

Youth Participation in Reproductive Health & HIV/AIDS Policies & Programming The South Asia Context

**Report of the session organized by UNFPA-
CST for South and West Asia, Kathmandu
at the Asia Conference on Young People's
Sexual and Reproductive Health Needs:
Progress, Achievements and Ways
Forward, New Delhi, December 2004**



Youth Participation in Reproductive Health & HIV/AIDS Policy and Programming: The South Asia Context. Report of the session organized by UNFPA-CST for South and West Asia, Kathmandu at the Asia Conference on Young People's Sexual and Reproductive Health Needs: Progress, Achievements and Ways Forward. December 2004. Copyright 2004 © UNFPA CST for South and West Asia, Kathmandu.

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Introduction

Background & Purpose

Two international conferences- the Convention of the Rights of the Child 1989 and the International Conference on Population and Development 1994 introduced the 'language' of youth participation in an international way. However, the UNGASS on AIDS in 2001 was the crucial milestone because young people¹ were integrally involved and visible at the conference itself². International and national organizations and programs servicing young people's sexual and reproductive health and HIV/AIDS areas are beginning to recognize the importance of involving youth in all aspects of programming from conceptualization, design, implementation, feedback and follow-up. There has been a shift from programs to consider young people as assets and strengths rather than problems and liabilities⁴.

Youth serving organizations involve youth in various ways. However, the terms, concepts and the definition used in connection with youth participation are varied. Young people and their needs are frequently not involved when strategies on HIV/AIDS are drafted, policies made and budgets allocated³. Very little systematic research or evaluation exists to indicate that youth participation results in measurable changes in reproductive health knowledge, attitudes and behaviours⁴. More evidence base on best practices is needed to identify program characteristics, or conditions under which youth participation results in better program outcomes and desired impact in the long run.

¹ The terminology in this report uses the WHO definitions of Young People [10-14 years] and Youth [15-24 years].

² Focus on Young Adults. 2001. Advancing Young Adult reproductive health: Action for the next decade. Pathfinder

³ Young people and HIV/AIDS Opportunities in Crises. WHO, UNICEF, UNAIDS. June 2002

⁴ Youth Participation in Reproductive Health and HIV/AIDS Programs. Smita Soni and Shyam Thapa. Youth Net Program Department. Family Health International. Working Paper. March 2003

BOX 1

WHAT DIFFERENCE CAN YOUNG PEOPLE MAKE?⁴

The importance of young people participation at different levels of development programmes/projects/events is reasonable from various point of views. It is important to acknowledge young people as fully functioning members of the society. When young people participate in matters that affect their lives,

- They can contribute and enhance the quality of decisions made regarding issues at hand
- They can gain useful insights in their participation in the decision-making process
- Their capacities and capabilities can be developed so that they can gain more control over decisions that shape their lives.

The Asia Conference on young people's sexual and reproductive health needs was organized in New Delhi in December 2004 by the Centre of Operations Research and Training in collaboration with The Population Council, World Health Organisation's Department of Reproductive Health and Research, UNFPA-CST, Family Health International (FHI)/Youth Net, Pathfinders International, and others with the objective of taking stock of what we know and what we need to know about sexual and reproductive Health needs of young women and men and identify ways to address them. More important, how the successful experience in reaching this segment of population could be translated in policy and actual services. Acknowledging the critical role of youth participation, UNFPA-CST collaborated at the Asia conference to include a session to discuss and advance dialogue on meaningful youth participation in the South Asian context.

Session Objectives and Agenda

The agenda [given at Annex 1 and developed with inputs from young people] was constructed to allow for young people voices and views to be at the center and to contribute to the following objectives:

Session Objectives

1. To enhance dialogue on key aspects related to youth participation in reproductive health and HIV/AIDS policy and programming
2. To share ideas and programme experiences in the area of youth participation for lessons learned and replication
3. To provide opportunity to young people in the region to share their views and recommendations for strengthening young people's participation in SRH and HIV/AIDS prevention programming.
4. To provide a platform for discussions on the way forward in the South Asia context.

On the basis of a background UNFPA-CST regional review on youth participation, the following areas were identified for focus at the session to bring together qualitative dimensions from field experiences from the perspective of young people. The four areas included:

- Young people in policy and planning
- Challenges and limitations to youth participation
- Lessons learned from programming experiences
- Strengthening youth-adult partnerships

Participants and proceedings

The conference and session was attended by government representatives, researchers, NGOs, programmers, donors from Asia as well as others. The youth participation session included young people from three countries in South Asia - Nepal, Sri Lanka and India. A profile of the youth panelists and speakers is at Annex 2. Presentations were made by youth and government representatives and this was followed by an interactive question and answer session with a panel of NGO, government and donor representatives. A short UNFPA multi media film from South Asia 'Faces of the Future' which highlighted policy and program issues in HIV/AIDS and sexual and reproductive health among young people was presented at the beginning of the session.

Organisation of the report

This report is divided into three parts:

- Part 1 sets out the background from review of experiences in youth participation and raises issues and questions in the regional context.
- Part 2 provides a synthesis of perspectives from the young people and adults on policy and planning, challenges and limitations and lessons learned from experiences in youth participation
- Part 3 concludes presenting a succinct 'Agenda for Action' for addressing the challenges and moving towards action in the South Asian context.

Youth Participation

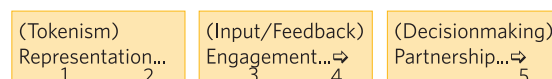
Challenges & Opportunities in South Asia

This section is based on the regional review presentation at the session by Dr. Farah Usmani, Adviser, Reproductive Health and HIV/AIDS, UNFPA-CST for South and West Asia Kathmandu.

Defining Youth Participation

Programs serving young people's reproductive health and HIV/AIDS are beginning to recognize the importance of involving youth in all aspects of programming. A major shift historically has been from Protection to Empowerment, from traditionally protecting young people from harm to consideration of the responsibilities and competencies of young people⁵. Most program planners agree that if programs are aimed at youth, it is critical to involve them. But much remains unclear about what youth participation really is and if it results in measurable changes in RH knowledge, attitudes and behaviours. There has been very little systematic research or evaluation of youth participation in RH programs. Nor has there been clarification of the terms, concepts and definitions. Organisations often use the terms youth involvement, youth participation and youth-adult partnerships interchangeably, but they may involve different strategies to involve youth. Many types of activities have been classified as youth participation – peer education, youth advisory boards and youth focus groups are all ways that youth have become involved in programs in the past⁵.

Figure 1 Continuum of Participation



Participation exists in various forms and at various levels, and can be thought of as a continuum, with mere representation at one end. A graphical presentation of such a continuum is presented above with level 1 being the lowest form and level 5 the highest form of the participatory process⁶. Even representation has various levels, ranging from tokenism, a situation in which someone is simply asked to be at the discussion table, to more meaningful representation through which someone can actually make a difference at the table.

Moving along the continuum, participation can also be seen as a form of engagement, through which the participant has an opportunity to provide ongoing input and feedback and has some sense of ownership over the task at hand. In this conceptualization, the fullest form of participation would be a partnership that involves substantial ownership and decision-making abilities by those participating. Hart's ladder of participation highlights two important characteristics about true youth participation. First, that participation is not an either/or phenomenon. Young people must have a certain level of empowerment, responsibility and decision-making power to successfully participate. Second, the ladder is relational: that is it emphasizes the quality and type of relationship between youth and adults, rather than considering youth and adults separately⁷.

⁵ Youth Participation in Reproductive Health and HIV/AIDS Programs. S.Soni and S. Thapa. Draft Background Paper WHO consultation March 2003. Montreux, Switzerland.

⁶ Youth Reproductive Health in Nepal. Is Participation the Answer? S.Mathur et al. ICRW and Engender Health. 2004

⁷ HIV Voluntary Counselling and Testing: A gateway to prevention and care. Geneva UNAIDS 2002

Experiences from the region

In recent years there has been an effort to involve youth more integrally in programming and as the UNFPA program brief⁸ articulates – meaningful involvement of young people at all stages from conceptualization, design, implementation feedback and follow up. Although there is an extensive and growing literature on participatory research and design models for youth reproductive health, there have been no comprehensive evaluations conducted to date on the impact of a participatory process on youth reproductive health in the South Asian regional context. Also emphasis of youth participation as a right in itself and/or as a means to an end varies. Some examples of experiences from South Asia are given below in aspects of programming and policy.

Peer promotion

There are several examples of projects involving young people in *peer promotion*. These include the UNFPA supported Reproductive Health Initiative / RHIYA projects in Nepal, Sri Lanka and Pakistan. These NGO implemented projects have developed recruited, trained and involved young people for peer education and counselling and developed training modules and materials. Under the UNFPA-JOICEF project in Nepal there is good practice experience of young people's involvement in setting up rural and urban Youth Information Centres and linkages with existing youth football clubs for SRH activities. One specific example is the Bungamati Youth Information Centre for SRH/HIV in which youth are in-charge, plan and implement the activities and volunteer time to man the library. The activities have contributed to building capacity of youth-serving organizations in working with youth.

Youth in Advisory / Consultant Roles

Young people in South Asia are participating in Youth Advisory boards such as of IPPF affiliates in South Asia. Family Planning Associations of Nepal and India have included young people in their advisory boards since several years. The EC/UNFPA regional Asia project committees have also included young people as Advisory Committee members. A major advantage in this case is that young people are most aware of their own needs and provide insights on the design and set up of the program itself, the types of education materials and information distributed. The youth magazine '*Jigyasa*' developed in Nepal RHI project involved young people as consultants such as through key informant interviews, focus group discussions and pre-testing of materials. The social marketing condom, Number 1, targeted for young people involved them in suggestions of the brand name, packaging colours and other aspects. UNFPA Bangladesh has established a National Youth Forum in Bangladesh for involving young people in advisory/consultative processes.

Involvement in policy development and decision-making

Young people in the region have been involved in drafting policy recommendations through participation in regional and national conferences. Some of the key youth declarations from South Asia include the following:

- Young People's Declaration. Countdown 2015-ICPD+10- South Asia Regional Roundtable. Kathmandu August 2004. [Annex 3]
- Declaration of Regional Reproductive Health Initiative for Youth and Adolescents. Youth Summit. Sri Lanka. UNFPA/EC RHIYA. Nov. 04 [Annex 3]
- South Asian regional forum for young people on HIV/AIDS. Kathmandu. UNICEF ROSA. December 2002
- Youth Declaration – Asia Regional Adolescent Conference New Delhi. UNFPA 1998

⁸ UNFPA Program Brief. HIV Prevention in Young People. United Nations Population Fund. 2003

There are also other examples of youth participation in policy/programming meetings such as the recent UNAIDS regional unified budget and work plan consultation in September 2004 which involved two young people in working groups for developing regional priorities for action. However, there is limited information on how these declarations by young people have been used to shape policy and programming in countries in the region. Examples of specific impact from the region need to be explored. Box 2 provides a global example of how a recommendation from the Youth Advisory Panel convened by UNFPA in April 2004 has been translated to a special program for youth.

To conclude, an interesting report from Nepal⁹ documents the processes and results of a project that scientifically tested the effectiveness of the participatory approach in defining and addressing the SRH needs of adolescents. The evaluation of this quasi-experimental design project revealed that with regard to outcomes, the participatory approach did yield more positive results. Although the effect is only marginally more positive in terms of basic indicators of youth reproductive health, it is substantially more positive in terms of the broader more contextual factors that influence reproductive health and HIV/AIDS as well as capacity building, empowerment and sustainability. The Nepal study reveals the need for more strategic participation, not all encompassing.

Finally, there appears to be a critical need for enhanced dialogue and action research from the region to provide pointers to questions such as [1] What are the effective elements of youth participation? what works? [2] What are the programmatic outcomes of youth participation? [3] Who benefits from youth participation? And how do they benefit? [4] How could youth participation be institutionalized? Future programming in this area needs to incorporate this component.

⁹ Youth Reproductive Health in Nepal: Is Participation the Answer? Sanyukta Mathur et al. Engender Health and ICRW. January 2004.

BOX 2

UNFPA SPECIAL YOUTH PROGRAMME

UNFPA has recently in November 2004 launched the Special Youth Programme at its headquarters which aims to recruit young people from developing countries to join UNFPA Headquarters for a remunerated internship for six months followed by couple of months with UNFPA country office. The creation of this programme responds to one of the key recommendations that came out of the consultative Youth Advisory Panel convened by UNFPA in April 2004. The program is set up to achieve the following objectives: [1] To create opportunities at appropriate level of the organization to engage youth in policy development and programming [2] To help build leadership capacity of young people in addressing population, sexual and reproductive health including HIV/AIDS [3] To sensitize both the young people and UNFPA staff on various modalities of working together. Details of the program area available at the announcement at www.unfpa.org/about/employment/syp-internship.htm

Perspectives from Youth Panelists and Government

This section summarises the presentations from the youth panelists from Sri Lanka, India and Nepal and perspective on Youth-Adult partnerships as well as questions and issues raised at the session.

Challenges and Limitations to youth participation

Mr. Thusitha Kumara Dayaratna, National Youth Service Council, Sri Lanka

Ms. S. Punithamalur, Peer Educator, Dussauawa, Sri Lanka

Addressing the challenges and limitation to youth participation, the young panelists from Sri Lanka stated that in their existing socio-cultural context, reproductive health issues are discussed only among the married group. The adolescents and young people have limited access to the information and services on reproductive and sexual health issues. The young people in Sri Lanka get information on SRH mostly through peer groups and, therefore, many times this is not accurate and leads to myths and misperceptions. Another limitation is that even

though SRH information is included in the curriculum for school education, the teachers feel embarrassed to discuss these issues in classes and do not explain properly. The students are told to self-study this subject matter. From his experience of working with the National Youth Services Council Sri Lanka which conducts information education programmes for vulnerable groups of young people, Tushithara made the following suggestions:

- Programmes need to get inputs from young people from the beginning of the project. This can be done by carrying out focus group discussions with young people at district level and carrying out small survey to understand the level of RH knowledge and needs in the local context.
- Make sure that youth participation is institutionalized and fundamental part of the organization and specific guidelines on youth involvement are part of the programme.

- Stressing the need for youth-adult partnerships, the suggestion was that at the state level parents and other opinion leaders should be made aware of the need to involve their children in development programmes on RH for young people.
- To strengthen youth participation also institute from a very young age a system of rewards [such as badges] to young people who take an active part in programmes aimed for them. There is need for young people to be made aware of their right to voice their opinion.

Ms. Punithamalur, sharing her work experience in the tea plantation sector in North Sri Lanka highlighted SRH issues among young people such as early marriage and childbirth, polygamy, living together, poor contraceptive use, suicide among young people due to love affairs and related societal stigma and menstruation related problems. She provided practical suggestions to address the limitations and enhance youth participation. One suggestion was to go through school principals to involve school students in RH programmes. Schools play an important role and it will be possible to enhance youth involvement in SRH if principals agree. Another suggestion was to work with plantation management. The presentation also suggested that young people should be encouraged to form a youth committee where they can express their concerns about RH to the adults such as the plantation management. Collective recommendation by a youth group committee would work well.

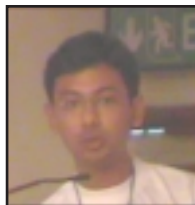
BOX 3

INVOLVING YOUNG PEOPLE IN PROGRAMME MANAGEMENT, BHOPAL INDIA EXPERIENCE

The FPAI Bhopal branch and the SFC Project initiated a project called 'JIGYASA' in 2002 under which a youth center called "Jigyasa" was established which offers services and facilities which can be used by the youth living in the slums and from the other weaker sections of the society those who cannot afford the services from private clinics. The services and facilities such as recreational, library, access to computer/Internet, counselling services are made available. Besides these various training programmes, health check up camps are organised for the youth & adolescents, in collaboration with the GO/NGO, working in the area of adolescent sexual and reproductive health. The very unique feature about the JIGYASA project is that this is the center, which is run and managed by the youth themselves. 'Youth Management Committee has been formed, which looks after the management part at different levels and establishes coordination between the FPAI staff and the other youth members/ volunteers.

Achint Verma, Secretary Youth Management Committee

Young People in Policy and Planning



Mr. Achint Verma, Executive Branch Member Bhopal, FPA-India,
Ms. K. Jayalaxmi, Youth Volunteer Hyderabad Branch, FPA India

Mr. Verma appreciating the increasing dialogue on youth participation in related policy and programmes spoke from the India perspective. He said that we are aware that there are already different policies formulated in India at the national and state level such as the Education policy, Sports Policy, Cultural Policy and many more which include youth aspects. However, there is need to analyse how youth have been involved and how much policies in the last decade have been translated to benefit young people. Also another critical point is how much are young people really aware of policies relating to them, since one cannot participate meaningfully without awareness itself.

Sharing a personal experience he said that “Just few days back, before coming to Delhi for this Conference, I visited Nehru Yuva Kendra and some other organizations at Bhopal in search of some material regarding Government Youth Policies. I was really surprised when the officials of these organizations told me that they do not have anything to give me pertaining to government youth policies. I feel there is need for enhancing awareness on the policies and rights of young people since if professionals in youth serving organizations itself lack information, then how can there be awareness, let alone involvement in policy/programming processes. If policies are meant to serve the interests and betterment of the young people then they must be involved in formulation and implementation and must be aware of the same. Increased information and awareness, particularly focusing on rural, illiterate and underserved

young people on current youth policies and programmes is critical and mechanisms for this need to be developed. Policies need to be made youth-friendly and reach youth at the grassroots who do not have access to modern communication means such as internet, television, others”.

S. Jayalaxmi mentioned that she was not aware about youth policies at the national level till she came to this session. She said that since she belonged to Andhra Pradesh she thought of finding out whether there is any policy for youth for planning her presentation. She found that as part of the Integrated child development scheme the government had made three important policies which cover only some of the issues pertaining to adolescent sexual reproductive health. These included [1] Anemia control among the adolescent girls: The iron and folic acid tablets are distributed in schools, colleges, and urban and rural areas to the Adolescent girls. [2] Increasing the age of marriages of boys and girls. The Andhra Pradesh Government declared that the girl should get married in the age of 21 years and the boy should get married in the age of 23 years because they are physically and mentally matured/settled in this age. [3] In order to create awareness amongst the school students particularly 8th to 10th standard and college students about HIV/AIDS, the Andhra Pradesh Government declared that every school and college should educate their students on HIV/AIDS and the special classes should be conducted twice in a week. Though she really appreciates the steps taken her concern was whether educationists, and teachers from her State were really well equipped to conduct classes on HIV/AIDS and be able to talk about sexuality related issues with their students openly. Another concern raised was for programming for out of school young people, since the measure would only provide access to information to school/college young people only. The presentation recommended need for developing innovative strategies to include not only young people but also other stakeholders who have impact on their sexuality and strengthen youth adult partnerships.

Lessons Learned from youth programming

Ms. Shristee Lamichhane, UNFPA Global Youth Partner, Kathmandu Nepal.



Ms Lamichhane pointed that there are similar socio-cultural taboos among the people of South Asian countries and therefore the adolescents and young people in Nepal have similar problems as shared in earlier presentations. According to her experience, programmes/policies designed for young people are prescribed similar to medicines by doctors. In some cases, young people's involvement in development activities in rural areas is taken as threats by adults.

She emphasized that young people want to be "taken as people to do things and to work as partners and not as a threat". They should be equally involved in the development activities at community level in addressing the problems of a developing country like Nepal, such as poverty, unemployment and other social issues. She urged the policy makers, planners and academicians to listen to the voices of young people as sources of valuable suggestions and recommendations and productive resources. If the adult group take young people as "too young to do/act, then they should also think that young people are too young to die".

She said that 'since sexual health is considered as a taboo, the first work is to be done with the gate keepers/adults/parents in order to deal with the sexual and health needs of the young people. In other words, the gate keepers/parents/adults need to be made aware of the SRH needs of the young people'. The presentation recommended that adolescents and young people also need to take initiatives on their own and not wait too much for policy level decisions and actions. They should take initiatives in educating and raising awareness among the family members, cousins, siblings and peers on the SRH issues.

Ms Lamichhane also shared her experience of participation at the UNFPA Global Youth Partners [GYP] initiative in New York. She said that the GYP is an innovative initiative with the purpose of strengthening commitment and investment for preventing HIV

infections among young people. Through this initiative, young people are empowered to enter into dialogue with decision makers for change in terms of policies, funding and programmes in the area of HIV/AIDS. She shared the Global Youth Partners brochure and informed that ore details on the initiative are available at the UNFPA website <http://www.unfpa.org/hiv/gyp/index.htm>

Youth-Adult Partnerships: HIV/AIDS Programming in India

Dr. S.Y. Qurieshi, Additional Secretary and Director General NACO, India



Dr. Qurieshi in his remarks in the context of HIV/AIDS programming said that the problem in India is grave indeed from 1 case in 1986 we have 5.1 million cases in 2003. He emphasized on the need for targeting programmes to focus on young people who are sexually active, have limited awareness and unmet need for information and services. The presentation emphasized on the need to focus on behaviour change strategies giving the example that even after 45 years of condom programming in the family planning arena, though 80 percent people know about it, but only 5 percent use condoms.

The presentation highlighted some new youth initiatives being planned by the National AIDS Control Organisation. First was a massive communication campaign from 1 January 2005 for six months. This would include a daily four Red Ribbon express train initiative. The trains, painted white, will start from Kanyakumari, from Jammu, one from Jodhpur, one from Guhati and will travel through the country, in

six months. Each train will have 4 coaches, one coach will have an exhibition, one will have a hospital on wheels and two coaches will carry young people who are basically performing artists and they will be performing in street theaters. Each youth will have a bicycle also and when the train reaches the station, it will be received by youths, youth clubs, others. The youth will fan out to the villages in their bicycles and perform series of plays and some dancing through which they will communicate messages and answer questions and queries. This is entirely a youth mobilization campaign to reach out to youth through youth.

Second initiative shared was on mainstreaming HIV agenda in other ministries work. Nine Ministries - Education, Home, Women and child, Social Justice and Empowerment, Rural Development and others - have come together under the "Partnership for AIDS control, India" initiative and have a common logo and slogan "One nation, one resolve, we'll fight AIDS together". Ministry of Education is critical to address young people. However, teachers need to be sensitized, so that incidents like the recent one in Kerala are not repeated. Two teachers from each school are trained and they are re-trained after a year. The focus will be on capacity building of youth departments, organisations.

Dr. Qurieshi concluded by sharing the experience of one of the best known youth programs- UTA [University Talk AIDS] that was created even before the National AIDS Control Program in India. The key part of the UTA was its participatory nature. The presentation highlighted that "*nobody likes to listen to lectures, particularly young people. But when you make them participate in an activity they come up with very bright ideas*". The UTA was created by youth, the name was given by youth, the logo was created by youth and through this the program was able to reach out to large numbers of young people.

Face- to- Face

This session, moderated by Ms Shistee Lamichane, allowed young persons to directly pose questions to the participants, particularly to three adult volunteers representing donors [Mr. Lester Coutinho, Packard Foundation], Government of Bangladesh [Dr. Syeda Tasneen Waris] and NGO [Dr Subba Rao]. Besides this, youth participants also posed questions to the Director General National AIDS Control Programme, India.

The key questions posed by the young participants revolved around the following concerns:

- "Youth Involvement" has become a buzz word; however, do we have real-time examples where young people are truly involved in planning, designing and implementing ASRH programmes in the South Asia region?
- There exists a deep-rooted cultural ethos and predetermined socio-cultural norms, which restricts talking about sexuality issues. How do we intend to address such an issue?
- In view of increasing focus to the prevention of HIV/AIDS will basic health programmes get less importance/attention from government and donors?
- Why don't we arrange more resources and funding for ARSH issues, while we accord such significance to issues related to young persons?

The adult panel provided replies to the above questions by giving examples on involvement of young people in program policy, planning and implementation and suggestions to the young people on resource mobilization for SRH unmet needs in the region through good practice examples for scaling up.

SYNTHESIS AGENDA FOR ACTION

*Listen to Us Also, Hamro Pani Sunnohos, Aehunkan Denna,
Omar Bani Suno, Hamari Bhi Suno*

Based on the deliberations at the session, Mr. Ghorpade provided a synthesis to contribute to a “South Asia Agenda for Action” for strengthening youth voices in planning and advocacy work. He advocated for young people to not only be considered ‘Faces of the Future’ but a “living and breathing” part of the present.

The Agenda for Action articulated below has been developed from priority issues highlighted by the speakers at the session. It is hoped that the six themes selected in the Agenda for Action will provide directions for strengthening youth participation in sexual and reproductive health including HIV/AIDS programming in the region and contribute to moving towards implementation and action on the ground.

It was suggested that the translation of ‘Listen to Us Also’ in the South Asian country languages be used as the advocacy slogan for a regional campaign for enhancing youth participation in SRH and HIV programming in South Asia.

Agenda for Action

- Enhance advocacy and action research from the region to provide pointers to questions such as effective elements of youth participation, programmatic outcomes of youth participation, benefits from youth participation and institutionalization of youth participation in the rights framework.
- Acknowledge influence of local socio-cultural beliefs and taboos on young people’s sexual and reproductive health and support high-quality needs assessment and custom-tailoring and adaptation of existing tools and mechanisms to local needs *taking young people’s perspectives*.
- Address lack of awareness and information on youth programmes and policies including among rural, illiterate and underserved young people. Policies need to be made youth-friendly and reach youth at the grassroots who do not have access to modern means of communication.

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- Strengthen youth-adult partnerships in sexual and reproductive health programmes through establishing strategic linkages and involvement of stakeholders and gatekeepers at key points such as program design.
- Enhance capacity as well as interest among young people to take initiative on their own through mechanisms such as formation of committees, networks and reward schemes.
- Mainstream HIV prevention among young people in the agenda of other ministries besides Health such as Education, Youth Affairs, Women and Child, Rural Development, others through strategic youth participation

To conclude,

UNFPA in its South Asia Regional Project on “Models for up-scaling Youth Friendly Services” in three Countries- Nepal, India and Sri Lanka has included an integrated component of youth participation in the regional project framework. The project, in 2005 through the implementing partners, is envisaged to operationalize and document ways and outcomes of meaningful youth participation in reproductive health and HIV/AIDS programming in the three countries. We would also look forward to hearing about your experiences from South Asia in this area.

ANNEXURES

AGENDA

UNFPA-SUPPORTED SESSION
LISTEN TO US ALSO: "HAMARI BHI SUNO"

Youth Participation in Sexual and Reproductive Health Programs in South Asia

Asia Conference - Young People's Sexual and Reproductive Health Needs:
Progress, Achievements and Ways Forward
2-4 December 2004, Hotel Claridges, New Delhi

3rd December, 2004 , 4 to 6 pm

Chair: Dr. Farah Usmani, Regional Adviser, UNFPA CST for South & West Asia, Kathmandu

Co-Chair: Dr. Subba Rao, Family Planning Association of India

Youth Leader: Ms Shristee Lamichhane, UNFPA Global Youth Partner, Nepal

TIMING	TOPIC	SPEAKERS
7 minutes	Welcome: Voices of young people	Ms Shristee Lamichhane UNFPA Global Youth Partner, Nepal
8 minutes	Multi media clip: Faces of the Future	UNFPA
7 minutes	Opening Presentation: Youth Participation-Challenges and Opportunities in South Asia	Dr. Farah Usmani Regional Adviser, RH & HIV/AIDS UNFPA CST for South & West Asia
Panel Session: <i>Listen to Us Also: Hamri Bhi Suno</i> Youth leaders working in ASRH from the region		
7 minutes	Challenges and limitations of youth participation	Sri-Lanka Ms. S. Punithamalur [National Youth Council] Mr. Thusita Kumar Dayaratna [Peer Educator]
7 minutes	Youth participation in policy and programming	India Mr Achint Verma [Bhopal, India] Ms JayaLakshmi [Hyderabad, India]
7 minutes	Lessons learned from programming experiences	Nepal Ms. Shristee Lamichhane
10 minutes	Synthesis: Strengthening youth participation in South Asia	Discussant: Mr. Yashodhan Ghorpade Youth Advocacte, UNFPA India
10 minutes	Plenary Presentation Strengthening Youth-Adult Partnerships: HIV/AIDS Programming in India	Dr. S.Y.Quriashi Additional Secretary & Director General, National AIDS Control Organisation, Government of India
20 minutes	<i>Question and Answer:</i> Panel of young people to ask questions from Adults	Moderator: Shristee Lamichhane
10 minutes	Open discussion	Participants
5 minutes	Thanks and concluding remarks	

Brief Profile of Session Speakers

Mr. Thusita Kumar Dayaratna, Kaluthara, Sri Lanka

Thusita is a member of the Sri Lanka Federation of Youth Clubs and of the National Youth Service Council of Sri Lanka. He has worked for many years with Youth Clubs in Sri Lanka as well as in Reproductive Health. Recently he has spent 6 months in the UK under the British Sri Lanka Youth Exchange Programme.

Ms. S. Punithamalur, North Sri Lanka

Punitha is working as a peer educator with the NGO CDA in the UNFPA/EC Reproductive Health Initiatives for Youth in Asia project in the tea plantation areas of north Sri Lanka.

Ms. S. Jayalaxmi, Hyderabad, India

Jayalaxmi is a youth volunteer with the Hyderabad Branch of the Family Planning Association of India. She is a class 12 student and has actively participated in implementing the Youth Information Counseling Corner Project and programming for young people.

Mr. Achint Verma, Bhopal, India

Achint is an Executive Branch Member of the Family Planning Association Bhopal Branch. He has worked with the Youth Centres Jigyasa project and is currently the Secretary of the Youth Management Committee.

Mr. Yashodhan Ghorpade, New Delhi, India

Yashodhan is a graduate from Hans Raj College New Delhi and is working as a youth advocate with UNFPA India. He is currently Vice President, Development Traineeships and has facilitated several trainings. As the AIESEC Representative in the National Youth Al-

liance, he presented a paper reviewing the National Youth Policy 2003 (Government of India) and made recommendations for the same at the International Youth Day Celebrations.

Ms. Shristee Lamichhane, Kathmandu, Nepal

Shirtee is working in the Global UNFPA Youth Partners Initiative on HIV/AIDS. She has been involved in several advocacy events in Nepal and in the region to address youth participation issues. Recently she participated at the International AIDS Conference in Bangkok in July 2004.

Dr. S.Y. Qurieshi, New Delhi, India

Dr. Qurieshi is the Director General of the National AIDS Control Organisation India and Additional Secretary, Ministry of Health and Family Welfare, Government of India. Dr. Qurieshi has extensive experience with youth programming as the Director General of the Nehru Yuva Kendra and was responsible for the successful University Talk AIDS [UTA] programme nearly a decade ago. He has also worked as Director General of the Rajiv Gandhi Institute for Youth Development as well as of Doordarshan India.

Dr. Farah Usmani, Kathmandu, Nepal

Farah is currently working as the Regional Adviser, Reproductive Health and HIV/AIDS at the UNFPA CST for South and West Asia. She is a medical post-graduate with specialization in obstetrics and gynecology and also has a Masters in Health Policy, Planning and Financing from the London School of Economics. Dr. Usmani has nearly two decades of experience with public sector, NGO, bilateral and multi-lateral programmes and has worked and traveled in all seven South Asian countries.

Youth Declaration

ICPD at Ten South Asia Regional Roundtable, IPPF SARO, UNFPA, ARROW & European Commission. August 2004

“Creating spaces for young people to meaningfully participate does not mean ‘passing the torch’. It is more ‘sharing the torch’. This way, all people, regardless of age, could share both the burden and the light.”

We, the young people, who participated in the Countdown 2015-ICPD at 10 – South Asia Regional Roundtable, are agents and catalysts of change for youth empowerment and social development.

We recognize that the issues of young people are diverse and varied, yet there are commonalities that link our experience throughout the South Asia region. We confront various barriers and are affected by human rights violations including lack of access to information and education, imbalance of economic power, violence, negative portrayal in the media, poverty, situations of armed conflict and post conflict, limited access to decision-making process, cultural, religious, social, political and economic barriers to young people’s empowerment, sustainability of environmental resources, and lack of access to proper health care and sexual and reproductive health care and rights (SRHR). Additionally, young people, particularly young women, face discrimination on the basis of gender, sexual orientation, refugee status, disability, age, class, race, education, language, ethnicity, religion, political ideology, socio-economic class, caste, marital status, HIV status, occupation and physical appearance.

All issues of the young people are equally important and intersectional. The concerns raised by the young people in the Countdown 2015-ICPD at 10 – South Asia Regional Roundtable demonstrate the significance of these experiences among issues identified: The diverse experiences of young people are equally important and intersectional; these are our concerns and issues:

- Young people are forced to submit to certain standards and regulations of physical and social appearance and denied our rights to personal choice, autonomy and expression of individuality, sexuality and sexual orientation by political, religious, economic and social factors marked by neoliberal capitalism and religious fundamentalism in all countries across South Asia;
- There are gaps in the UN language with lack of specific reference to young people and particularly young women. The non-recognition of our issues and our vulnerability leads to human rights violations including: sexual violence, physical, sexual and emotional abuse, domestic violence, unsafe abortion, forced migration, forced prostitution, trafficking, as well as forced and early marriage;
- Lack of young people’s meaningful participation and perspectives, especially those who are marginalized and vulnerable at all levels of decision-making including planning, implementation, monitoring and evaluation processes;

Report of the session
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Kathmandu at the Asia
Conference on Young
People’s Sexual and
Reproductive Health Needs:
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- Violations of our sexual and reproductive health and rights including lack of access to information, sexuality education and reproductive health services including safe abortion services, economic equality, contraception and protection from reproductive tract infections/sexually transmitted infections/HIV/AIDS;
- Lack of access to early childhood, primary, secondary, tertiary, vocational and informal education;
- Escalation of state and non-state violence against young women brought about by increased militarism, fundamentalism and terrorism. State sponsored violence has been protected with impunity laws;
- Harmful portrayals of young people in the media reinforce gender stereotypes and inequality that hampers our development;
- Many girls and young women from South Asia are 'missing' and disappearing because of sex selective pregnancy termination and infanticide;
- Many women also suffer because of traditional customary practices which result in violence against women such as female genital mutilation;
- Diverse forms of family and relationship are not recognized or protected including common-law marriage and partnership, same sex marriage, single-parent family. Young people's rights are human rights. Using the frameworks of human rights, gender and anti-discrimination, women's rights are applicable to ALL young people.
- Recognize and promote young people's rights particularly those in marginalized and vulnerable groups;
- Ensure young people's meaningful participation at all levels of decision-making processes, including policy development, programme implementation, monitoring and evaluation of the current issues;
- Include the young people's perspective and language in drafting outcome documents in national and international forums;
- Implement rights-based, gender-sensitive and inclusive programs and services in all educational environments focusing on sexuality, human rights, women's rights, leadership and decision-making, sexual and reproductive rights, HIV/AIDS and peer education for all young people;
- Promote capacity building for all young people to make informed choices and decisions on matters affecting our sexuality, health and lives;
- Address the reproductive health needs of young people through effective, affordable, accessible, women-friendly reproductive health services, including the provision of information on prevention, treatment and counselling with regard to sexually transmitted infections, including HIV/AIDS;
- Conduct research/generate data regarding young women taking into account our diversity and our issues;
- Actively address the issue of unsafe abortion as well as make abortion accessible and safe. In all cases, take positive actions to address complications arising from abortion, including emergency contraception, taking into account health and life of the young women at stake, by making available treatment and counselling;

We urge all people, NGOs, civil society, funding agencies, together with governments at all levels and the international community and other stakeholders to:

- Be responsible for educating other young people, non-young people and communities regarding young people's issues;
- Create and sustain networks or mechanisms to forward young people's agenda at all levels, specifically support youth-led initiatives;
- Young people should have the rights to choose if, when and who to marry, if and when to have children and how many, and the right to end marriage;
- Eradicate cultural, political, social, economic, religious barriers to young people's full realization of our rights and empowerment.

The achievements of International Conference on Population and Development (ICPD), the Fourth World Conference on Women and their plus 5 reviews have made positive steps towards women's

empowerment, but much remains to be done with regard to young people. We commit ourselves to continue the struggle for the advancement of young people's rights. We urge YOU to commit to the inclusion and realization of OUR rights.

The youth participants at the Countdown 2015-ICPD at 10 - South Asia Regional Roundtable, Kathmandu, from August 4 - 6, 2004, drafted the Youth Declaration and the process was facilitated by the Network for Asia Pacific Youth (NAPY).

Recommendations Sri Lanka Youth Summit 2004

We, the participants of the RHIYA-Youth Summit, November 7th - 12th 2004 in Sri Lanka have the following recommendations to policy makers and NGOs active in the field of young people's Reproductive Health and Rights (RHR).

Education

Lack of education and information is one of the main causes of reproductive health problems such as HIV/AIDS, STDs and unwanted pregnancies. Therefore, we urge to take the following actions:

- Realize compulsory Reproductive Health education in schools.
- Organize RHR training classes and discussions in factories, youth friendly centers, street parks, crowded places and brothels, where attractive and understandable Information Education Communication (IEC) materials are provided and distributed widely, including materials about alcohol and drug abuse.
- Provide training for young people on fundraising and management in order to guarantee the sustainability of the projects.
- Persuade parents, teachers, religious and community leaders by offering them training to encourage youth about getting SRH information
- Initiate the recruitment of prostitutes to become peer educators

Youth friendly services

Youth friendly services that are confidential, non-judgmental, professional, accessible and affordable are indispensable to safeguard young people's reproductive health. We recommend the following to realize youth friendly services for all young people:

- Set up more youth friendly health centers and counseling, especially in the rural areas
- Promote voluntary testing for STDs and HIV/AIDS amongst youth
- Provide clean needles for drug addicts
- Provide condoms and contraceptives in as many places as possible (Public restrooms, pubs, restaurants, hotels, public transport and clubs), including by setting up condom vending machines

Abortion

Clandestine and unsafe abortions are a major and potentially deadly health risk for women and young girls. The first step to preventing abortions is the prevention of unwanted pregnancies through education and services. Abortion should never be promoted as a method of family planning. In order to protect women's health and safeguard the stability of the community we recommend:

- To guarantee that safe and legal abortion is accessible to all, including medication and pre- and post-abortion counseling
- To sensitize and educate medical and health care staff about abortion

HIV/AIDS

Providing reproductive health education and youth friendly services are necessary steps to prevent HIV and AIDS. Furthermore, people living with HIV and AIDS should receive the highest quality of medical care. On top of that we have two more recommendations:

- Special attention should be given to pregnant infected women and their (unborn) baby. Pregnant women living with HIV or AIDS should be provided with appropriate medical care and information to reduce the chance of transmitting the virus to their baby.
- Stigma and discrimination of infected people should be actively fought against, by providing correct information about HIV transmission and raising awareness.

Youth Participation

According to the International Conference on Population and Development (ICPD) Program of Action, young people have the right to participate in policy making, programs and projects on issues that affect young people. In order to participate fully young people should have knowledge, skills and support. We recommend the following to realize youth participation in all levels of decision making.

- Encourage young people, who have been working in this field, to train new peer educators; hire young youth coordinators; and establish a fixed number of young FPA (Family Planning Association) staff
- Support the establishment of youth networks, that promote RH issues at the regional, national and international level by organizing various events like youth conferences and exchange activities.

- Support the establishment of an internet youth forum
- Support regular exchange between peer educators of the RHIYA project from different countries
- Encourage youth participation in official meetings, seminars and conferences in this field
- Support training on advocacy and youth participation for young people by young people, e.g. YouAct

Gender Equality

Gender equality is not given enough attention to. However, the empowerment of women is extremely important to achieve reproductive health, gain economic growth and reduce poverty. To promote gender equality we recommend the following:

- Raise awareness about violence against women in the media
- Outlaw forced and early marriages
- Develop good legislation for women's rights (including gender equality, choice of contraceptive methods and educational opportunities) and enforce these laws.
- Promote positive discrimination, Improve the self-awareness of women

