to health which may be relevant to the policy you are analyzing. The first four elements: **availability, accessibility, acceptability and quality (AAAQ)**, can give more specific insight into the impact of the policy. These elements are also explained below. An overarching concept throughout the questions is non-discrimination. Non-discrimination is a very important principle in human rights and forms the basis of CEDAW and the Maputo protocol. Throughout step 4, you will need to consider whether the impact affects girls/ young women and boys/men differently or has a different effect on specific groups of young women. At the end of step 4, you will determine whether the impact results in discrimination and why. At the end of the step, you will also determine whether the impact of the policy leads to violations of girls and young women's rights. Violation is a strong word which some may prefer to avoid in their lobbying activities directed at the government. However, it is a broad concept, which clarifies the various ways in which the government and other actors may fail to address people's rights. Violations can occur through an action, or through failure to act.

An example of a violation through an action is when police harass young women in custody. An example of violation through failure to act is when police refuse to

take young women and girls seriously when they report domestic violence.

The other four important elements of young people's right to health are:

- timely and appropriate health care,
- determinants of health,
- participation,
- violence against women.

Questions 1 to 6 below serve to explore which of the above elements are relevant to the policy that you are analysing. This indicates in which areas changes to the policy are needed to achieve a more positive impact on women's health rights. The relevant elements should be considered when answering the questions from 7 onward

TIMELY AND APPROPRIATE HEALTH CARE

Timely and appropriate health care refers to a whole range of goods, services and facilities, such as medicines and contraceptive methods, well-trained and respectful health workers, health clinics and vaccination programmes.

DETERMINANTS OF HEALTH

Determinants of health are conditions that make it possible to live in health, such as access to safe water, adequate food and housing, safe and healthy working conditions. Resource distribution, gender differences and the access to health-related education and information (including information on sexual and reproductive health) are also health determinants. Determinants are not necessarily directly related to health care. However, their analysis helps to make clear where barriers to claiming health rights lie.

PARTICIPATION

Participation refers to the involvement of the population in all health-related decision-making, in the development, implementation and evaluation of policies. In step 2 you have explored the formal participation mechanisms. In step 4 you will look at the actual situation: are young people really involved in decision-making, and if so, which groups of young people?

VIOLENCE AGAINST WOMEN

Violence against women, or gender-based violence, is violence directed against a woman because she is a woman or violence that affects women disproportionately. It refers to acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion or other deprivations of liberty. This includes domestic violence and traditional practices that are harmful to the health of girls and young women, such as dietary restrictions denial of contraceptives or safe abortion services, early and forced marriage and female genital mutilation (FGM). The CEDAW Committee considers gender-based violence as a form of discrimination. States have the obligation to prevent violence against women and to investigate and punish acts of violence, because they impair women's enjoyment of physical and mental health rights and put women's lives at risk.

Availability, accessibility, acceptability and quality

To analyse the impact of policy on health rights, it is useful to distinguish between the availability, accessibility, acceptability and quality of health-related goods, services and facilities. These are four essential elements for assessing the implementation of health-related policy.

They indicate on a practical level where problems arise in the implementation of the policy. Availability, accessibility, acceptability and quality are interrelated and complement each other. The texts below explain the requirements for each.

AVAILABILITY REQUIREMENT:

Functioning public health and health-care facilities, goods and services, as well as programmes, must be available in sufficient quantity within the country.

ACCESSIBILITY REQUIREMENT:

Health facilities, goods and services must be accessible to everyone without discrimination, within the jurisdiction of the State party. When looking at accessibility it is of particular importance to consider the (removal of) barriers faced by vulnerable and marginalized groups of women.

ACCESSIBILITY INCLUDES:

- Physical accessibility: facilities within safe physical reach,
- Economic accessibility (affordability): affordable for all, including disadvantaged groups,
- Information accessibility: the right to seek, receive and impart information and ideas concerning health issues. Accessibility of information should not impair the right to have personal health data treated with confidentiality.

ACCEPTABILITY REQUIREMENT:

All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as designed to respect confidentiality and improve the health status of those concerned.⁸

Important note: Acceptability may not be used as an excuse for practices that exclude (e.g. when reproductive health services and information are denied to adolescent girls 'to protect their honour'). Another limitation of the term acceptability is where traditional practices harm women's health rights (e.g. in the case of female genital mutilation). Such practices are considered discriminatory.

QUALITY REQUIREMENT:

Health facilities, goods and services must be scientifically as well as medically appropriate and of good quality. This requires, amongst others, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water and adequate sanitation.



THE KEY QUESTIONS

Is timely and appropriate health care a relevant issue?

Do determinants of health influence the policy?

Is participation a relevant issue?

Is violence against women a relevant issue?

What is the impact on the availability of services, goods and facilities?

What is the impact on the accessibility of services, goods and facilities?

What is the impact on the acceptability of services, goods and facilities?

What is the impact on the quality of services, goods and facilities?

Does the policy have discriminatory effects?



WHERE TO FIND INFORMATION

Information to answer the above questions may be found in:

- Health statistics, preferably disaggregated for sex, ethnicity, age and or other relevant factors,
- Health reports of government or health service providers as well as independent studies,
- ICDP+25 for benchmarks on reproductive health
- Progress reports for the Sustainable Development Goals.

CHOOSING KEY ELEMENT(S)

Before you start, keep the **traffic light principle** in mind and consider that not all elements are relevant. Sometimes you have to make the linkages indirectly. When you are analysing a policy that indirectly affects the right to health. For example if you are looking at an environmental policy. This might affect women's health if toxic waste disposal is not properly regulated. In this case the element of violence against women is not relevant. Similarly, the acceptability and quality requirement are not relevant. Acceptability, as this has little to do with the implementation of the toxic waste disposal regulations, and the quality of care, because it directly refers to care that should be provided through a policy.

CONCLUSION

Please answer the following questions based on your answers above. What is the human rights impact of the policy on girls and young women's health rights? Distinguish between positive, negative and neutral effects. Can we speak of violations of women's health rights? Explain why and which violations are taking place. This information provides important arguments for the need to develop alternative strategies that can be part of your recommendations of step 6. But before doing so, link the violations identified in step 4 to the obligations of the State in step 5. This will determine the effects for which the government (of your own or another country) can be held accountable.

Step 5

Your analysis: holding the state accountable

Purpose

Step 5 looks at the relevant **State obligations** in relation to the selected policy. In step 2 you explored which commitments your State has made. Below you will find the obligations that result from these commitments in relation to the right to health. You will select the state obligations that are most relevant for the selected governmental policy. You can then explore the difference between what your State promised to do (step 2) and the actual results of the governmental policy has achieved (step 4). This is **your actual analysis** and this difference provides strong arguments to improve the policy. In addition you will connect the obligations of the government to the violations established in step 4. This helps to determine the violations for which you can hold your government [the State] **accountable**.

HUMAN RIGHTS ASPECTS OF STATE OBLIGATIONS

Governments are directly responsible for the measures they take to ensure human rights. To a certain extent, they are also responsible for the actions of other actors, such as private service providers, traditional health practitioners, non-governmental organisations or enterprises distributing health-related goods, when they negatively impact health rights. If a government decides to privatize health services and facilities, it is responsible for the consequences of this decision (such as higher costs for patients) and for the way it regulates the work of these other actors. In determining whether you can hold your government accountable for not meeting its obligations, it is important to check whether the government is unwilling or unable to comply with its obligations. In the case of inability it will be difficult to hold your government accountable for a violation. An example is when health centres run out of supplies due to a serious earthquake.

Minimum standards: core obligations

All governments have to meet certain minimum standards in relation to the right to health (core obligations), even in countries with limited resources and/or many problems. If these minimum standards are not met, the government is in breach of its obligations. Once minimum standards have been met, the government must continue to improve standards (progressive realization). The most relevant core obligations for the right to health are listed in question 4 of this step.

Moving forward: obligation of progressive realization

Governments have to do all they can to improve the situation regarding the right to health. They must take deliberate, concrete and targeted steps towards the full realization of the right to health (obligation of progressive realization) and eliminate discrimination against women in the field of health care. This includes the removal of barriers which women face in the enjoyment of their health rights. The speed of progress depends on the specific situation of the State and may differ from country to country.

If lack of resources (financial and technical) is the main cause of the lack of implementation of health rights, the Government has the obligation to seek international Assistance. Richer or more technically advanced States have the obligation to help other States to implement human rights.

Going backwards: Non-retrogression

Governments are not allowed to remain passive in a situation where health rights are deteriorating, nor can they take measures that reduce the enjoyment of rights (non-retrogression). If a government does take retrogressive measures, it has to prove that it had no other option, for example, due to a severe crisis. In such a situation the government also has to demonstrate that it has protected the rights of the most vulnerable groups.

Respect, protect, fulfil

The State has the obligation to respect, protect and fulfil adolescent and youth's right to health. These obligations are closely related. The obligation to **respect** means that governments are not allowed to take any actions that limit or interfere (directly or indirectly) with women's ability to enjoy the right to health.

Governments should not introduce policies or laws that are likely to result in bodily harm, un-necessary morbidity and preventable mortality. The obligation to protect means that governments should not allow State or non-State actors (including private clinics, transnational corporations and donor agencies, as well as individuals) to violate young people's right to health. It also means that complaint mechanisms and remedies should be available to young people whose rights are violated.

The obligation to protect also means that States have to prevent violence against female youth (including harmful traditional practices) and prosecute violators.

The obligation to fulfil means that governments have to take positive measures to enable and assist people, including adolescents, to enjoy their health rights.

These measures include the development of a health policy, providing sexual and reproductive health care and measures to reduce maternal mortality rates, to end child marriage or ban female genital mutilation.

Special measures need to be taken to prioritise the health needs of the poor and otherwise disadvantaged groups of young people in the society. Important aspects of the obligation to fulfil are the provision of information, so that young people can make informed choices about their health, and efforts to eliminate stereotypes and customary norms that are harmful to female youth's ability to enjoy their right to health.



THE KEY QUESTIONS

Who is responsible for implementing the policy?

For which effects can you hold your government accountable?

Is lack of resources a major obstacle?



WHERE TO FIND THE INFORMATION

Information to answer the above questions may be found in:

- Please look back at your answers and conclusions of the previous steps. Step 2 will help you with concluding what your government has committed to and in step 4 you can see the actual impact of the policy on the women's health rights situation. This will help you decide which obligations your government actually meets

Overview A: the policy

To create an overview of the information in your previous steps, please collect your conclusions of each step and summarize all the results in the overview A below for the first three steps. Next answer the questions below in detail to decide which obligations your government is meeting or failing to uphold. This will help you formulate precise recommendations in step 6.

Step 1 The focus of the analysis	Policy in key words:
	Actors:
	Groups affected:
	Human rights affected:
Step 2 The most relevant commitments the government has made in relation to your policy	Relevant commitments under international treaties:
	Relevant national legislation/ policies:
Step 3 The capacity of the government to implement the policy	Financial resources:
	Human resources:
	Limitations:

CONCLUSION

Please answer the main question of this step based on your answers above. For which effects of the policy can the government be held accountable?

Note down the conclusion to this step in the last column of Overview B. The above comparison of the actual situation with obligations following from the commitments of the State provides arguments and data. These show to what extent the government has failed to do what you can expect it to do. The comparison demonstrates if and why the impact of the policy is undesirable, not only by your standards, but also by the standards to which the government itself has agreed to. This step marks the end of the data collection and your analysis. In step 6 you will decide how to use the results of your analysis and prepare an action plan to do this.

Step 6 Recommendations & Action plan

Purpose

Step 6 helps putting the results of the analysis into action. It serves to organise information, to make precise recommendations and decide what kind of activities an organisation will develop to promote the recommendations. From here on the real work begins, as this step aims to provide the rights-based argumentation to change or adapt the policy in line with the findings of the analysis. First, you will inform and involve relevant stakeholders. Secondly, you will formulate recommendations or demands to the government. Where possible, suggest how the policy can be improved so that it will have a better impact on women's health rights. Thirdly, this step serves to develop an action plan to make sure that the government takes the action you want it to take. The analysis process and use of the outcomes can be summarized as shown flowchart 6.1. Throughout the questions there will be hints and information provided that should help make the best use of your analysis.

two main considerations: participation and planning of advocacy actions

To make your recommendations and action plan most effective and relevant to all stakeholders, their involvement in the final phase of this process is key. The results of step 5 can be shared and discussed together. Which conclusions are considered the ones that need to be addressed most urgently? Where can change be achieved that has the largest effect upon the improvement of the women's health rights situation? Build your recommendations from these discussions and prioritise together. By doing this you empower the affected groups, and this will also provide you with a larger support base when you start lobbying.

Secondly, before the development of the action plan, you should seek out the best opportunity to bring your message forward. This may sound logical, but lobbying for policy change takes a long time. More than often, you will not see immediate result of your advocacy efforts. However, informing relevant stakeholders, institutions, media and politicians etc. is just as important and can open up a dialogue on the topic that may result in change in the long run. Hence use the outcomes strategically, integrate them into your long term advocacy, and share lessons learned about the process.

In this way the analysis process does not become a one-off activity, but strengthens the capacity to work from a rights-based perspective within the organisation overall.

Advocacy and Lobbying

In essence advocacy is promoting and sharing a message that will help you bring about change. The different tactics you use for your lobby and advocacy make up your advocacy strategy. This can be anything from writing up a leaflet with your main findings, to organising a panel to discuss your ideas for change with relevant policy makers, speaking to the Minister and presenting your recommendations to media etc. These actions and all the necessary work involved for these activities will need to be part of your action planning.



THE KEY QUESTIONS

How will you involve and inform the relevant stakeholders?

What will your recommendations or demands to the government and/or other actors be?

What will your action plan to lobby for improvement of the policy be?

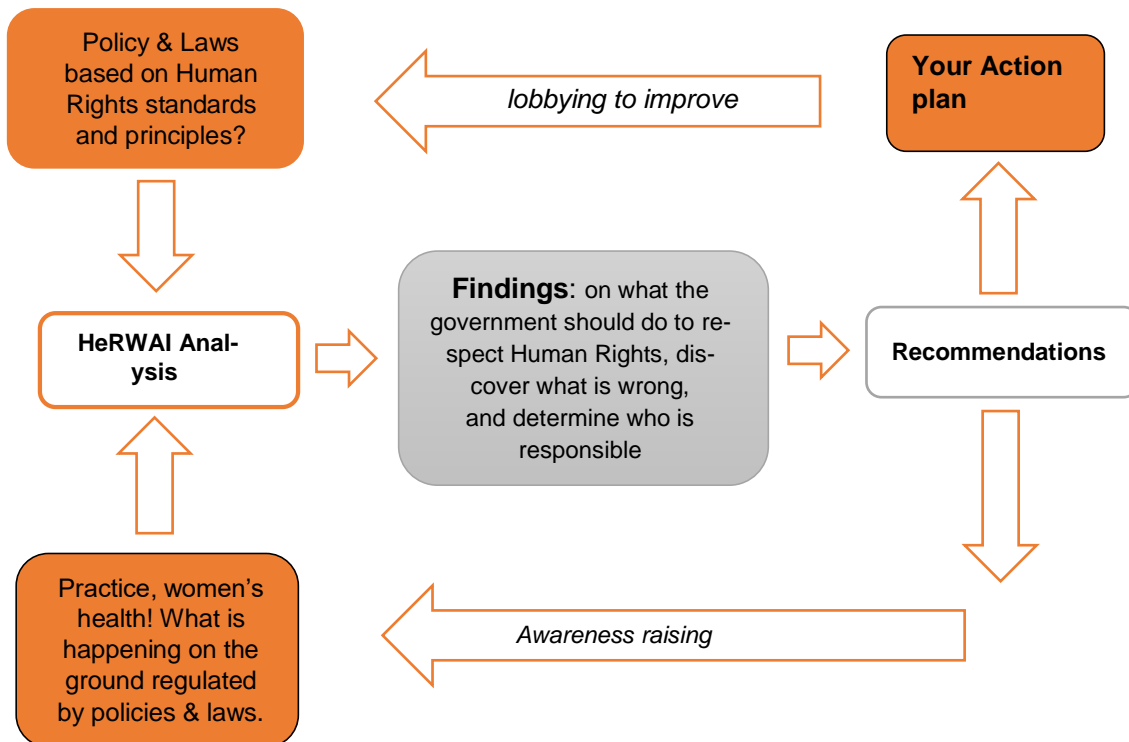
What does your organisation need in order to implement the above plans?



WHERE TO FIND THE INFORMATION

- Most of the information you need for answering the above questions comes from your own analysis.
- You may find it useful to consult strategic plans of the government and action plans of other organisations. If you have limited experience in lobbying or advocacy, consider asking for suggestions from more experienced organisations.
- To learn more about advocacy, please consult different website for relevant links.

flowchart 6.1



CONCLUSION

You have now completed the analysis, as well as your action plan and recommendations. If all has gone well you have built up solid argumentation about the impact of the policy on women's health rights and what you can expect from your government to improve this impact. You have also looked at the involvement of other actors at the national and international level. Your action plan should help you start with effective lobbying activities to convince your government and other actors to improve their implementation of women's health rights.

CASE STUDIES

Case study 1:

HeRWAI Study of the Family planning counseling information, education, communication and services Policy of Nepal (Summarized and adapted from the HeRWAI Analysis on 'Right to Information on Family Planning among Young Girls in the Context of Nepal' by Youth Action Nepal)

Background: Youth Action Nepal is a youth focused Non-Governmental Organization headquartered in Kathmandu. They conducted this analysis in 2009.

Quick scan policy and problem selection: Contraceptive prevalence is low in Nepal (37%) and unmet demand for family planning high (27% amongst married couples). Maternal mortality is also high (281) with unsafe abortion also a problem, although good quality statistical data is not available.

Step 1 Identifying the policy: The Nepal Family Planning Counseling Information, Education, Communication and Services Policy is the main policy responsible for meeting the countries family planning needs. This falls under the broader National Reproductive Health Strategy, and National Health Strategy, which clearly spell out the current status and future targets for family planning.

Step 2 The government's commitments: The Nepalese government has ratified CEDAW, ICESCR and CRC without reservations and committed to the ICPD Programme of Action and Beijing Platform for action and the MDGs. The constitution of Nepal includes the right to health as a 'fundamental right' and this is included in the health legislation. There is a law prohibiting the discrimination of women. Abortion is legal under certain circumstances. The Government has decentralized it's authority to private providers and NGOs to provide safe abortion services at all levels.

Step 3 The capacity for implementing the policy: The government seems committed to increasing access to family planning and the budget is increasing. Implementation of the policy is still slow however with variable quality of services. Further resources are needed improve the quantity and quality of service providers at all levels, and particularly to serve the neglected rural areas. Recovery from conflict and the mountainous topography have had an impact on progress. In the past the government has focused on defense with development as a secondary issue, but today this has changed.

Step 4 Impact on human rights: Many women do not have access to appropriate, affordable family planning. Service providers are often absent, a full range of supplies is not available and socio-cultural norms can prevent women seeking care. The focus is on married women and youth are neglected. There is also a very noticeable urban/rural divide with access in rural areas particularly poor and services often not available at all. The policy was developed without proper consultation and participation of civil society.

Step 5 State obligations: The government is working towards progressively realizing the right of its people to family planning. However, much of the financing comes from international donors and while it is making progress in urban areas with urban sector development a priority, many remote areas remain inaccessible. the neglect of remote areas is a major issue. Families themselves are also failing to support the state in some cases, for example by not allowing women to seek care.

Step 6 Recommendations and action plan:

Recommendations include:

- Increase domestic finance committed to family planning
- Design youth friendly services
- Strengthen the health system and improve health worker training, supplies etc particularly in rural areas

Conclusion: Youth Action Nepal plans to directly lobby the governments with the findings of its analysis. They are also carrying out community awareness raising activities and have a documentary which will be aired on television.

Case study 2:

HeRWAI Study of the impact of the Congolese National Policy on Reproductive Health on rural women in South Kivu province – 2012 (Summarized and adapted from the HeRWAI Analysis of the National Policy on Reproductive Health by a Coalition of WGNRR members in South-Kivu province, DR Congo)

Background: This study was conducted in 2012 by a group of local NGOs working in the SRHR field at provincial level in DR Congo to analyse the impact of national reproductive health policy on women at provincial level. The analysis focused on access to comprehensive Emergence Obstetric Care provided by trained attendants to rural women in South Kivu province.

Quick scan policy and problem scoping: Postpartum Hemorrhage is one the main causes of high maternal mortality rates in DRC. It contributes 47% of maternal deaths in DRC. The main reason for the high mortality rate in DRC is the limited access to comprehensive Emergency Obstetric Care provided by skilled attendants. For rural women in South Kivu province this is even more difficult as the province counts only 5 gynecologists for a population of 5,207,844 inhabitants.

Step 1 Identifying policy: The Congolese National Policy of Reproductive health and its specific component on "Safe Motherhood" is key instrument for improving reproductive health and reaching MDG 5. The policy aimed to reduce by three quarters the maternal mortality ratio by 2015, which means bring the rate from 1,100 cases per 100,000 live births in 2010 to 322 cases per 100 000 live births in 2015.

Step 2: The government commitment: The DRC government has ratified several international and regional human right treaties, including ICESCR , CEDAW, Beijing PoA, CRC, ICPD, ACHPR and the Maputo protocol which all have provisions related to reduction of maternal health, right to health, life, and non-discrimination,...It has also committed to the MDG, especially its goal 3.

The Congolese constitution includes the right to life and health as 'fundamental rights' and the latter is included in the health legislation. Articles 11 to 14 guarantee non the right to discrimination

The Provincial Government Five-Year health development Programme 2010-2015 aimed at improving quality of supplies and bringing health care near to the patients by building and rehabilitate health facilities and increasing medicine supplies in rural areas.

Step 3 Capacity of implementation: The budget of the South Kivu province for the health sector has shown an increase of 7.56% in 2009 to 16.19% in 2010 of the total provincial budget. So, the intention to improve the health sector seems to be promising; however in reality the allocation of these resources does not have a great impact on improving the situation of pregnant women. Most of the program budget relies on foreign aid, making the budget unstable. There is also very little monitoring of the policy implementation process resulting in misuse of funding and unpunished corruption in the health sector.

Step 4: Impact on human rights: The weak infrastructure, insufficient health personnel, irregular supply of goods and lack of accessible quality services obstruct the right of pregnant women to get timely and appropriate health care. Social, cultural, economic and religious factors prevent many women to use the available inadequate and scarce healthcare services; and the policy effectively discriminates against the uneducated, rural, poor and disabled women. There is lack of information, financial support and commodities for these groups regarding maternal health services which affect their health and lives. Rural women and girls are not consulted in the development of regional health related programme.

Step 5 State Obligations: The increase of the provincial budget from 7.56% to 16.19% is an indicator of government to fulfill the right to health of its citizen. However, the allocation of this budget is inequitable and discriminatory toward women, especially those in rural. Inadequate allocation is committed for Comprehensive Emergency obstetric care in urban areas but totally lacking in rural areas. Public Health service providers are inadequately trained and paid and inclusive pre/post-natal health care is not accessible for rural women. The National Policy on Reproductive Health have negative effects on women, especially those in rural areas.

Step 6 Recommendations: Recommendations to improve the implementation of the National Policy on Reproductive Health at the provincial level included:

- Include a specific budget line for reproductive health and ensure fair and equitable distribution of the budget allocation between the components of health sector.
- Train traditional birth attendants on active management on obstetric care according to WHO recommendations (including the use of Misoprostol) since Traditional birth attendants are the most used attendants in labour in rural area.
- Incorporate maternal mortality rate as a Health Indicator in the provincial Priority Actions Program 2011 -2015 of the South Kivu province.
- Ensure availability of Misoprostol in all health posts/dispensaries
- Raise awareness about the risks of home delivery and consequences of social/cultural practices that prevent pregnant rural women to seek medical care.
- CSOs to collaborate with the provincial government to develop a campaign to prevent postpartum hemorrhage.

Introduction

Congratulations!

You have now completed the analysis as recommendations. If all has gone well you have built up solid argumentation about the impact of the policy on girls and young women's health rights and what you can expect from your government to improve this impact. You have also looked at the involvement of other actors at the national and international level. You need now to develop an action plan to start effective advocacy/lobbying activities to convince your government and other actors to improve their implementation of girls and young women's health rights.

This chapter adapted from "Advocating for change for adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being WHO/FWC/NMC/17.2 (WHO 2018)", helps you to put all of this learning into action! You will develop an advocacy action roadmap (or advocacy plan) to influence positive change for girls and young women's health and well-being.

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

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. At this point, you know exactly what you want to achieve through your advocacy efforts for adolescent girls and young women's health and well-being. Through different steps of the HerWAI analysis you have discussed and agreed with your partners the **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 adolescent girls' and young women's 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 conclusion of your work to see whether or not they were achieved. Your objectives should make clear :

Who will be reached


What change will be achieved


In What Time Period the change will be achieved


Where (in what location, at what level of government).


Example: By December 2018, the Ministry of Education in my country will adopt a revised national comprehensive sexuality education policy that includes a referral system to access youth-friendly health services.

The following examples of goals from projects may be help you to decide 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 Country X through passing legislation to ensure condom access and accurate information on HIV/AIDS in school-based sexuality education and any government-funded programme.

 **Comprehensive sexuality education:** To increase provision of good quality comprehensive sexuality education in schools in Community Y by year 20XX.

 **Nutrition:** To increase access to healthier dietary choices in schools, including developing curricula on nutrition.

 **Adolescent girls' access to secondary education:** To reduce adolescent girls' school dropout rates by XX% by changing laws and policies to remove barriers and increase access in Country Z by year 20XX. Can you identify the different components of each goal that make it SMART?

In order 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?

WHO HAS THE POTENTIALS TO ACCOMPLISH YOUR GOAL AND OBJECTIVES?

Identifying the main target audience for your advocacy efforts is a central component of creating an advocacy plan. To make sure that your recommendations are implemented, it is important to keep in mind to whom you are targeting your advocacy actions. In other words, who are you presenting the information to, which person at which governmental level, and what is their exact role and competences?

Are they able to implement your recommendations or do they need authorization from a higher level? Have certain government responsibilities been delegated to the municipal or regional level?

Which government departments or ministries should you aim at? Should you aim your lobbying at those developing the policy or at those implementing or evaluating the policy?

In order 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.

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

Example: The Minister of Health and the Adolescent Health Department in the Ministry of Health would be particularly strategic primary targets, given their role in shaping the national policies for adolescent health and well-being.

b) 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.

WHAT ACTIVITIES WILL HELP YOU ACCOMPLISH YOUR OBJECTIVES?

Get creative!

Young people are especially good at finding innovative ways to make their advocacy efforts count.

Think about ways art, music, technology, and other media (including social media!) can help advance your cause.

After formulating your recommendations, defining your goals and objectives and identifying your target audience, you need to decide which actions or tactics will help you bring forward your message to your target group. In most cases of the analysis this will be (a part of) the government. You need to do this in a strategic way, making use of your existing experience, networks,

contacts, and linking them to existing (advocacy) activities and/or developing new activities that can help you achieve your goal.

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. 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 it is important for young people 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 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.

WHICH ADVOCACY OPTIONS ARE AVAILABLE TO LOBBY THE GOVERNMENT AND WHEN?

It is a good idea to make an assessment of your advocacy/lobby opportunities to make sure you will know when the government will be most likely to listen to your arguments and actually change the impact of the policy. This question requires some insight into the government agenda or the agenda of other actors you may want to approach. Which deadlines are involved in changing the policy? A conference, debate in parliament, visit of a high-level official, etc. can also provide the strategic timing to present the findings.

It can also be important to consider International days of commemoration that are relevant to adolescent health and well-being, such as International Youth Day (12 August), International Women's Day (8 March), International Day of Action for Women's Health (May 28), Safe Abortion Day (September 28), World AIDS Day (1 December) and others. You may also want to consider national days in your country, as part of your action plan.

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.

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.

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:

- 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" 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.


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 landscapes of your country may change quickly!

Advocacy plans always need to be adjusted over the course of their duration to adapt to changes in the policy advocacy landscape.

Change is possible! There is always something you can do, no matter how large or small.



Being an ASHR
Champion in your
immediate surroundings
can be very
powerful.

**Be a Change
maker!**

Annex I: Work plan for HeRWAI analysis process

The form below aims to help you plan your HeRWAI analysis. Good preparation will save you a lot of time later on. We therefore recommend that you read carefully through the preparatory chapter 4 and go through the checklist and the traffic light principle. Then fill in the Work plan, taking into account which person is in the best position to deal with which set of questions. Consider involving people from other organisations if you need extra expertise in certain areas.

WORK PLAN for HeRWAI ANALYSIS					
Task	Purpose	Main activities	Start date	End date	Who to involve ¹
Quick scan (Chapter 4)	Select a policy and determine relevance of HeRWAI analysis for your organisation	group discussion with the various stakeholders			
Preparation	Decide which organisations/ persons to approach for which information	Selecting relevant questions Preparing interview lists Putting together an assessment team			
Step 1	Description of relevant issues regarding the policy	Answering selected questions			
Step 2	Data collection: the government's commitments	Answering selected questions			
Step 3	Data collection: the implementation capacity	Answering selected questions			
Step 4	Data collection: the impact of the policy	Answering selected questions Group discussion			
Step 5	Your analysis: what kind of violations are taking place	Answering selected questions			
Step 6	Identify recommendations and decide on action plan (for lobbying)	Analysis, Group discussion, Writing report and action plan			
Lobby	Lobbying for the implementation of the recommendations	Lobbying Awareness-raising			

Annex II: Templates of Advocacy Action Plans

The tables below show an example of Advocacy action plans. A work plan can then be used to map out the exact plan for each activity with a detailed timeline. Thinking strategically is very important at this planning stage. Advocacy activities can often have a greater impact if they are timed to coincide with other actions or events that will help your advocacy work. For example during election times politicians may be more likely to agree to changes in order to try and gain votes.

Table 1

RECOMMENDATION(S):

ADVOCACY MESSAGE

Depending on the recommendation(s) you might formulate one or more advocacy messages. This also depends on the target audience you choose. Each audience requires their own appropriate language.

TARGET AUDIENCE
Select the appropriate audiences you would like to target. You can select primary and secondary audiences. I.e. the Minister is your primary audience as he can decide to change the law, but your secondary audience are his civil servants and policy makers, who can propose changes and ideas towards the Minister

ACTIVITY DESCRIPTION	Person(s) responsible
Describe each advocacy activity you plan to do. Clearly distinguish which tasks belong to each activity and assign the persons/organisations responsible	

N.B. There might be different actions appropriate for the various recommendations. Think carefully what the best activity is for which recommendations. Of course it is also possible to combine.

COMMUNICATION CHANNELS
Which communication channels will you choose to bring forward your recommendations and the advocacy message that belongs to it? Select again the appropriate channel for the various activities. Information dissemination can be a low cost activity i.e. attending a meeting and then sharing your message can be effective as well. Trying to get the (local) media involved is also an option.

SUPPORT & FUNDING
What kind of resources do you need to implement the activities? Do you need to fundraise extra or can you make use of existing resources? Can you use low-cost strategies?

MONITORING & EVALUATION
An advocacy campaign can be a long term commitment. Monitor the implementation of the activities and what kind of effect it has. When will you have success with your advocacy efforts? Evaluate your actions as well. Do you need to adjust your strategies to be more successful?

TIMELINE					
date	Month 1	Month 2	Month 3	Month 4	Etc.
Activity planned					

Table 2.

Priority Recommendations	Target Audience	Advocacy Messages	Activity Description and Communication channels	Support & Funding	M&E	Time-line
Train health workers to provide youth friendly health care services at the primary health care level	Association of midwives	Lack of youth access to friendly contraceptive services is a major cause of teenage pregnancy	Oral presentation of research to Association, dissemination of printed material summarizing findings and recommendations and follow up meetings with key staff	Staff time and IT support available without extra cost Cost of printed material covered by SAAF grant	See chap 5	6 months
Make safe abortion free as part of package of essential MNCH services	Civil servants in Ministry of Health	Providing safe abortion will ultimately save money as it will avoid the burden of post-abortion care and unwanted pregnancy on the health service	Face to face meetings with government staff Use of media (radio, newspaper) to make the economic and public health arguments for providing safe abortion	Media coalition members provide coverage for free		