



**YOUTH IN POWER:
DEVELOPING A YOUTH STRATEGY FOR
SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS IN EUROPE AND
CENTRAL ASIA**



A PROJECT IMPLEMENTED BY:



WITH SUPPORT OF :



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BACKGROUND INFORMATION

The “Youth in Power” project proposal was developed by YouAct, in partnership with Y-PEER, YSAFE, ASTRA Youth and submitted for funding to the Council of Europe’s European Youth Foundation (EYF). The proposal was successful and granted 2/3 of the funding while UNFPA Eastern Europe and Central Asia Regional Office agreed to co-fund the project by providing 1/3 and supporting the expansion of the project to include Central Asia. In this regard, IPPF EN provided support and facilitated the operations for co-funding. The PETRI-Sofia Center also joined the project planning and implementation. All partners worked in close collaboration in all stages of the project.

The overall aim of the project was to develop an up-to-date and comprehensive Youth Strategy for Sexual and Reproductive Health and Rights (SRHR) based on the input, experience, needs and ideas of young people in Europe and Central Asia, with the aim of serving as an advocacy and awareness raising tool on SRHR of young people on the national, regional and international level.

The main objectives set by the project team were:

1. To collect data via an online questionnaire on the current gaps and challenges regarding the realization of SRHR of young people, and also receive feedback from them on recommendations, measures and actions that need to be taken by youth-led networks and national and regional policy- and decision-makers.

(Read more about this in Chapter 1)

2. To bring together youth SRHR activists in order to build their advocacy skills and to develop a joint Youth Strategy for Sexual and Reproductive Health

and Rights based on the input, experience, needs and ideas of young people in Europe and Central Asia. In this regard, a study session was organized that brought together youth activists and members of partner SRHR youth-led networks. They have reviewed the gaps and challenges regarding the realization of SRHR of young people and prepared a list of recommendations, measures and actions that need to be taken in order to advance the safeguarding of the Sexual and Reproductive Health and Rights of all young people living in Europe and Central Asia. (Read more about this in Chapter 2)

3. To disseminate the Youth Strategy for SRHR for Europe and Central Asia via:

a. an awareness raising campaign (online and through meetings with peers at a local level) aiming to increase young people’s awareness of their Sexual and Reproductive Health and Rights issues.

b. advocacy activities with policy makers at a national level and at a regional level, aiming to increase their commitment to realize SRHR as Human Rights for young people at a local level and across Europe. Advocacy activities include introducing the Youth Strategy for SRHR to national and regional policy-makers and decision-makers through letters and meetings. (Read more about this in Chapter 3)

Given that the project outcome is derived from young people’s knowledge, experiences, needs, ideas and visions, it is a powerful tool which young activists can use for further empowerment and advocacy work.

METHODOLOGY

01- ONLINE SURVEY :

The first part of the project focused on developing, disseminating and collecting information via an online survey. The aim was to collect data on the current gaps and challenges in youth policies and also receive feedback from young people regarding recommendations, measures and actions that need to be taken by youth-led networks and policy and decision-makers from Council of Europe and Central Asian countries.

The **online survey**¹ format was adapted from one developed by the Cyprus Family Planning Association (CFPA) as part of the Erasmus+ project "Youth Shaping SRHR Policy". The current version was further developed by young people engaged in the project.

The survey targeted young people aged between 15 and 30 years old from Council of Europe or Central Asian states. The survey aimed to collect information about: young people's access to youth-friendly sexual and reproductive health services, implementation of comprehensive sexuality education, policies and laws related to youth, meaningful participation of young people in the design, development, implementation and evaluation of policies and programmes related to youth sexual and reproductive health and rights, recommendations regarding measures, actions, practices and policies that youth networks and/or policy-makers and decision-makers should consider putting in practice.

The online survey was structured in four parts: Part A included questions aimed at constructing the respondent's profile, Part B focused on aspects related to information and education on the topics of Sexual and Reproductive Health and Rights; Part C contained questions regarding access to sexual and reproductive health services; Part D asked about policy and legal issues, including some of them

focused on youth participation in policies and decision-making processes. Most of the survey's questions were multiple-choice or closed. The whole survey took between 10 and 15 minutes to complete. The participation of the respondents was on a voluntary basis and their answers were submitted anonymously. The online survey was advertised together with a poster and a call to action among young people aged 15-30 years old from Council of Europe and Central Asian countries.

The survey has been translated into local languages, to overcome language barriers and allow a broader reach and response rate from young people on a national level. The survey was made available in the following nine languages:

English: <http://bit.ly/2flK3kE>

Azerbaijani: <http://bit.ly/2gjs0eu>

Armenian: <http://bit.ly/2gkEt5c>

Georgian: <http://bit.ly/2fZ9dGD>

Greek: <http://bit.ly/2fHYIXA>

Lithuanian: <http://bit.ly/2fliiaL>

Polish: <http://bit.ly/2fju3PI>

Russian: <http://bit.ly/2fYyCid>

Ukrainian: <http://bit.ly/2fb3PTD>



[1] <http://youact.org/2016/11/17/online-survey-collecting-youth-views/>

In order to find a large number of young people willing to participate in the project and fill in the survey, various strategies were employed. The youth-organizations YouAct, Y-PEER, YSAFE, ASTRA Youth, PETRI Sofia Center have been involved as partners from the planning stage, with the scope of creating a sense of ownership and sustained interest for them to support the wide dissemination of the survey. We used a broader contact list, including our members, partners and donors and asked for further distribution of the survey's link. Online platform and social media channels also played an important role in spreading the message to a variety of audiences.

Limitations

Most of the respondents from the countries have been or are currently engaged in the civil society sector. The number of respondents to the online survey who are not members or volunteers of

non-profit organizations is quite low. Having some level of experience on issues related to youth work, in particular regarding youth rights, youth leadership and empowerment, the profiles of the respondents bring a certain familiarity and prior understanding of youth participation in their community.

The majority of respondents in the online survey come from urban areas. For most of the respondents, the highest level of education completed is a Bachelor's degree. Therefore, the level of education, urban background, as well as knowledge of the English language for those who answered the English survey and interview questions indicates the respondents' profile is most likely a limited representation of the diversity of youth backgrounds and realities within these countries.

The gender bias is also notable, as in all countries there is a dominant female group of respondents.



02- DEVELOPMENT OF THE YOUTH STRATEGY

The second part of the project was undertaken following the data collection of youth views on the current gaps, challenges and recommendations regarding the realization of SRHR of young people in Europe and Central Asia.

A Study Session was organized and brought together youth activists in order to develop a joint Youth Strategy for Sexual and Reproductive Health and Rights based on the input, experience, needs and ideas of young people in Europe and Central Asia and interact with other key processes for the region, more specifically the Sustainable Development Goals (SDGs).

Young activists, members of various SRHR youth-led networks from Europe and Central Asia were invited to take part in the Study Session in Kiev in order to review the gaps and challenges regarding the realiza-

tion of SRHR of young people. They also prepared a list of recommendations, measures and actions that need to be taken in order to advance the safeguarding of the Sexual and Reproductive Health and Rights of all young people living in Europe and Central Asia. Participant's profile included the following criteria:

- Regional focus: Europe and Central Asia
- Age: Not older than 29 years old
- Good command of English
- Proven understanding and commitment to youth development and SRHR
- Good knowledge about the youth situation in their country
- Familiar with the Sustainable Development Goals
- Able to act as a national, regional or international advocate for the youth agenda
- Be in a position to stay engaged in follow-up activities



All the interested applicants filled in a short online application that was asking for:

- Personal details
- Their motivation to attend - their experience, skills and interest to contribute to the development of a regional youth strategy
- Their plans to contribute to the online survey and potential channels to be used to reach-out and ensure broad participation of young people from different social, ethnic, and cultural backgrounds etc.
- Their vision and commitment to using the strategy as a tool to increase awareness and enhance the commitment of decision makers for youth SRHR

A panel formed of youth partner organizations representatives reviewed all applications received and selected the participants to the Study Session; The list of people who attended the Study Session can be found as Annex 1 to this document.

The programme of the Study Session was developed and facilitated by young people who are representatives of the partner organizations.

The outcomes of the meeting were used as the basis for the Youth Strategy, while a preliminary Action Plan was drafted by the young people who attended the meeting and four Working Groups were formed. The initial Working Groups composition is available as Annex 2, but due to different circumstances, the actual composition changed after the Study Session in Kiev. The team members contributing to the further development, consultation and feedback incorporation and the outcomes of their work are presented in the following Chapters of this document.



CHAPTER 1

FINDINGS FROM THE ONLINE SURVEY COUNTRY SUMMARIES

The **online survey** ² was filled in by young people aged 15-30 years old from Council of Europe and Central Asian countries. The results of the survey data collected have been analysed by the young people who attended the Study Session in Kiev. They used a given template and developed a summary of the main findings that can be found below.

Along with the country summary developed by each youth representative, a team of peer reviewers was formed and contributed to ensuring uniform content and clarity.

The website <http://www.indexmundi.com/> was used as a resource for information regarding population data.

The team of peer reviewers consisted of the following members: Myrte Halman (CHOICE for Youth and Sexuality, The Netherlands), Dağlar Çilingir (Y-PEER, Turkey), Büşranur Tenik (Y-PEER, Turkey), Alen Kuspanov (Y-PEER, Kazakhstan), Despina Dimitrova (YSAFE, H.E.R.A Macedonia), Nuriddin Saidov (Y-PEER Tajikistan).

ALBANIA

Summary developed by Dağlar Çilingir (Y-PEER, Turkey)

Total population: 3,038,594

Youth population: 549, 681 (18.09%)

The average age of respondents from Albania is 22 and they are mostly from urban areas and female. Respondents are mostly university students, volunteers in NGOs. Respondents do not represent the country as a whole. Three quarters of respondents are participants of Y-PEER Albania's trainings.

They access information on comprehensive sexuality education through NGOs but they prefer to access it through health-care services and health-care professionals. They want to participate in training on relationships, STIs and violence.

They are worried about privacy in health services and this is the reason they do not to use them. Young people know where to go about HIV/AIDS and family planning but information on relationships and violent situations is not widely available. They are least informed about LGBTQI+ rights.

They think that they are affected by the policies on SRHR but they have not participated in the decision making processes. Ethnic origin is the most widespread form of discrimination. 44 out of 47 respondents want to be involved in the decision making process, but don't think that they are able to right now.

ARMENIA

Summary developed by Alen Kuspanov (Y-PEER, Kazakhstan)

Total population: 3,051,250

Youth population: 414,359 (13.58%)

The majority of respondents are 17 and the average age is 20. 33 respondents live in urban areas and 3 in rural areas, 20 were female and 12 were male. Most of the respondents have completed lower secondary school (e.g. Gymnasium) and are part-time employed. They are also members/volunteers of a non-governmental, non-profit organisation.

[2] <http://youact.org/2016/11/17/online-survey-collecting-youth-views/>

They usually access information about Sexual and Reproductive Health and Rights (SRHR) online. If it were possible, they would like to receive more information about education for SRHR from school/university. The points they would most like to have had more information or training on are: sexual rights and citizenship; Emotions and emotional development (Psychology); Sexually Transmitted Infections (STIs) including HIV/AIDS; Social skills (communication, negotiation, critical thinking, assertiveness etc.).

The majority of the respondents strongly agreed or agreed that: schools/universities need to have an active role in providing sexuality education to children and young people. The majority of the respondents strongly disagreed or disagreed that: if there was an online platform (website, phone application etc.) offering information about comprehensive sexuality education, they would use it.

Respondents were most informed about gender equality and were least informed about contraception. The way in which national policies and legislations about SRHR affect everyday life, was chosen as the most relevant to respondents; and the way in which the opinions and needs of all the groups of the population in the country (including youth with disabilities, LGBTQI+ youth etc.) are taken into consideration during the shaping of policies and legislations, were the least relevant.

Disability is the most widespread type of discrimination in the country. 28 would like to get actively involved in the drafting of policies and legislation about the SRHR of young people at a national level.

AZERBAIJAN

Summary developed by Saadat Abdullazada (Y-PEER, Azerbaijan)

Total population: 9,872,765

Youth population: 1,556,935 (15.77%)

In Azerbaijan, the research findings are based on 71 responses to the online survey. 14 answers were received from the English language version of the survey, while 57 were received from the Azerbaijani language version of the survey. Most of the respondents were 22 years old. There were 11 answers provided by young people below the age of 18 (15-17 years old) from the local language version. All the respondents to the version in English are above 20 years old. Overall, the average age of the respondents was 22 years old.

While Azerbaijan was the country of origin for all respondents, the countries of residence are different from the country of origin for 5 respondents (7 %) - 4 people live in Russia (5,6 %) and 1 lives in France (1.4 %). More than 83% of the respondents are from urban areas. Of the total number of respondents, 59 of them live in urban areas, while only 12 of them (17%) live in rural areas. A note would be that on the English survey, only 1 of the respondents was from a rural area.

average age of the respondents was 22 years old. With regards to gender, 23 of the respondents identify themselves as male (accounting for 32% of the total) while 47 identify as female (66.2%) , while one preferred to fill in the blank for a different answer and identified as a member of the LGBTQI+ community. .

With regards to the level of the education completed, the majority of the respondents, 43 of them (60.56%) have an Undergraduate Degree (Bachelor's or equivalent). For 3 of the respondents, primary school is the highest level completed, 3 have completed lower secondary school, 6 have completed upper secondary school, 48 have completed an undergraduate degree, 8 of them have a post graduate degree and 1 has completed Doctoral studies. 7 respondents choose the option "other" but did not provide further details.

With regards to their current educational enrolment, most of the respondents are currently undergrad or postgrad students – 52 of them, representing 72.23%. 6 young people are not studying, 9 of them are high-school students, 26 of them are undergraduate university students, 26 of them are doing their masters and 2 of them are doing their PhD. 2 respondents

choose the option "other" but did not provide further details.

With regards to their current employment status, many of the respondents are unemployed - 31 of them (43.66%). 7 respondents are doing an internship and 11 of them are part-time employed, 21 of them are full-time employees. 1 respondent choose the option "other" but did not provide further details. With regards to their profile, 30 (42.25%) - are members or volunteer for a non-governmental, non-profit organization and 28 of them (39.43%) are a members of a youth organization. 3 of the respondents identify themselves as LGBTQI+ and 1 of them identifies as a person affected by a humanitarian crisis. 5 of the respondents choose the option "other" but did not provide further details.



The respondents' opinion with regards to how seriously the needs and opinions of young people in Azerbaijan are taken into consideration in the shaping of policies and legislations varies a great deal. 28 of the young people who filled in the survey (39.43%) think the youth views are taken into consideration somewhat. 10 (14.08%) feel that their views are taken into account, while 33 of them (46.47%) feel this happens little or not at all. 48 respondents (67.6 %) think the Development of educational programmes on decision making processes and on the importance of youth participation in such processes is of crucial importance. 37 (52.11%) think the enactment of regular consultations with young people during the preparation of draft laws/policies would be important. The other given options - enactment of a legal framework that will safeguard the participation of young people in the drafting of policies/laws was voted for by 34 respondents, while the enactment of youth representation in the Board of Directors of governmental, semi and non-governmental organisations was chosen by 32 respondents.

In general, the survey depicted obvious deprivation of SRHR information, and this fact repeatedly proved that we are on right track. The extent of awareness of discrimination based on sexual orientation shows that people are aware that it exists and this is a positive starting point to start this combating particular discrimination.

BELGIUM

Summary developed by Simon Herteleer (YSAFE, Belgium)

Total population: 11,409,077

Youth population: 1,308,621 (11.47%)

The number of people aged 18 or under in Belgium is 2,285,581. Most respondents from Belgium were living in urban areas (14) and were female (15). Nearly all had a university degree (16), subdivided into master's (9) and bachelor's (7) respectively and were either still studying (7) or unemployed (8). 11 respondents were a member/volunteer of a non-governmental, non-profit organization or from a youth organization (8). There were also 4 respondents from the LGBTQI+ community. They nearly all got their information from the Internet (15) or the media (12) followed by friends (10), school/university (10) and health-care professionals (10). Most believed that school/university (14) was the source they would like to get their information from, followed by health-care professionals (11). Relationships (13) legislation about sexuality and rights (12), emotions and emotional development (11) were the top 3 areas identified as needing more attention during CSE by respondents.

Most respondents (13) have relatively easy access to SRHR information and feel that schools/universities need to have an active role in providing comprehensive sexuality education to children and young people (14), another 14 people believe Parents need to have an active role in providing comprehensive sexuality education to children and young people and 16 respondents thought information and training programs on comprehensive sexuality education provided outside of schools should be provided in parallel with comprehensive sexuality education provided at schools.

12 people think active learning methods are best used when teaching comprehensive sexuality education and that they would use online platforms to get information on CSE and SRHR.

Nearly all respondents used public health services (15) and did not have any obstacles but those that did generally found waiting in line the biggest obstacle (5). Violence and relationships were the two topics that the respondents were less well informed about with regards to who to approach.

Nearly all respondents (14 on average) were well informed about information regarding policies and legislation on the various topics. The least well performing were young people's access to SRH services and consent with 5-6 people being only 'fairly informed'. Half of the respondents felt that young people's opinion was only somewhat being taken into consideration. Ethnic origin and economic status were the most important reasons for discrimination in Belgium. Nearly all respondents (15-14) felt that there should be mandatory comprehensive sexuality education in all school levels and programs for continuous trainings for teachers/professionals. Access to contraceptives for free was the most important issue for young people (13) and the need for the Drafting of a national strategy on the SRHR of young people came first together with the Legal regulation of the right of adoption for same sex couples (15 each).

The results are in line with what I expected for Belgium. Considering there is no framework for CSE available for either teachers/professors the answers were often in line with this. Belgium is currently facing a tough financial situation calling for reforms and

often with a backlash against SRH services. Young people feel a need for a greater voice and representation as well as easier access to services and contraceptives.

BULGARIA

Summary developed by Yuliya Andzhekarska (PETRI-Sofia, Bulgaria)

Total population: 7,144,653

Youth population: 695, 174 (9.73%)

The survey was only filled in by 13 young people from Bulgaria, as the time-frame for filling in the survey was very short. Therefore, the results and their interpretation cannot be taken as completely representative for the youth in the country. However, they show some general trends that could be valid for the majority of the youth in Bulgaria.

The majority of the respondents to the survey are female, from urban areas. This is probably due to the fact that the urban population represents 73.9% of the total population (2015)³ and the online communication used to spread the survey, mainly managed by NGO members (the majority of the respondents have a Bachelor's degree and are involved in the NGO sector) for whom it is probably more difficult to reach youth in rural areas.

The fact that the majority of the respondents have a Bachelor degree and are involved in the NGO sector might be one of the reasons why they indicate that they are well-informed about SRHR issues. However, this contradicts the answer to the question "Which of the actions below do you find most important in relation to SRHR in your country?"

[3] Bulgaria Demographics Profile 2016, http://www.indexmundi.com/bulgaria/demographics_profile.html

“Decriminalisation of abortion” was chosen by 5 respondents, while in Bulgaria abortion is not criminalized.

The most frequent answer to the question on the information regarding SRHR is that the majority of the respondents get information from the Internet, civil society sector (NGO trainings, workshops, sessions or brochures, flyers) and friends, which shows that other sources of information are not available or not used. The information available on the internet or given by friends might not be accurate or relevant, therefore other sources, such as educational institutions and health centers should be involved in the process. According to the responses, young people would prefer to receive information on SRHR topics from health-care professionals and health centres/ information and counselling services. At the same time, most respondents agree or strongly agree that

schools/universities need to have an active role in providing comprehensive sexuality education to children and young people. Other statements that the majority of the respondents agree with are: “Parents need to have an active role in providing comprehensive sexuality education to children and young people”; “In parallel with comprehensive sexuality education provided at schools, information and training programmes on sexuality provided outside of schools (eg. Youth information centres) are necessary”; “I think active learning methods are best with regards to comprehensive sexuality education”. Therefore, the formal educational system, non-formal educational methods and the family should be involved in the provision of comprehensive sexuality education.

The main topics for which young people say they would like to have more information and training



opportunities are: relationships, emotions and emotional development, social skills. This shows the lack of such educational opportunities and, at the same time, the importance of these topics for young people. Unfortunately, they are not part of the school or university curricula, as well as comprehensive sexuality education (CSE). According to the majority of the respondents, CSE should be mandatory at all school levels. The other actions that the respondents find most important in relation to SRHR in Bulgaria are: establishment/provision of youth-friendly SRH services, including counselling centres, in public/state health centres; drafting of a national strategy on the SRHR of young people; enactment of regular consultations with young people during the preparation of draft laws/policies.

Most of the respondents indicate that they would like to get actively involved in the drafting of policies and legislation about SRHR of young people at a national level, which shows that young people are interested in being active in this field and recognize its importance.

GEORGIA

Summary developed by Anuki Mosiashvili (YouAct, Y-PEER, Georgia)

Total population: 3,729,635⁴

Youth population: 621,427 (16,61%)

The majority of the respondents are 23, the average age is also 23. 90% are from urban areas. One respondent is Georgian by origin, but currently lives in France, the rest of the respondents are Georgians based in Georgia, the majority of which are female. Over 60% are students of an undergraduate degree. Over 40% are unemployed and over 60% are members/volunteers of a non-governmental, non-profit

organization.

The majority of the respondents learn SRHR information on the internet and from friends, although they would prefer to learn it from professionals and health centers. The specific topics that they want to learn about are emotions and emotional development relationships, and Sexually Transmitted Infections (STIs), including HIV/AIDS.

Most of the respondents think that in parallel with comprehensive sexuality education provided at schools, information and training programmes on sexuality provided outside of schools are necessary. The statement which least respondents agreed with was: active learning methods are best with regards to comprehensive sexuality education.

Half of respondents have never participated in any educational seminar, workshop or lecture on topics related to Sexual and Reproductive Health and Rights. The other half of them has participated in the activities organized by GYDEA (Georgian Youth Development and Education Association, representing Y-PEER in Georgia), UNFPA Country Office and HERA XXI.

The majority have access to Sexual and Reproductive Health (SRH) Services from public health services. Reasons and factors that make it difficult to access and benefit from SRH services according to the survey results are costs, lack of discretion, privacy and respect and fear of meeting friends/partner/family neighbours.

The majority responded that they know who/where to ask for help in case they need information about Sexually Transmitted Infections or HIV/AIDS, although

[4] http://geostat.ge/cms/site_images/_files/english/population/According%20to%20preliminary%20results%20of%20the%202014%20population%20census%20Final.pdf

a significant number of respondents were not aware how to access information about safe abortion and information about relationships.

The majority of respondents are well informed about Policies and legislation on abortion; although it should be mentioned that majority of the respondents are less informed about contraception.

The majority of respondents indicated that national policies and legislations on SRHR has the most influence on their everyday life. They also indicated that the opinions and needs of all the groups of the population in their country (including youth with disabilities, LGBTQI+ youth etc.) are taken into consideration during the shaping of policies and legislations. Discrimination because of sexual orientation is the most common in Georgia.

Most respondents are members of NGOs or youth clubs which are focused on young people. The majority of the respondents wish to get actively involved in the drafting of policies and legislation about Sexual and Reproductive Health and Rights of young people at a national level.

The Majority responded that comprehensive sexuality education is mandatory in schools. They also indicated that the establishment/provision of youth-friendly SRH services, including counselling centres, in public/state health centres is the most important. Regarding legislations and policies the majority of respondents indicated drafting of national strategy on the Sexual and Reproductive Health and Rights of young people as the most important.

The majority of the respondents are willing to participate in the development of educational programmes on decision making processes.



IRELAND

Summary developed by Eimear Sparks (YouAct, Ireland)

Total population: 4,952,473

Youth population: 584, 391 (11.8%)

There was a gender bias in that most respondents were female. Furthermore, most were from urban areas, had completed undergraduate degrees and were volunteers for an NGO.

An overwhelming majority of respondents obtained information about SRHR from the internet although this was complimented by other sources. They prefer to obtain this information from health-care professions if given the chance.

There is a huge gap in accessible information concerning emotions and sexual relationships. Most believed that information on SRHR should be provided at schools and colleges and many felt that it was also the parent's responsibility. Given the current

legislation on abortion in Ireland, few knew where they could go if they needed an abortion.

They were least informed about policies on comprehensive sexuality education in Ireland. Nearly half felt that young people's needs were not taken into consideration in the drafting of new policies and legislation and this was the same when it came to minorities. Gender was the most discriminated against category. A change in the current policy regarding comprehensive sexuality education was highlighted as an important issue. Decriminalisation of abortion was an important issue for nearly all of the participants.

38 out of 48 respondents said that they would be interested in participating in the drafting of a new youth strategy.

The current comprehensive sexuality education seems to be a huge area of concern, including the lack of education about the emotional side of sexuality.



KAZAKHSTAN

Summary developed by Alen Kuspanov (Y-PEER, Kazakhstan)

Total population: 17,945,300

Youth population: 2,691,627 (14.66%)

Everyone who took this survey lives in urban areas and 75% of them are female. The survey was taken among mostly unemployed and undergraduate degree students. Almost all of them are members of different volunteer organizations and NGOs. What is most impressive is that majority of the students chose Internet both as their source of information on SRHR and the source they would like to use for it. The results showed that most of the respondents would like to have more training on the topic of Relationships. Respondents think that Gender and Sexual orientation are crucial topics today that can be seen in the discrimination in Kazakh society. Also, they pointed out the lack of help from any organizations

with regards to information on safe abortions and in case someone is the subject of violence.

Statistics show that the youth of Kazakhstan make up about 29% of the whole population. More than half of them are urban. According to the results of the survey, 80% want to be involved in the drafting and decision-making process of policies and legislation on SRHR and Rights of young people at a national level. They found some policies like Mandatory comprehensive sexuality education in all school levels, Provision of more friendly SRH services, National strategy on SRHR and youth rights, Equal marriages and Education on the importance of youth's involvement – to be the most crucial and important policies for young people to participate in.

In general, the survey was quite successful and we could see the intense involvement and stimulation of you that are active in today's policies on SRHR and young people's rights movements.



LITHUANIA

Summary developed by Despina Dimitrova (YSAFE, H.E.R.A, Macedonia)

Total population: 2,854,235

Youth population: 329,664 (11.55%)

The survey was completed by mostly high school and university students who are between 15 and 20 years old. The majority of answers are from female participants, and almost all of them are living in urban areas. Half of them said that they are unemployed. 1 in 3 said that they are full-time employees. Half of them are members of or volunteer for a NGO or youth organization. In addition, 10% are using addictive substances.

Mostly, they are using the internet to get information about SRHR. However, friends, media and school are also a way of learning for them. Although they have access to information on the internet, they prefer to access SRHR information by way of health-care professionals, health centres/information and counselling services. Most of them would have liked to have had more information about emotions and emotional development, relationships, sexual orientation and gender identity and expression, legislation about sexuality and rights and social skills.

Mostly, they think that information about SRHR is easily accessible. The majority of respondents think that schools/universities need to have an active role in providing comprehensive sexuality education for children and young people. On the other hand, they specified that if there was an online platform (website, phone application etc.) offering information about comprehensive sexuality education related topics, they would use it.

Almost the same number of respondents stated that they had participated in an educational seminar, workshop or lecture on topics related to Sexual and Reproductive Health and Rights (outside of school hours) as not.

They have access to Sexual and Reproductive Health (SRH) Services through public health services. They have not used SRH services because permission from their parents was required, fear of inappropriate approach from health professionals and cost.

Most young people know how to reach information about STIs, HIV/AIDS, if they are the subject of violence, and family planning. But they are not sure how to get more information about safe abortion and relationships. They are well informed about legislation and policies about LGBTQI+ rights and gender equality. However, they are least informed about young people's access to SRH services and consent.

The most applicable point is that national policies and legislations about SRHR affect their everyday lives. Yet, "the opinions and needs of all the groups of the population in their country (including youth with disabilities, LGBTQI+ youth etc.) are taken into consideration during the shaping of policies and legislations" are least applicable for them. Sexual Orientation and Gender Identity are the most widespread types of discrimination in the country.

Most of them are not members/volunteers in any related network or organisation. On the other hand, some of them are working with young people in NGOs. They would like to get actively involved in the drafting of policies and legislation about Sexual and Reproductive Health and Rights of young people at national level.

They think that comprehensive sexuality education should be mandatory at all school levels. They would like access to services without a requirement for parental consent. They also want to establish youth-friendly SRH services, including counselling centres, in public/state health centres and they would like to decriminalise abortion.

They want more youth participation in decision-making processes with the enactment of regular consultations with young people during the preparation of draft laws/policies.

MACEDONIA

**Summary developed by Despina Dimitrova
(YSAFE, H.E.R.A, Macedonia)**

Total population: 2,100,025

Youth population: 287,493 (13.69%)

SRHR research shows that in Macedonia 8.2% of girls aged 15 to 19 use some form of modern contraceptive, 8.3% of those aged 20 to 24 and only 1.3% use the pill (oral hormonal contraception), but according to the answers that I've seen in this survey, they all claim that they have information regarding contraception and SRH, but not about service providers.

The age of the majority of the respondents was 22. The average age of the respondents was 21. All 14 respondents live in urban areas, none in rural areas. 10 are Female and 4 are male. Most of the correspondents completed lower secondary school and an undergraduate degree. Also 10 of them are members/volunteers of a non-governmental, non-profit organization. They usually access information about SRHR from the internet. If it were possible, they would like to receive more information about emotions

and emotional development from school/university. The majority of respondents strongly agreed that: schools/universities need to have an active role in providing comprehensive sexuality education to children and young people and 11 respondents strongly agreed that: in parallel with comprehensive sexuality education provided at schools, information and training programmes on sexuality provided outside of schools are necessary.

The topics on which respondents were most informed is young people's access to SRH services and the topic on which the respondents were least informed is LGBTQI+ rights. The statements which were most applicable: national policies and legislations about SRHR affect your everyday life. The opinions and needs of all the groups of the population in your country (including youth with disabilities, LGBTQI+ youth etc.) are taken into consideration during the shaping of policies and legislations, were the least applicable. Sexual orientation is the most widespread type of discrimination in the country. 11 respondents would like to get actively involved in the drafting of policies and legislation about SRHR of young people at national level.



THE NETHERLANDS

Summary developed by Jelena Brodnjak, Myrte Halman and Chris van Hoorn (CHOICE for Youth and Sexuality, The Netherlands)

Total population: 17,016,967

Youth population: 2,060,754 (12.11%)

The Netherlands had 59 respondents to the online survey. However, the data is quite biased. Most respondents are part of the LGBTQI+ community, female and live in urban areas. Most are highly educated and/or pursuing a university degrees. One third of the respondents are also a member of a youth organization and probably involved in SRHR work.

Most respondents get their information on SRHR via the internet or health care services. A great number stated that ideally they would like to receive more information via school/university and health care professionals. Emotions, sexual pleasure, relation-

ships and violence are topics the young Dutch inhabitants would like to receive more information about. Most of them seem to think information about SRHR is generally easy to access, so that is a good outcome. What shocked me however, was that questions such as: “Which of the actions below do you find most important in relation to SRHR in your county?” and then the sub-questions about “Decriminalization of abortion” and “Marriage equality (civil marriage for same sex couples)” were pointed out by respectively 19 and 18 respondents as points of action. Both are legal in the Netherlands already though. So this is a rather troublesome outcome, since it means young Dutch people do not seem to know anything about the state of SRHR in the NL.

The main challenges in NL with regards to SRHR seem to revolve around comprehensive sexuality education and where to go for questions about healthy relationships.



POLAND

Summary developed by Joanna Skonieczna (ASTRA Youth, Ponton Group of Sex Educators, Poland) and Jewgienia Aleksandrowa (Ponton Group of Sex Educators, Poland)

Total population: 38,523,261

Youth population: 4,279,934 (11.11%)

There are about 7 million young people aged 15 – 30 in Poland⁵. The Polish version of the questionnaire was completed by 446 people. Most of the respondents were female (76%). The average age of the respondents was 23.5.

About 43% of respondents were university students (bachelor and master); 36% were unemployed, 23% were part-time employed, 29% were full-time employed. About 29% of respondents declared that they are a member/volunteer of a non-governmental, non-profit organisation; 10% that they are a member of a youth organisation, 34% that they are LGBTIQ+.

The internet (93%) and friends (43%) are the main sources from which respondents usually access information about SRHR⁶. Respondents want to receive more information from school/university (62%), health-care professionals (60%), health centres/Information and counselling services (56%) and civil society sector (50%).

The statement “I have easy access to information for topics relevant to sexual and reproductive health and rights (SRHR)” was strongly disagreed/disagreed with by 22% of the respondents. The statement “schools/universities need to have an active role in providing comprehensive sexuality education to children and young people” was strongly agreed/agreed by 87% of respondents^{7,8}.

Nearly 31% of youth respondents have participated in an educational seminar, workshop or lecture on topics related to SRHR (outside of school hours) and mentioned the following organizations: Ponton Group of Sex Educators, Gals for Gals, Family Development Association, Feminoteka, Lambda, Empowering Children Foundation, Jagiellonian University in Kraków, University of Social Sciences and Humanities in Warsaw, Maria Curie-Skłodowska University (UMCS) in Lublin, Medical University of Silesia, Medical University in Warsaw, Political Critique, Sex Positive Institute, Introduction to Sexuality Studies - University of Amsterdam Summer School, Campaign Against Homophobia, Polish Sexological Society, “Bliżej Siebie” Psycho-Sexological Clinic, proseksualna.pl, IFMSA Wrocław.

The issues mentioned by the respondents included: comprehensive sexuality education, contraception, menstruation, abortion, sexual violence, sexually transmitted infections (including the meeting with person living with HIV), relationships, psychosocial skills (assertiveness, communication), and the situation of LGBTIQ+ people, breast and cervical cancer.

About 69% of youth declared that they usually have access to Sexual and Reproductive Health (SRH) Services from private health services. Only 48% of respondents have access from public health services⁹

Cost (31%), long waiting lists (27%) and fear of inappropriate approach from health professional (33%) made it difficult to use SRH services.

About 69% of respondents know who/where to reach for help, if they need information about family planning, including contraceptive choices. About 45% of respondents don't know who/where to reach for

[5] [1] <http://stat.gov.pl/>

[6] <https://men.gov.pl/wp-content/uploads/2015/07/raport-ibe-ekd.pdf>

[7] http://ponton.org.pl/sites/ponton/files/pdf/raport_skrot_prawo_do_educacji_seksualnej_ponton_2016.pdf

[8] http://ponton.org.pl/sites/ponton/files/pdf/2014/PONTON_raport_jaka_educacja_2014.pdf

[9] <http://www.ponton.org.pl/en/raport/safe-chair-report-ob-gyn-care-adolescents-lbtq-and-patients-disabilities>

help, if they need information about safe abortion.

Abortion (73%) and contraception (63%) are topics for which respondents were most informed. Young people's access to SRH services is the topic for which respondents were least informed (42%).

National policies and legislations about Sexual and Reproductive Health and Rights affect everyday life in the opinion of about 64% of respondents. About 92% of respondents think that the opinions and needs of all the groups of the population in Poland (including youth with disabilities, LGBTQI+ youth etc.) are not taken into consideration during the shaping of policies and legislations.

About 59% of respondents declared that "I am not a member/volunteer in any related network or organization". About 19% of respondents are a member/volunteer at a network or organisation that represents of

or advocates for young people, 19% - for women, 17% - for LGBTQI+.

Most of respondents (79%) would like to get actively involved in the drafting of policies and legislation about Sexual and Reproductive Health and Rights of young people at a national level.

Polish youth respondents have chosen the following areas of action in SRHR:

- Mandatory comprehensive sexuality education in all school levels (82%);
- Access to services without the requirement for parental consent (69%);
- Decriminalisation of abortion (79%);
- Enactment of regular consultations with young people during the preparation of draft laws/policies (59%), and the development of educational programmes on decision making processes and on the importance of youth participation in such processes (58%).



TAJIKISTAN

Summary developed by Nurridin Saidov and Sharafdzhon Boborakhimov (Y-PEER, Tajikistan)

Total population: 8,330,946

Youth population: 1,586,212 (19.04%)

The survey was completed by people who have access to the internet and can use a proxy, because social media is blocked, therefore we have just 18 responses and 100% of them are from urban areas. They have higher economic and social status but most of the respondents are female (62.5%), the age of the majority of the respondents is 25 and the average age is 23.

Most of the respondents are university students with undergraduate and postgraduate degrees, 31.25% of respondents are part-time employees and the same percentage applies to full time employees and unemployed. Most of the respondents are also members/volunteer of a non-governmental, non-profit organisation (NGO).

They learn about SRHR information from the civil society sector. Respondents mostly prefer to get knowledge from health centres/information, counselling services and health-care professionals. Respondents would prefer to have more training opportunities in topics like Emotions and emotional development, Social skills, and relationships.

Most of the respondents have access to information about SRHR and know where to reach for help. They also strongly agree with the statement that schools/universities need to have an active role in providing comprehensive sexuality education to

children and young people, in parallel with school providing training programmes on sexuality outside of schools. In addition, they think that parents should have active role in this. Respondents think that active learning methods are best with regards to comprehensive sexuality education and would like to use online platforms offering information about sexuality related topics.

Respondents that are most informed about young people's access to SRH services and least informed about LGBTQI+ and rights. The needs and opinions of young people in the country should also be taken into consideration in the shaping of policies and legislations but the opinions and needs of all the groups of the population in country (including youth with disabilities, LGBTQI+ youth etc.) are not considered important. The most widespread types of discrimination are based on gender and sexual orientation.

About 90% of respondents would like to get actively involved in the drafting of policies and legislation about SRHR of young people at a national level.

Respondents have chosen the following areas of action in SRHR:

- Mandatory comprehensive sexuality education at all school levels
- Establishment/Provision of youth-friendly SRH services, including counselling centres, in public/state health centres.
- Drafting of a national strategy on the SRHR of young people
- Enactment of a legal framework that will safeguard the participation of young people in the drafting of policies/laws

TURKEY

Summary developed by Dağlar Çilingir and Büşra-nur Tenik (Y-PEER, Turkey)

Total population: 80,274,604

Youth population: 19,932,238 (16.11%)

The survey was completed by university students who are studying in English generally. They have higher economic and social status and they can access information more easily than others because it is easier to find English information than Turkish. The average age is 22 but respondents are mostly female. Most of them are working with different NGOs and peer trainers or friends of peer trainers who have access to knowledge and information. Specific LGBT-QI+ communities completed the survey. Half of them said that they participated in training which is conducted by Y-PEER. Respondents are working with young people and women in NGOs.

They get SRHR information on the internet and from friends mostly but they prefer not to get information from these sources. They prefer to get it from professionals and health centers. The specific topics that they want to learn are relationships and violence. Most of them want to access SRHR information in schools which they can't do at the moment.

Half of the young people do not know where to reach for help in situations of violence, abortion, STIs but especially in the case of safe abortion young people don't know where to find information. They are most informed about consent and least informed about safe abortion.

They do not use SRH services because of fear of inappropriate approach from health professionals, respect, and cost. Mostly, they have access to Sexual and Reproductive Health (SRH) services from public and private health services. Sexual orientation and gender are the main topics of discrimination. They want parents to be educated on SRHR and they want youth-friendly SRH services, including counselling centres, in public/state health centres to be established.

They stated that they are affected by policies on SRHR but they are not asked or consulted on this. Almost 75% of young people want to take part in the decision-making process. Drafting of a national strategy on the SRHR of young people is the most important thing for young people. Youth want to be a part of the decision making processes such as the enactment of youth representation in the Board of Directors of governmental, semi and non-governmental organisations. The most important point is that national policies and legislations about Sexual and Reproductive Health and Rights affect their everyday lives. However, the opinions and needs of all the groups of the population in their country (including youth with disabilities, LGBTQI+ youth etc.) being taken into consideration during the shaping of policies and legislations are least applicable for them. All of them would like to get actively involved in the drafting of policies and legislation about SRHR of young people at a national level.

UKRAINE

Summary developed by Julia Danyltsova (YSAFE, Ukraine), Yana Panfilova (YouAct, Teenergizer, Ukraine) and Anna Miller (Teenergizer, Ukraine)

Total population: 44,209,733

Youth population: 4,553,602 (10.3%)

The majority of the respondents are 26 and the average age is also 26. The majority are female, 113 while the number of male respondents is 52. Most of them (67) are students of an undergraduate degree and 78 are unemployed. 40 respondents are members/volunteers of a non-governmental or non-profit organization.

They learn SRHR information on internet, from the media and from friends mostly but they prefer not to learn from these ways. They prefer to learn from professionals and health centers. The specific topics that they want have more information about are emotions and emotional development relationships and social skills.

Most of the respondents think that in parallel with the comprehensive sexuality education provided at schools, information and training programmes on comprehensive sexuality provided outside of schools are necessary.

117 out of 173 responders have never participated in an educational seminar, workshop or lecture on topics related to SRHR.

The majority have access to Sexual and Reproductive Health (SRH) Services from public health services. It's difficult to use SRH services because of costs, lack of

discretion, privacy and respect and fear of meeting friends/partner/family neighbours.

The majority know who/where to reach for help in case they need information about Sexually Transmitted Infections or HIV/AIDS, although a significant number of respondents were not aware where to reach information about safe abortion and information about relationships.

The majority of the respondents are well informed about contraception, although it is interesting that the majority of the respondents are least informed about abortion. Sexual orientation is the main topic of discrimination in Ukraine. Most respondents are not a member/volunteer of any related network or organization.

The majority said that mandatory comprehensive sexuality education in all school levels is necessary. They also indicated that access for young people to free contraceptives is the most important point.

Regarding legislations and policies the majority indicated that drafting of a national strategy on the SRHR of young people is the most important. They are also willing to participate in the enactment of regular consultations with young people during the preparation of draft laws/policies.

The number of people wanting to take part in drafting SRHR national policies is a little bit disappointing. Almost half of the respondents are not interested in developing their country's system. The high statistic on discrimination based on sexual orientation is terrifying.

CHAPTER 2

**SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS
IN EUROPE AND CENTRAL ASIA
YOUTH STRATEGY
2017 - 2025**

In December 2016, young activists from all over Europe and Central Asia met in Kiev, Ukraine to review the findings of an online questionnaire aimed at identifying the gaps and challenges young people face regarding the realization of their Sexual and Reproductive Health and Rights (SRHR). During the meeting, the group of young people prepared a draft document containing a list of objectives, expected results and indicators. The Strategy is based on the findings of the survey spread among young people in Central Asian countries, which reflects their input, experience, needs and ideas, and work together with other key processes for the region, more specifically the 2030 Agenda and its Sustainable Development Goals (SDGs).

The draft strategy was further revised and consulted on with all the project partners after the international meeting in Kiev by the youth working group consisting of: Anuki Mosiashvili (YouAct, Y-PEER, Georgia), Ivy Miltiadou (YouAct, Cyprus), Yuliya Andzhekarska (PETRI-Sofia, Bulgaria), Simon Herteleer (YSAFE, Belgium), Myrte Halman (CHOICE for Youth and Sexuality, The Netherlands).

MISSION:

For young people, governments and stakeholders across Europe and Central Asia to use this Strategy as an advocacy tool at national and regional levels to ensure better and more meaningful youth participation at all levels of decision making regarding Sexual and Reproductive Health and Rights.

This document focuses on 4 thematic areas:

- **Information-Education for SRHR**
- **SRH Services**
- **Legislation and Policies regarding SRHR**
- **Youth Participation**

VISION:

Ensure that over the next 8 years, NGOs and other stakeholders implement the suggested recommendations in this document. To ensure meaningful youth participation across all decision-making bodies and to make the voice of young people heard. Enabling young people to hold decision makers accountable and to ensure meaningful youth participation in the decision making process.

INTRODUCTION

There are more young people in the world than ever before, creating unprecedented potential for economic and social progress. There are about 1.8 billion young people between the ages of 10 and 24 – the largest youth population ever. With proper investment in their education and opportunities, these young people's ideas, ideals and innovations could transform the future.

Despite often having helped to trigger social and political change in transition countries, young people for the most part have subsequently been excluded from decision making and the political priorities of the new order, and are increasingly disillusioned with the citizenship opportunities offered in their countries.

In Europe and Central Asia young people, the poor, illiterate women, ethnic minorities, and members of migrant, mobile populations and rural population groups face serious barriers in their participation in decision-making processes and in accessing the services and information they need to safeguard their health. Much more needs to be done to end preventable deaths and reduce mortality rates among women of reproductive age and to ensure that all individuals can exercise their basic human rights, including those related to the most intimate and fundamental aspects of life ¹⁰.

[10] http://eeca.unfpa.org/sites/default/files/pub-pdf/SRH_WEB.pdf

HIV-related deaths are down 35 per cent from 2005 – but estimates suggest that deaths among adolescents are actually rising. Globally, HIV deaths are falling, and new HIV infections are falling as well. But alarmingly, young people remain particularly vulnerable to the disease, as well as to other sexually transmitted infections (STIs). Much more must be done to provide adolescents with comprehensive sexual and reproductive health information and services, in order to help them prevent HIV and other STIs transmission, and to provide treatment for those who are infected.

Many people believe these trends are only applicable to developing countries and that European countries are an example to follow. Nevertheless, the recent proposal to ban abortion in Poland and the continued restrictiveness of the access to abortion in Ireland (abortion is against the law in Ireland unless the pregnancy endangers the life of the woman) is

one of the most worrying trends in Europe and Central Asia.

Yet the rise of opposition to sexual and reproductive health and rights (SRHR) in Europe is not a recent development. Since 1989, the status of SRHR and women's rights in Central and Eastern Europe has been in permanent crisis. It was one of the most unexpected results of the Soviet bloc's transition from communism to democracy. Over the last decade, almost all EU member states within Central and Eastern Europe have struggled with a profoundly divided political establishment and increasing socio-economic inequalities. Many people do not see the EU as a guarantor of a dignified life and the market-driven economy did not bring the promised prosperity for all. The side effects of which include a rise in populism and opposition to SRHR, which have instilled hatred in those who feel insecure and excluded.



Despite the current decline of SRHR that can be seen across the world, active young people are the driving force of change. Youth leaders from different countries work on the promotion of SRHR, advocating for comprehensive sexuality education and access to SRH services around the globe. In Europe and Central Asia many youth-led NGOs and CSOs are actively working in this field.

The following recommendations, objectives and indicators which are part of the Youth Strategy 2017-2025 were developed by a coalition of NGOs from the region on the basis of the analysis of a survey with more than 1,000 responses from young people in the region, coming from different countries and backgrounds.

THEMATIC AREA 1: INFORMATION-EDUCATION FOR SRHR (INCLUDING COMPREHENSIVE SEXUALITY EDUCATION - CSE)

The term “sexual and reproductive health and rights” (SRHR) was developed nearly 20 years ago at the Cairo International Conference on Population and Development (ICPD)^[11] and the 1995 Fourth World Conference on Women (FWCW)^[12] held in Beijing. Building on the World Health Organisation's definition of health, the Cairo Programme defines reproductive health as:

a state of complete physical, mental and social well-being and...Not merely the absence of disease or infirmity, in all matters relating to the reproductive

system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (para 72).

Furthermore, the Cairo Programme of Action clearly spells out the concept of reproductive rights in Chapter 7 which states in part that such rights “rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence as expressed in human rights documents^[13].

The Universal Declaration of Human Rights (1948) and other related treaties establish that human rights apply to everyone and that no one should be excluded. They identify that SRHR entails not only the absence of reproductive or sexual illnesses, but also the full enjoyment and well-being of sexual health^[14].

[11] UNITED NATIONS POPULATION FUND, 1994 - International Conference on Population and Development Programme of Action [Online] Available: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf

[12] UN WOMEN. (1995). Fourth World Conference on Women. [Online] Available from: <http://www.un.org/womenwatch/daw/beijing/platform/>

[13] 13. GIRARD, F. Negotiating Sexual Rights and Sexual Orientation at the UN. Sexpolitics: Reports from the Frontlines [Online] p. 311-358 Available from: http://www.sxpolitics.org/frontlines/book/pdf/capitulo9_united_nations.pdf

[14] LICUANAN, P (2006). After Beijing + 10: The Road Ahead. [Online] Miriam College, Philippines, South East Asia Women's Watch (SEAWWatch) Available from: http://www.google.nl/url?sa=t&rct=j&q=&esrc=s-source=web&cd=1&ved=0ahUKEwj9svHKh6zMAhVJFMAKHQ0vBlcQFggcMAA&url=http%3A%2F%2Fwww.capwip.org%2Fpaperscongress%2FAfter%2520Beijing%2520%2B%252010---The%2520Road%2520Ahead%2520tati%2520licuanan.doc&usq=AFQjCNGYIOgnRe-Mp3l9wb6hfoBI3T_tFA&bvm=bv.120551593,d.d24&cad=rja

SRHR, as part of human rights, have the following principles of human rights described in the Universal Declaration and outlined by the United Nations Population Fund (UNFPA):

- **Universality:** They apply equally to all persons and they are the rights of every individual, there are no exceptions. This means that SRHR apply to everyone, including all children, adolescents and young people.
- **Inalienability:** This means that you can never lose your rights. You have them, from the moment you are born, because you are human.
- **Indivisibility:** No right is more important than another right, they are all connected and you cannot have one without the other. Denial of one right impedes the enjoyment of the other rights.
- **Interdependence and interrelation:** The fulfilment of one right may depend in part or in whole on the fulfilment of other rights.

The 2030 Agenda also includes many achievements in relation to gender equality and women's and girls' empowerment, and sexual and reproductive health and reproductive rights which go beyond the commitments of the MDGs.

There are several targets that relate directly to SRHR, as well as those that have aspects of SRHR, demonstrating the cross-cutting nature and importance of SRHR to achieving sustainable development for all. Given the scope of the Agenda, it is most helpful to identify those targets that relate more closely to the work on SRHR and identifying the gaps that are significant in each context.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) specifically

addresses aspects of women's right to health. It requires the provision of equal access to educational information to help ensure the health and well-being of families, including information and advice on family planning; prohibits discrimination in the field of health care; ensures equal access to health care services including family planning; ensures provision of appropriate services in connection with pregnancy; and that women in rural areas have access to adequate health care facilities, including information counselling and family planning services.

UNESCO has noted that sexuality education can be delivered through a range of programming modalities, including: family life education (FLE), population education, sex and relationships education, SRH education and life skills education, or through dedicated sexuality education programmes. Four overarching principles guide UNFPA's work on sexuality education: achieving social equity by paying special attention to vulnerable groups; protecting the rights of young people, particularly to health, education and civic participation; maintaining cultural sensitivity by advocating for sexuality and reproductive health in sensitive and engaging ways; and affirming a gender perspective that, while recognizing boys' needs, preserves spaces for girls, especially the poor and vulnerable. United Nations (UN) treaty monitoring bodies have recommended that SRH education should be a mandatory component of learning¹⁵. CEDAW calls on Member States to provide compulsory sexual education in a systematic manner throughout all educational institutions. Similarly the Committee on the Rights of the Child has recommended that member states include sexual education in the official programmes of primary and secondary education.

The findings of the **Youth in Power survey disseminated in English** related to information and education on SRHR are summarized as follows:

- 45.6% of respondents have never participated in a training on SRHR outside of school hours
- 36.1% of respondents have no or limited access to information related to SRHR
- 86% of respondents cited the internet as the most common source accessed for information on SRHR. Formal education accounted for only 35%
- 58.5% of respondents would like to receive more information on SRHR from schools / universities and from the health-care providers
- 61.9% of respondents would like to receive more information on emotions and emotional development, 54.2% of respondents would like to receive more information on Sexual rights and citizenship
- 68.1% of respondents think schools/universities need to have an active role in providing sexuality education to children and young people
- 75.6% of respondents would like to be involved in the drafting of policies and legislation about Sexual and Reproductive Health and Rights of young people at national level

In light of these results and based on feedback received in the survey the following objectives, expected results and indicators were identified

OBJECTIVE 1: TO INCLUDE AGE-APPROPRIATE CSE AS A MANDATORY SUBJECT OF FORMAL EDUCATION

EXPECTED RESULTS:

- 1.** To increase awareness on SRHR for adolescents and youth.

- 2.** To improve the access to information on the prevention of STIs, gender based violence, early marriages and unexpected pregnancies etc to be added.

- 3.** To establish a minimal framework on the content of CSE

- 4.** Increase the access to information on CSE by 20% for young people (15-32¹⁶).

INDICATORS

- 50% of schools and universities have CSE incorporated in their curriculum in accordance with the minimal international frameworks
- Adoption of Legal framework for the inclusion of CSE as part of formal educational curricula
- Websites supported by governments and in line with recommendations from experts and young people
- The inclusion of at least one lecture/workshop within an academic year related to SRHR

OBJECTIVE 2: TO INCLUDE CSE AS PART OF NON-FORMAL EDUCATION IN BOTH URBAN AND RURAL AREAS

EXPECTED RESULTS:

- 1.** To increase awareness on SRHR for parents and mentors
- 2.** To increase information access on CSE in rural and urban areas through peer education, including involvement of parents
- 3.** Increase capacity of Civil society and Non-governmental organizations involved in non formal CSE
- 4.** Disseminate information on CSE freely and to make it readily available

INDICATORS

- Increased access to information among youth by 15% by 2025

[16] This age bracket is based on the definition as expressed in the UN Habitat report: Youth 21: Building an Architecture for Youth Engagement in the UN System (<http://mirror.unhabitat.org/pmss/listItemDetails.aspx?publicationID=3393>)

- Increased funding and capacity of NGOs and CSOs providing information on CSE in rural areas

OBJECTIVE 3: TO INCLUDE YOUTH IN THE DEVELOPMENT OF CSE MATERIALS

EXPECTED RESULTS:

1. The creation of youth-centered material for CSE
2. Increase of youth participation in the decision making processes on CSE by 20%
3. Ensuring that CSE is youth friendly

INDICATORS

- Increase of youth participants in the decision making processes on CSE by 20%
- Content for CSE is developed involving youth
- Evaluation by students on the content and manner in which CSE is taught

THEMATIC AREA 2: SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The Plan of Action proposed at the International Conference on Population and Development (ICPD) in 1994 issues in overall humanitarian response, including SRH services as part of the basic health package and implementation of Security Council Resolution 1325 on “Women Peace and Security”.

According to UNFPA’s framework document for Sexual and Reproductive Health (SRH) services:

“SRH services in the basic health-care services delivered at district and local levels, particularly primary health care, through functioning health systems that prioritize quality, equity and integration and are equipped with accountability mechanisms for users and providers. The SRH package should universally include: family planning services; pregnancy related services, including skilled attendance at delivery, emergency obstetric care and postabortion care; STI and HIV prevention and diagnosis and treatment of STIs; prevention and early diagnosis of breast and cervical cancers; prevention of gender-based violence and care of survivors.”¹⁷

In 2010 UNFPA published guidance for Integrating Family Planning and STI/RTI with other Reproductive Health and Primary Health Services, where UNFPA describes the SRH packages for countries: “Each country’s essential SRH package will be determined and defined by the particular SRH needs of its population, with particular attention to the most vulnerable and marginalized populations. Central to every essential package, is the need to organize service delivery so as to maximize the integration of complementary services that can be delivered effectively,

[17] UNFPA (2008) Reproductive Rights and Sexual and Reproductive Health Framework, available at: https://www.unfpa.org/sites/default/files/pub-pdf/SRH_Framework.pdf

safely and with cost-efficiencies over the delivery of individual services, and in combinations that are both acceptable to the client and feasible to the health system, and especially the provider.”¹⁸

It should be mentioned that Sustainable Development Goals includes target 3.7 to ensure SRH care and services: “By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”.¹⁹

According to the Youth in Power survey disseminated in English, the results related to SRH services are:

- 69.6% of the respondents usually have access to SRH services in public health centers (state hospitals, clinics)
- 39.2% of the respondents say that they don't have any obstacles to accessing SRH services. However, 24.7% indicate that they are afraid of inappropriate approach from the health professionals (discrimination, lack of understanding/discretion), 23.1% say that cost is a factor that made it difficult to access SRH services, and 22% say that the lack of discretion, privacy and respect was a factor that made it difficult to access SRH services
- 61.1% of the respondents say that they know who/where to reach for help, if they need information about family planning, including contraceptive choices
- 65.7% indicate that they know who/where to reach for help, if they need information about sexually transmitted infections or HIV/AIDS
- 45.9% of the respondents say that they know who/where to reach for help, if they need information

about safe abortion. However, 30.9% say that they don't know where to find information and reach for help in this case

- 31.2% of the respondents say they know who/where to reach for help, if they need information about relationships. 33% don't know and 35.8% chose the option “sometimes”

- 42.2% indicate that they know who/where to reach for help, if they have been the subject of violence (bullying, sexual violence or any other type of violence). 31.6% say they don't know and 26.2% chose the option “sometimes”

- On the multiple choice question “Which of the actions below do you find most important in relation to SRHR in your county?” in relation with SRH services:

- 56.1% chose “Establishment/Provision of youth friendly SRH services, including counselling centres, in public/state health centres”
- 55.3% chose “Access for young people to free contraceptives”
- 51.9% chose “Access to services without a requirement for parental consent”
- 51.6 % chose “Establishment of youth-friendly SRH services, including counselling centres, in smaller municipalities /communities”
- 36.6% chose “Establishment of information centres and drop-in centres to the community”

Taking into consideration current situations of the countries represented by the results of the survey the following objectives, expected results and indicators were identified:

[18] UNFPA (2010) Planning and Implementing an Essential Package of Sexual and Reproductive Health Services – Guidance, available at: https://www.unfpa.org/sites/default/files/resource-pdf/Essential_Package_Integration.pdf

[19] A.J. Galati (2015) Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals - Policy Review, available at: https://www.guttmacher.org/sites/default/files/article_files/gpr1807715.pdf

OBJECTIVE 1: PROVIDE SAFE AND ACCESSIBLE SRH SERVICES FOR EVERY INDIVIDUAL

EXPECTED RESULTS:

1. Financially accessible and readily available contraceptives and consultations
2. Teenagers to have easy access to SRH services and information
3. Have an increasing number of young people accessing SRH services both in urban and rural areas
4. Reduction of STI's, HIV, unwanted pregnancies, unsafe abortion, etc.
5. Provide SRH services that are youth friendly
6. Creation and advertising of online counselling and learning platforms

INDICATORS:

- Access to contraceptives of at least 50% of the population disaggregated according but not limited to Age group - Gender - Ethnicity - Nationality - Political status
- Double the amount of young people accessing SRH services
- Online platforms related to SRHR for young people

OBJECTIVE 2: PROVISION OF TRAININGS FOR PROFESSIONALS, SERVICE PROVIDERS, TEACHERS AND PARENTS

EXPECTED RESULTS:

1. Ensure dissemination of correct and up to date information to professionals, service providers, teachers, parents and young people on SRH
2. Increased awareness of SRH
3. Increase knowledge on SRH and related services

INDICATORS:

- At least 20% of educators receive training on the delivery of CSE and SRH
- Launch of a nationwide campaign on SRH by 2025 based on international standards

THEMATIC AREA 3: LEGISLATIONS/POLICIES ON SEXUAL AND REPRODUCTIVE RIGHTS

Legislations and policies on SRHR are essential to ensure access of all individuals on Sexual and Reproductive Rights. According to the ICPD:

“Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government and community-supported policies and programs in the area of reproductive health, including family planning.” (para 7.3)

The 2030 agenda also refers to the SRHR more specifically in the frameworks of the Sustainable Development Goals:

Goal 3 - Ensure healthy lives and promote well-being for all at all ages

- Target 3.3 By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases
- Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Goal 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- Target 4.7. By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustain

able development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and nonviolence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

Goal 5 - Achieve gender equality and empower all women and girls

- Target 5.1 End all forms of discrimination against all women and girls everywhere
- Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual and other types of exploitation
- Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Target 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- Target 5.6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- Objectives represented as part of youth strategy in the field of legislations and policies on SRHR are based on the survey results and indicate the priorities of young people in the region.

According to the findings of the **English version of the Youth in Power survey**, the results related to Thematic area 3 are:

- Answering the question "To what degree do

national policies and legislation about Sexual and Reproductive Health and Rights affect your everyday life?", 28% of the respondents chose "3" out of 5 ("1" being "A great deal" and "5" being "Not at all").

24 %chose "2" as their answer

- Answering the the question "To what degree do national policies and legislation about Sexual and Reproductive Health and Rights hinder your full participation in society?", 26.4% of the respondents chose the option "5" ("Not at all")

- On the multiple choice question "Which of the actions below do you find most important in relation to SRHR in your county?" in relation to Legislations/Policies:

- 67.3% chose "Drafting of a national strategy on the Sexual and Reproductive Health and Rights of young people"
- 58.3% chose "Decriminalisation of abortion"
- 51.5% chose "Marriage equality (civil marriage for same sex couples)"
- 45.1% chose "Legal regulation of the right of adoption for same sex couples"

According to the survey results the following objectives, expected results and indicators were defined:

OBJECTIVE 1: DEVELOP LEGISLATION AND POLICIES ON IMPLEMENTATION OF MANDATORY CSE IN FORMAL EDUCATION AND DEVELOP STANDARDS ON CSE TO MONITOR LEGAL PROCEDURES OF THE IMPLEMENTATION ON CSE

EXPECTED RESULTS:

- 1.Legislations and policies are developed/improved on to implement mandatory CSE in the frameworks of formal education

2. Development of mechanisms to monitor legal procedures of the implementation of CSE

INDICATORS

- Legislations and policies are developed/improved on to implement mandatory CSE in the frameworks of formal education by 2025
- The mechanisms to monitor legal procedures on implementation of CSE exist by 2025

OBJECTIVE 2: DRAFTING OF NATIONAL STRATEGIES INCLUDING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND CSE

EXPECTED RESULTS:

1. Improving inter-sector collaboration across governmental and non-governmental bodies working on SRHR
2. Increasing visibility of young people in national policies and in the decision making process
3. Creation of cross-sector partnerships for the implementation of the strategies

INDICATORS

- National Strategies including Sexual and Reproductive Health and Rights and CSE are developed by 2025
- Governmental and non-governmental bodies are engaged in the drafting of national strategies
- Young people are represented in the working groups drafting national strategies.
- National strategies and programs intends to raise youth participation in the implementation of the strategies and in the decision making process
- Cross-sector working groups/committees are created to implement national strategies

OBJECTIVE 3: ELIMINATE AGE OF PARENTAL CONSENT TO ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES

EXPECTED RESULTS:

1. The adoption of regulations to enable all young people to access SRH services
2. Decrease of age of consent to 14

INDICATORS

- Legal framework is developed to enable all young people to access SRH services and age of consent is decreased to 14.

THEMATIC AREA 4: YOUTH PARTICIPATION IN THE DECISION MAKING PROCESS.

Youth participation, also called youth involvement, has been used by government agencies, international organizations, researchers, educators, and others to define and examine the active engagement of young people in schools, sports, government, community development and economic activity. The 2003 Council of Europe's "Revised European Charter on the Participation of Young People in Local and Regional Life", states that "participation in the democratic life of any community is about more than voting or standing for election, although these are important elements. Participation and active citizenship is about having the right, the means, the space and the opportunity and where necessary the support to participate in and influence decisions and engaging in actions and activities so as to contribute to building a better society."²⁰

[20] Analytical paper on Youth Participation created in partnership between the European Commission and the Council of Europe in the field of youth <http://pjp-eu.coe.int/documents/1017981/7495153/What+is+youth+participation.pdf/223f7d06-c766-41ea-b03c-38565efa971a>

Furthermore two dimensions of participation can be distinguished: Direct participation: Political decisions are influenced directly and structural links to political decisionmaking processes are enabled. Indirect forms of participation: Reach out to citizens and encourage them to support certain issues and positions, also enabling discussions, opinion-building as well as campaigning. In a broad and ambitious acceptance, to foster young people's political participation is to empower them and provide them with the means and ways to become actors in their lives and in their world.

Participation is a fundamental right. It is one of the guiding principles of the Universal Declaration of Human Rights that has been reiterated in many other Conventions and Declarations. However, young people are too often excluded by decision-makers – to the detriment of youth themselves and future generations. Through active participation, young people are empowered to play a vital role in their own development as well as in that of their communities, helping them to learn vital life-skills, develop knowledge on human rights and citizenship and to promote positive civic action. To participate effectively, young people must be given the proper tools, such as information, education about and access to their civil rights. When empowered and given the right opportunities, youth are effective drivers of change.

International organizations such as the United Nations and the European Union recognize the importance of meaningful youth participation in decision-making processes at the local, national and international level. The UN has long recognized that young people are a major human resource for development and key agents for social change, economic

growth and technological innovation. Participation in decision-making is a key priority area of the UN agenda on youth. In 1995, on the tenth anniversary of International Youth Year, the United Nations strengthened its commitment to young people by adopting the World Programme of Action for Youth (WPAY)²¹, an international strategy to more effectively address their problems and increase opportunities for participation in society. However, there is a need for a collective and better understanding of what youth participation involves, how it can be implemented for all youth ages. Furthermore, it is crucial to develop a set of verifiable indicators to complement the goals and targets developed to assess the progress achieved in the 15 priority areas contained in the WPAY. The full engagement of young people in society relies on the active participation and commitment of governments. It is only through meaningful involvement and active partnership, inclusive policies and decision making processes, that solutions to some of the key problems experienced by young people can be developed²².

The European Union has also developed a EU Youth Strategy which seeks to encourage young people to participate in the democratic process and in society. Ways in which this is being achieved include: developing mechanisms for engaging in dialogue with young people and facilitating their participation in the shaping of national policies; supporting youth organisations, including local and national youth councils; promoting participation by under-represented groups of young people in politics, youth organisations, and other civil society organisations; supporting ways of 'learning to participate' from an early age²³.

[21] UN Fact Sheet on Youth Participation <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-participation.pdf>

[22] Executive Summary of the UN Youth Report 2016 http://www.unworldyouthreport.org/images/docs/wyr_civic_engagement_executive_summary.pdf

[23] EU Youth Strategy, available from http://ec.europa.eu/youth/policy/youth-strategy_en

Further steps need to be taken in this direction, in order to provide the necessary opportunities for young people to participate in decision-making processes.

According to the results of the **survey disseminated in English** in the frame of the **Youth in Power project**:

- 60.3% of the respondents in the English version of the survey think that the needs and opinions of young people in their country are not/not at all taken into consideration in the shaping of policies and legislation;
- 66.2% of them think that the opinions and needs of all the groups of the population in their country (including youth with disabilities, LGBTQI+ youth etc.) are not/not at all taken into consideration during the shaping of policies and legislation;
- 77.2% of the respondents indicate that they would

like to get actively involved in the drafting of policies and legislation about Sexual and Reproductive Health and Rights of young people at national level;

- On the multiple answers question “Which of the actions below do you find most important in relation to SRHR in your county?” in relation with Youth Participation:

- 63.2% chose “Development of educational programmes on decision making processes and on the importance of youth participation in such processes”;
- 56.7% chose “Enactment of regular consultations with young people during the preparation of draft laws/policies”;
- 46% chose “Enactment of a legal framework that will safeguard the participation of young people in the drafting of policies/laws”;
- 43% chose “Enactment of youth representation in the Board of Directors of governmental, semi and non-governmental organisations”.



OBJECTIVE 1: ENACT A LEGAL FRAMEWORK THAT WILL ENSURE PARTICIPATION OF YOUNG PEOPLE IN THE DRAFTING OF POLICIES/LAWS

EXPECTED RESULTS:

1. Participation of young people in national programs and initiatives related to youth health issues
2. Participation of young people in the decision making process at the national, regional and international level
3. Regular consultations with young people for the drafting and adoption of policies/laws
4. Develop policies and programs to ensure the understanding of the importance of youth participation
5. Increase awareness of young people with regards to their importance as decision makers
6. Include SRHR in Youth Strategies & Policies

INDICATORS:

- Working groups on initiatives and national programs related to youth health issues will consist of at least 20% young people by 2025
- By 2025, the process of drafting and adopting policies and laws will include a step of providing the option to young people of open consultations about said policies and laws
- Educational programmes on decision making processes and on the importance of youth participation in such processes are developed by 2025
- Governmental working groups and programs working on youth consist of at least 30% young people by 2025
- Youth make up 30% of decision making processes and bodies by 2025



YOUTH STRATEGY - ENDORSING ORGANIZATIONS

ORGANIZATION	GEOGRAPHIC FOCUS	CONTACT DETAILS
YouAct	REGIONAL	Ivy Miltiadou, Chair of YouAct Steering Committee, (ivy@youact.org / info@youact.org)
YSAFE	REGIONAL	Simon Herteleer, Chair of the YSAFE Steering Committee (simonherteleer@hotmail.com / ysafe@ippfen.org)
Y-PEER	INTERNATIONAL	Sharafdzhon Boborakhimov, International Coordinator in charge of Advocacy & Partnership (boborakhimov@y-peer.org)
PETRI Sofia	REGIONAL	Yuliya Andzhekarska, Youth Coordinator (juliajurieva@yahoo.com , petri.bulgaria@gmail.com)
ASTRA Youth	REGIONAL	Marta Paczkowska, Coordinator (info@astra.org.pl)
Y-PEER Azerbaijan	NATIONAL	Saadat Abdullazada, Focal Point in Charge (abdullazadasaadat@gmail.com , ypeer.azerbaijan@gmail.com)
H.E.R.A Macedonia	NATIONAL	Jovana Ananievska, Youth Coordinator (jovana.ananievska@hera.org.mk)
Y-PEER Moldova	NATIONAL	Liuba Chirilov, Director Executiv Y-PEER Moldova (liuba.chirilov@gmail.com)
Ponton Group of Sex Educators Poland	NATIONAL	Joanna Skonieczna, Youth Project Coordinator (jskonieczna90@gmail.com , info@ponton.org.pl)
“Hamsol ba Hamsol”- Y-PEER Tajikistan	NATIONAL	Mekhrubon Pulodi, Focal Point in Charge (pulodimekhrubon@gmail.com , tajikistan@y-peer.org)
Y-PEER Turkey	NATIONAL	Dağlar Çilingir, Focal Point in Charge (cilingirdaglar@hotmail.com)
Teenergizer Ukraine	NATIONAL	Yana Panfilova - Founder of youth & adolescent union “Teenergizer” (yanap@teenergizer.org)

If your organization would like to endorse the above Youth Strategy for Sexual and Reproductive Health and Rights for Council of Europe and Central Asian countries, please contact YouAct’s Coordinator - Ana Rizescu - at ana@youact.org.

CHAPTER 3

**DISSEMINATION OF THE YOUTH
STRATEGY FOR SRHR FOR EUROPE
AND CENTRAL ASIA**

**COMMUNICATION AND ADVOCACY
ACTION PLANS**

As part of the project, members of the Youth in Power team organized both an advocacy and a communications strategy with the objective of disseminating the strategy in Europe and Central Asia. This was done with the purpose of raising awareness of the creation and dissemination of the strategy as well as ensuring that SRHR of young people was brought to the heart of organizations all over Europe and Central Asia.

ADVOCACY WORK PLAN

TEAM MEMBERS: Jelena Lucija Brodnjak (CHOICE for Youth and Sexuality, The Netherlands), Eimear Sparks (YouAct, Ireland), Saadat Abdullazada (Y-PEER, Azerbaijan), Sharafdzhon Boborakhimov (Y-PEER, Tajikistan) The advocacy Work Plan including aspects that were vital to the drafting of this document and which will aid in the future dissemination. These include:

- Compiling conventions, frameworks and other relevant documents, identifying who has signed and ratified these.
- Creating a Google Drive folder as a database of

relevant documents for advocacy actions (https://drive.google.com/drive/folders/0B_lea7hV-vT6DRVZnUjcwtmpLR1k);

- Develop a one pager and an overall statement for i) EU and international NGO's ii) National Actors
- Draft a Joint Statement based on the preliminary results of the strategy
- Arrange meetings with our organizations to inform them of the strategy and the findings
- Arrange Round Table discussions
- Contact Local Politicians and youth branches of Political parties
- Contact Civil Society Organizations
- Contact the President of the Youth Parliamentary Council
- Organize meetings with EU representatives and MEPs
- Establish a Global Campaign for awareness raising and encouraging various actors to use the strategy as an advocacy tool



COMMUNICATION WORK PLAN

TEAM MEMBERS: Joanna Skonieczna (ASTRA Youth, Ponton Group of Sex Educators, Poland), Simon Herteleer (YSAFE, Belgium), Despina Dimitrova (YSAFE, H.E.R.A, Macedonia), Jewgienia Aleksandrowa (Ponton Group of Sex Educators, Poland), Chris van Hoorn (CHOICE for Youth and Sexuality, The Netherlands)

Various elements were identified by the communications working group. These include:

- Establishing a contact list
- Status: Completed based on a contact list used for a previous project by YouAct
- Sending 3 emails for the announcement of the strategy: the first, one month before the dissemination, the second, one week before dissemination and the last, one day before the announcement
- Creation of a Facebook page -

https://www.facebook.com/Youthstepup/ and creation of an event to mark the launch of the strategy

- Organizing a “Youth in power” logo development contest

-Status: Following online voting, the logo designed by

KINDA GHANNOUM (young person from Syria, currently living in Poland) has been chosen.

- Use of a Hashtag for a twitter and Facebook to reach more people

-Status: Current Hashtag Proposals include: #youthinpower, #youth #ECAYouth

- Creation of a Facebook frame people can use for their Profile Picture before, during and after the launch
- The team tried contacting possible social media partners (Facebook, Snapchat, Google) but did not receive any response
- Hosting a Webinar after the launch to share information on the background, creation and results of the Youth Strategy
- We explored the possibility to establish a website but due to logistical reasons this will only be available after the launch of the strategy. Once a website is launched a designated tab will be included for the strategy. In the meantime we have urged our partners to share it on their websites and social media channels.



ACKNOWLEDGEMENTS

The “Youth in Power” project was conducted through a joint partnership of the following youth organizations operating in Europe and Central Asia: YouAct, YSAFE, Y-PEER, the PETRI-Sofia Center, ASTRA Youth as well as their national level counterparts. Youth representatives contributed with valuable and constructive suggestions during the planning, development and finalizing stages of the project. The overall support and close collaboration of all partners brought wider reach and effectiveness. Special thanks go to YouAct, in particular to its Coordinator, Ana Rizescu, for taking the leadership to conduct this project and for contributing with volunteer time to organize the Kiev meeting, to ensure follow-up and glue all the different project pieces together.

We would like to acknowledge the financial support provided by Council of Europe’s European Youth Foundation (EYF), UNFPA Eastern Europe and Central

Asia Regional Office (UNFPA EECARO) and the International Planned Parenthood Federation European Network (IPPF EN).

We also want to thank all the participants and the regional and national organizations they represent, who - through their participation in this process - contributed to the project outcomes and the development of the Youth Strategy for Sexual and Reproductive Health and Rights for Council of Europe and Central Asia.

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For more information, please visit **www.youact.org**

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ANNEX 1

LIST OF PARTICIPANTS

Youth in Power: Developing a Youth Strategy for Sexual and Reproductive Health and Rights for Council of Europe and Central Asian countries

STUDY SESSION

3-6TH DECEMBER 2016, KIEV, UKRAINE

Guests (joining the project team for selected sessions)

- Julia Danyltsova, YSAFE, Ukraine
- Anna Postovoitova, YouAct, Ukraine
- Anna Miller, Teenergizer, Ukraine
- Lesia Kharchenko, Amnesty International, Ukraine
- Soldado Kowalisidi, Amnesty International, Ukraine
- Anja Pederson, YSAFE, Denmark
- Rune Brandrup, UNFPA Eastern Europe & Central Asia Regional Office

	FULL NAME	NAME OF YOUR AFFILIATED ORGANIZATION / NETWORK	NATIONALITY
1	Aikanysh Eralieva	Reproductive Health Alliance of Kyrgyzstan	Kyrgyz
2	Alen Kuspanov	Y-PEER	Kazakh
3	Anuki Mosiashvili	YouAct & Y-PEER	Georgian
4	Ana Rizescu	YouAct	Romanian
5	Büşranur Tenik	Y-PEER Turkey	Turkey
6	Chris van Hoorn	CHOICE for Youth and Sexuality	Dutch
7	Dağlar Çilingir	Y-PEER Turkey	Turkish
8	Despina Dimitrova	H.E.R.A Health Education and Research Association - Macedonia	Macedonian
9	Eimear Annalivia Sparks	YouAct	Irish
10	Ivy Miltiadou	YouAct	Cypriot
11	Jelena Lucija Brodnjak	CHOICE for Youth and Sexuality	Croatian
12	Jewgienia Aleksandrowa	Ponton Group of Sex Educators	Polish
13	Joanna Skonieczna	ASTRA Youth, Ponton Group of Sex Educators	Polish
14	Liuba Chirilov	Y-PEER Moldova	Moldavian
15	Myrte Halman	CHOICE for Youth and Sexuality	Dutch
16	Nuriddin Saidov	Y-PEER	Tajik
17	Saadat Abdullazada	Y-PEER Azerbaijan	Azerbaijani
18	Sharafdzhon Boborakhimov	Y-PEER	Tajik
19	Simon Herteleer	YSAFE	Belgian
20	Yuliya Yurieva Andzhekarska	International Training and Research Institute PETRI-Sofia	Bulgarian
21	Yana Panfilova	YouAct, Teenergizer	Ukrainian

ANNEX 2:

WORKING GROUPS

Youth in Power: Developing a Youth Strategy for Sexual and Reproductive Health and Rights for Council of Europe and Central Asian countries

STUDY SESSION

3-6TH DECEMBER 2016, KIEV, UKRAINE

WORKING GROUP 1- ANALYSIS OF COUNTRIES SURVEY RESPONSES

TEAM MEMBERS: Anna Miller (Teenergizer, Ukraine), Myrte Halman (CHOICE for Youth and Sexuality, The Netherlands), Dağlar Çilingir (Y-PEER, Turkey), Büşra-nur Tenik (Y-PEER, Turkey), Alen Kuspanov (Y-PEER, Kazakhstan), Despina Dimitrova (YSAFE, H.E.R.A Macedonia), Simon Herteleer (YSAFE, Belgium), Nuriddin Saidov (Y-PEER, Tajikistan), Aikanysh Eralieva (YSAFE, Reproductive Health Alliance of Kyrgyzstan), Liuba Chirilov (Y-PEER Moldova)

EXPECTED OUTCOME: Compilation of Findings from the online survey - Country summaries

WORKING GROUP 2 - DEVELOPMENT OF YOUTH STRATEGY

TEAM MEMBERS: Aikanysh Eralieva (YSAFE, Reproductive Health Alliance of Kyrgyzstan), Anuki Mosiashvili (YouAct, Y-PEER, Georgia), Ivy Miltiadou (YouAct, Cyprus), Yuliya Andzhekarska (PETRI-Sofia, Bulgaria), Liuba Chirilov (Y-PEER, Moldova), Myrte Halman (CHOICE for Youth and Sexuality, The Netherlands), Simon Herteleer (YSAFE, Belgium)

EXPECTED OUTCOME: Final draft of Youth Strategy

WORKING GROUP 3 - ADVOCACY

TEAM MEMBERS: Jelena Lucija Brodnjak (CHOICE for Youth and Sexuality, The Netherlands), Eimear Sparks (YouAct, Ireland), Saadat Abdullazada (Y-PEER, Azerbaijan), Sharafdzhon Boborakhimov (Y-PEER, Tajikistan)

EXPECTED FINAL OUTCOME: Finalized Advocacy work plan and implementation of some of the first suggested actions

WORKING GROUP 4 - COMMUNICATIONS

TEAM MEMBERS: Joanna Skonieczna (ASTRA Youth, Ponton Group of Sex Educators, Poland), Simon Herteleer (YSAFE, Belgium), Despina Dimitrova (YSAFE, H.E.R.A Macedonia), Jewgienia Aleksandrowa (Ponton Group of Sex Educators, Poland), Chris van Hoorn (CHOICE for Youth and Sexuality, The Netherlands)

EXPECTED FINAL OUTCOME: Finalized Communication work plan and implementation of some of the first suggested actions

