

A Regional UN Strategy
for Behaviour Change Communication for young people (10-24)
in South Asia

2002 – 2003

Draft prepared by UNICEF ROSA

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1. Background

Status of the epidemic

As in other regions of the world, youth¹ in South Asia will be disproportionately affected by HIV/AIDS. This has major implications for a region in which approximately 54 % of its population is below the age of 25 – the age of vulnerability for risk taking behaviour. Infection patterns already show the disturbing trend of increased infections in young people below the age of 25. Of the estimated four million people living with HIV/AIDS in the region more than one third are young people below the age of 25. This trend in infections means that large numbers of young people could become affected with devastating human and economic consequences.

The potential for increased HIV prevalence among young people exist in the countries of the region. Poverty, low levels of literacy, denial of adolescent sexuality, limited access to information and services are the major factors which increase the vulnerability of young people to HIV infection. Young girls, in particular, are vulnerable because of their inability to refuse unwanted or unsafe sex their higher levels of illiteracy, their low social status and their economic dependence on men. Being married appears to increasingly put more young women at risk of infection as has been shown in a study in India Pune where almost 90 % of the women infected have only one sexual partner their husbands. Thirty to fifty percent of positive women who visit antenatal clinics in Maharashtra and Andra Pradesh in India are below 20 years of age. In Nepal, one-third of the reported HIV positive cases are women, of whom 33 per cent are adolescents. The average age of marriage in Nepal, Pakistan and in the northern states in India is 14 –18 years when the immature cervix and genital tract are more susceptible to sexually transmitted infections.

There is ample evidence of sexual activity among the young. Studies in Bangladesh and in India reveal that young people are sexually active before marriage more so among boys in the urban areas. Results of a study conducted in rural Maharashtra, India in 1998 among married adolescents showed that 48% of boys have had premarital sex.² Others such as street children, young sex workers are at risk of HIV infection through the circumstances of their life. Trafficking, prostitution and sexual abuse are not uncommon in the region. A study in Bangladesh conducted by CARE revealed that there are 13,000 child sex workers between the ages of 14 to 18 years in Dhaka. All these marginalised young people have little or no family support, no access to services without the welfare and social safety nets of the organised sector. The consequence of HIV infection can be devastating for them.

Reports and surveys point to a sharp increase in injecting drug use particularly among the young. Much of injecting drug use is carried out sharing unsterilised needles and syringes and this is fueling the rapid spread of HIV in Nepal and in some parts of India. In Nepal, HIV prevalence shot up among injecting drug users from 2.2% in 1995 to nearly 50% by 1998. And half of the country's 50,000 drug users, including non-injecting drug users, are in the age group of 16 – 25. In Churanchandpur, N.E India within a span of four years, HIV prevalence rose from 24% in 1994 to 67.6% in 1998. In Bangladesh the epidemic is concentrated mainly among injecting drug users – a prevalence rate of 2.5% among the estimated 25,000 IDUs.

Adolescence is period of rapid physical and biological change. In an environment of stress and peer pressure with little coping abilities and adult support, many young people can make ill informed choices and take risks. What is clear is that a substantial number of young people start experimenting with sex or are forced to have sex earlier than believed or can be accepted by adults - by both parents and policy makers. Many young

¹ WHO categorises those between the ages of 15-24 as youth and those between 10-19 as adolescents. In this strategy paper, 'young people' are those between the ages of 10 – 24.

² K.E.M. Hospital Research Centre, Pune: *Adolescent Sexuality and fertility – a Study in Rural Maharashtra. 1997*

people are unaware of the infection risks linked to unprotected sex or to sharing of needles. The shame connected to AIDS in this region as well as the taboos on talking about sex hinder young people from getting the information, the skills and the services to protect themselves.

(For information on HIV/AIDS please refer to Annex 1: Situation analysis: HIV/AIDS in South Asia in the Regional UN advocacy strategy)

Status of current response

A preliminary audit of policies and programmes for young people in Bangladesh, India, Nepal, and Sri Lanka showed that policy makers and programmers recognise young people's special vulnerability to HIV/AIDS. A large number of interventions are on-going for young people; in a couple of countries adolescent/youth task forces by NGOs and UN interagency working groups on young people have been formed to share information, strengthen and upscale programming in this critical area. Further development of youth-centred policies are underway.

At the same time the audit revealed that in the area of behaviour change communication there were several areas which needed more attention:

- advocacy for policies and legislations for supportive services such as voluntary counseling and testing services, access to youth friendly STD treatment and condom supply facilities as well as to upscale current effective interventions to extend coverage.
- information and communication initiatives targeted at young people are on-going in all countries in the form of school-based preventive education and information campaigns. Bangladesh has recently implemented a national Behaviour Change Communication strategy. However most interventions, apart from those targeted at groups practising risk behaviour such as sex workers, are limited to information giving without much attention to skills development and coping mechanisms.
- There is limited access to voluntary counseling and testing. The existing ones are mainly offered by NGOs which reach only a small proportion of those in need.
- The peer-based approach is used rather extensively mainly by NGOs for example in school-based HIV/AIDS education preventive education in Pune, India, in drug use prevention interventions in Nepal, among sex workers in Bangladesh and in India. In general, young people's involvement in planning, development, implementation and evaluation of these interventions is limited.
- A major constraint for evidence-based behaviour communication was insufficient behavioural disaggregated data.

Annex II: Summary of youth audit

2. Justification for strategic approach

2.1 The strategic approach and the proposed activities are based on:

- The recommendations of a consultation with regional UN agencies and with other partners such as Panos, Save the Children, people living with AIDS as well as on the outcome of a Regional Consultation on Gender and AIDS. The participants strongly recommended focusing the strategy on strengthening **youth participation and giving youth a voice as advocates**. Lessons learnt in the region and globally, not only in HIV/AIDS prevention and care, but in other areas, show that interventions for young people are most effective when young people participate in the research, design and implementation of these interventions and when these are in response to young people's self identified needs and concerns. Participation is a fundamental basis for working with young people.³ The Abuja Declaration, the Beijing Platform of Action, the international Conference on Population and Development, the World Programme

³ Youth participation in its most basic sense, can be defined as youth partaking in and influencing processes, decisions, and activities. Under the Convention of the Rights of the Child (CRC), participation is a moral and legal right for all children/adolescents, and an end in itself. Because it is a right it is an inalienable entitlement, not a matter of goodwill or charity

of Action for Youth to the Year 2000 and Beyond have all pledged the commitment of youth to be at the forefront of fighting the epidemic. The recent ESCAP youth meeting ended with the strong recommendation for young people to be at the centre of all sexual health programmes. The Young Change Makers at the UNICEF High level Meeting in Kathmandu reaffirmed their willingness to assume leadership and called for opportunities and support from the adult world for their participation in the fight against AIDS. The UN Declaration of Commitment on HIV/AIDS '*Global Crisis - Global Action*' calls on governments to focus programming on young people through their involvement;

- Experience in other areas of programming shows that **youth leadership and their involvement in decision-making** are critical to the sustainability and effectiveness of programmes aimed at risk and vulnerability reduction as demonstrated for example by the West African Youth Initiative addressing adolescent reproductive health issues, by the student parliament in night schools in Ajmer, Rajasthan (see box);

Democratic Practice in Rajasthan

In the district of Ajmer, Rajasthan, 6 night schools have been set up for children aged 6 to 14, who work all day as shepherds and farm labourers and go to school at night. Each school has an elected student parliament, which has the power to help govern the school, fire teachers who are not up to scratch, push for village improvements such as water pumps and solar powered lighting and generally that children have a say in every aspect of village life. They are also in the process of launching their own magazine to keep children informed about their rights and local politics. In what in many ways could be seen as a traditional and patriarchal society, parents, teachers and local officials have relinquished much of their power to children, many of them girls. The parliament is designed to teach children that democracy should be above gender, caste and creed. Despite opposition from teachers and parents, the project organiser has commented that through working with children for the past 2 years we know that they are capable of taking their own decisions. We hope that adults will come to understand and accept this. Indeed both parents and outside observers note the maturity of the children that have been given adult roles. One measure of the projects success is that it has inspired similar ventures in nine other states across India
 Source- Harber C.(1997) School Effectiveness and Education for Democracy and Non-Violence, Paper prepared for UNESCO,ED-97-WS-23, Paris

- The **findings of the youth audit** (who is doing, what, where and how) which clearly pointed out the strengths of existing interventions as well as the opportunities and gaps for further programming focus. The youth audit revealed that there are a number of interventions in all the countries of the region specifically targeting young people but very few with youth participation. To a large extent, these interventions focus mainly on giving information on modes of HIV transmission and prevention of infection. There is a growing body of evidence that these approaches to HIV/AIDS such as information campaigns focusing only on transmission and prevention of HIV/AIDS have resulted in increased levels of knowledge but have had little effect on risk taking behaviour patterns and reduction of vulnerability to infection and consequently on the pace of the epidemic. Although information is crucial, it is only one part of a comprehensive approach to the challenge of AIDS. To be effective, communication, education and awareness have to be an integral part of a comprehensive approach that includes easily accessible youth friendly services;
- Effective peer-based initiatives in the region eg the 'Friends tell Friends' intervention of the Red Cross Society in Thailand, Sevadam Trust peer based preventive school based education in Pune, India and examples from other regions such as Anti-AIDS clubs in Zambia, Safe Guard Youth from AIDS (SYFA)in Uganda, the multimedia campaign '*Lovelife*' in South Africa confirm that it is only through participation that young people can develop life skills, build competencies and be able to protect themselves from infection, fight discrimination and reduce the impact of the epidemic;
- A recent review by WHO of 1050 scientific studies on sex education concluded that failing to provide

frank information on sex and sexuality to youth misses the opportunity to reduce risk of unwanted pregnancy, HIV/AIDS and other STDs. The report recommended providing information before young people become sexually active as well as to those who are already sexually active. Information on sex and sexuality should also foster an acceptance of alternate sexuality. Homosexuality and sex work are realities in all countries of the region. Public health research has shown that stigmatisation of these groups fuels the spread of HIV/AIDS;

- The growing recognition that individual risk reduction and behaviour change require changes in the attitude, values and norms of society in general. Therefore achieving behaviour change in particularly risk taking behaviour such as injecting drug use, unsafe sexual practices is a complex task requiring integrated, intersectoral approaches implemented at all levels of society and sustained over long periods.
- The fact that though effective comprehensive interventions exist in the region, they currently only reach a small number of young people in need. Therefore advocacy for policies and legislation for more supportive services, life skills programming as well as for upscaling and expanding of current interventions would be part of this strategy which will be further supported by the UN Regional strategy for advocacy;

2.2 Based on above, the regional UN strategy on behaviour change communication for young people will reach its overall objective through:

- knowledge and capacity building of UN agencies and their partners in the development, monitoring and evaluation of behaviour change communication strategies including life-skills and participatory approaches to facilitate youth participation and decision making in all behaviour change communication programmes and in advocacy.
- promoting and strengthening youth participation through advocacy and capacity building and by establishing youth advisory groups for youth centred programmes for reduction of risk and vulnerabilities to HIV infection and for care and support to those affected.

2.3 The Regional strategy will be sensitive to cultural values and beliefs and will:

- *Be implemented within a rights framework (CRC and CEDAW)* Gender and rights will be cross cutting issues in all HIV/AIDS prevention and care;
- *Support integrated country action but will not replace or duplicate country-level programmes:* The regional strategy will enhance and support countries through creation of 'neutral regional space' for action on sensitive common issues and through establishment of technical support mechanisms to strengthen national level institutional capacity for the implementation of evidence-based, holistic, rights-based strategy ;
- *Facilitate convergence:* promote a policy and programme framework that facilitates convergence of different sectors through partnership and collaboration with a range of partners (UN co-sponsors, institutions, NGOs, PLWAs);
- *Adopt a participatory programming approach* that fully analyses causality/vulnerability, roles/patterns and involves young people for holistic strategic approaches.

3. Objectives, and expected outputs of the Regional Strategy

The Overall objective:

To reduce HIV and other sexually transmitted infections among young people aged 10-24, to increase access to care and support services for those affected by the epidemic by 2003 in Bangladesh, India, Nepal, Pakistan and Sri Lanka

Expected outcome:

By end of year 2003, (X) percent of young people in the five countries of the region have adopted/sustained safe behaviours to protect themselves from HIV/STD infections and those affected have equitable access to care and support

Specific Objectives:

- To increase by the end of 2003 knowledge and skills of UN agencies and their partners to implement, monitor and evaluate effective strategies focussing on gender sensitive behaviour change communication by and for young people for prevention of HIV and other sexually transmitted infection, care and support for those affected in Bangladesh, Nepal, India, Pakistan and Sri Lanka;
- To increase in these countries by the end of 2003, the numbers of youth groups/young people actively engaged in advocating for youth centred HIV/AIDS prevention and care programmes
- To increase by end of year 2003, levels of knowledge and skills among young people, their access to information and youth friendly services through increased youth participation

Geographical focus:

2001 –2003: Bangladesh, India, Nepal, Pakistan, Sri Lanka

Intended beneficiaries:

All vulnerable young people in both rural and urban areas: in school, out of school, young injecting users, people living with AIDS, young people living under marginalised conditions/stigmatised groups such as young commercial sex workers, young men who have sex with men, street and working children.

4. The key components of the regional strategy

The proposed strategy outlines the essential processes and what needs to be in place to bring about behaviour change among young people. However, since the epidemic itself is diverse and localised with differing dynamics and determinants of transmission in the countries, the Theme Groups and their partners in the countries should define their priorities based on the country's epidemiological and particular socio-cultural context as well as on the status of the current response. Each UN agency will be responsible, through the Theme Groups, for providing technical support for the implementation of the proposed activities closest to its mandate and experience. Participatory planning meetings/workshops will be done with all stakeholders (youths, parents, teachers, people living with AIDS) at country level to determine priorities and to develop detailed budgeted action plans

Specific objective 1

To increase by the end of 2003 knowledge and skills of UN agencies and their partners to implement, monitor and evaluate effective strategies focussing on gender sensitive behaviour change communication by and for young people for prevention of HIV and other sexually transmitted infection, care and support for those affected in Bangladesh, Nepal, India, Pakistan and Sri Lanka

Expected outputs

- Increased capacity, skills and resources among UN agencies and partners by end 2002 to provide technical support for youth centered HIV/AIDS programming
- Regional mechanism for technical support, networking and exchange of information

Proposed activities:

- **Support to situation analysis through participatory action research:** to build up a knowledge base in each of the countries of adolescent/youth specific data disaggregated by age and sex on young people's level of knowledge and understanding of the epidemic; risk and protective behaviour in both urban and rural areas in different settings such as schools, youth organisations, homes, communities, workplaces, among young marginalised populations such

as street children, drug users, sex workers. The data should be institutionalised in national data systems and dissemination processes to encourage a wider participation, dialogue and action.

- **Strengthen/establish regional mechanisms for networking and exchange** of behavioural data, materials, good practices, up-dated information, annotated bibliography and human & institutional resources for life-skills and youth centered programming through databases and websites for regional exchange; Identify and disseminate best practices, case studies of effective youth participation, particularly in decision making in HIV/AIDS prevention and care as well as in other programming areas and include them in data base; Compile and disseminate international consensus in favour of youth participation as documented in international conferences in Beijing, Jomtien, Cairo, and in conventions such as CRC, CEDAW
- **Technical support to capacity and skills building through the Theme groups** : training needs assessment, development of training strategy for UN staff and partners in increasing youth participation and for advocacy for greater involvement of youth in decision making; for skills building in leadership training; in peer mobilisation and in participatory approaches; in peer counselling; in the development of behaviour change communication strategy and use of communication material; technical support to develop/adapt generic training materials, guidelines in these areas; Study tours to projects using participatory approaches for behaviour change/reinforcement and peer attachment to 'best practice' youth projects within and outside the region.
- Development of **policy and programme guidelines** for promotion of youth mobilisation, participation and in giving 'youth a voice'
- Development/adaptation of agreed **indicators and mechanisms to monitor** and report on levels of youth participation in advocacy, information and counselling, involvement/ youth run programmes/supportive services for behaviour change/ reinforcement of positive behaviours

Specific objective 2

To increase by the end of 2003, quality of participation and the numbers of youth groups/young people actively engaged in advocating for comprehensive youth centred HIV/AIDS prevention and care programmes

Outputs

- Increased levels of participation in programmes for and by young people
- Formation/strengthening of Youth Advisory Groups/Youth Alliance against AIDS in different settings by end 2003

Proposed activities:

- **Technical support to Co-sponsors and partners to map the situation of and potential for youth participation through participatory action research** by young people: nature of programming for young people's protection and levels of youth participation in interventions and in networks of people living with AIDS; attitudes of adults towards youth mobilisation, activism in prevention and care programmes; needs of both young people and adults for increased participation of young people; current sources of information and support for young people; strengthens and opportunities; interventions, networks, best practices in all programme areas and services with youth participation.
- Mobilisation of existing Young Change Makers, youth leaders, young PLWAs as catalysts for the formation and institutionalisation of regional and country level **Youth Advisory Groups** to work with National/state AIDS Committees, Theme Groups and their partners to:
 - Review existing policies from a youth, gender and rights perspectives; These reviews and action research will provide critical data for evidence based communication programme including advocacy through youth mobilisation and participation
 - Map the situation of and potential for youth organisations; youth decision making bodies-strengthens, needs, gaps, partners, potential for their participation in prevention and care

- programmes. Youth associations can provide young people with information, counseling and services in a safe environment, encourage them to take appropriate actions to safeguard their own and other health
- strengthen capabilities through skills and capacity building based on needs assessment of youth organisations to enlarge space for youth participation, prioritise support to existing ones or new groupings of existing ones. Support to networking of youth organisations across the country, region through annual conferences, workshops, electronic connectivity
 - Based on needs assessment develop training strategy, guidelines/methodology for young people, in partnership with young people, followed by skills building workshops on effective participation of young people in conferences, in advocacy events, in governance/decision-making process; guidelines/methodology on mobilisation of youth organisations, clubs, advisory groups
 - produce a multimedia advocacy package for use by young people to advocate for supportive policies and services and to fight discrimination, care and support for those affected.
 - to ensure youth participation in all official delegations to international, regional and country level conferences and meetings
 - mobilise cricket stars for combined advocacy and information at regional and country event; tours through the countries talking to youth groups, government leaders, programmers for youth friendly services
 - **Regional networking and exchange** of experience through country level and regional meetings of youth advisory boards, youth groups and alliances through their visits to schools, youth organisations
 - **Youth ambassadors** including young people living with HIV/AIDS together with ‘adult’ UN goodwill ambassadors for HIV/AIDS on ‘goodwill’ tours in countries to policy maker, parents, teachers, youth wings of political parties, corporate sector, local community and religious leader for increased commitment to youth centered programmes. This includes HIV/AIDS education in schools, youth-friendly health services, access to confidential HIV testing and counseling, to sexual and reproductive health services including access to condoms and the treatment of sexually transmitted diseases, youth harm reduction services and telephone helplines for young people.

Specific objective 3

To increase by end of year 2003, levels of knowledge and skills among young people, their access to information and youth friendly services through increased youth participation

Outputs

- Increased levels of knowledge and skills among young people for protection from HIV/STD infections and in the provision of care and support to those affected
- Guidelines, multimedia advocacy materials to promote youth participation and to increase knowledge levels
- comprehensive interventions by young people for young people

Proposed activities

- Support to introduction/strengthening, expansion of **Life skills programme**: curriculum surveys and collation of all programmes and processes in life-skills, school-based preventive education, family life education for exchange of experiences and materials; review of training modules and support material; TOT and follow up planning workshop for country level strengthening of lifeskills programmes through teacher training, advocacy with school administrators for timely introduction of life skills;
- **Showing by doing: implementation of innovative projects supported by a regional flexible, small grant facility**: With UNFPA as the lead agency, the setting up of pilot youth centres in

rural and in urban slum areas managed by a committee of young people.(These need not be new centres but could integrate existing NGO interventions or form linkages of on-going interventions) The centre can also be linked to school clubs, radio listeners clubs, sports clubs **etc:**

- The centres, through peer-based approach, gives information and skills to young people on sexual health on drug use related issues and other issues related to growth and development.
- The centre will conduct Participatory Action Research using community theatre to find out knowledge levels and issues related to sensitive subjects such as violence against girls, sexual abuse, issues related to masculinity for greater involvement of boys; attitudes to people living with AIDS. At the end of this they give a feedback performance to the community to provoke discussion and validate their findings which acts as a major event in breaking the silence and taboos surrounding issues of sexual and reproductive health.
- The centre's activities will be supplemented by visits from local health professionals, counsellors who will provide guidance, support, medical consultation, referral to adequate medical facilities, information on Voluntary Counselling and Testing (VCT). Orientation of health service providers on youth-friendly services is an important component of the project. This orientation provides the health workers with basic skills in collaborating with youth to ensure maximum utilisation of curative and preventive services.
- The centre will also have an outreach mechanism to give support to children and families affected
- As the centre develops, the peer educators will train peer groups of volunteers who will conduct outreach activities in the other villages/slums and with groups of adolescents who find it difficult to attend the centre. Parents can volunteer their support to carry out some parenting education with their fellow adults.
- **Harness the media:** In collaboration with regional television such as MTV, ZEE TV and national TV networks increased coverage of youth in the media to inform youth and adults about HIV/AIDS and youth related issues to stimulate public discussion on roles and responsibilities of young people:
 - assess capacity & programmes of mass media from a youth perspective: coverage and critical analysis of trends, images, views and opinions conveyed by media it's impact, philosophy;
 - sensitisation of editors, media managers to youth concerns; training of journalists to interact with young people and to design youth focussed programmes; media exchange programme for young journalists and their participation at regional meetings and conferences of active coverage;
 - use of traditional media such as theatre for exploring sensitive issues such as masculinity, violence against women, sexual abuse, AIDS related discrimination;
 - Create maximum space to promote youth voices through the media: documentaries by young people; youth focussed inserts in newspapers, competitions, debates; development of country specific multimedia advocacy package by young people for young people;
 - provide information on sexual health and AIDS through media: phone in BBC community based radio series in Nepal, Bangladesh, Sri Lanka, hotlines services connected to media programmes
 - BBC community based, phone interactive radio series targeted at young people on promotion of sexual health and development
- interactive youth specific website linking UNCEF's 'Voices of Youth' and the 'Changemakers.Com'

6. Partnership arrangements, roles and responsibilities

UNAIDS ICT is the main steering body for coordination with regional UN agencies, partners and Theme Groups. Each UN agency will take the lead in the particular area of its comparative advantage for example UNFPA takes the lead to advocate for access to supportive services; WHO, UNESCO and UNICEF for life-skills; UNICEF ROSA can take the lead in media, communication and information exchange; UNIFEM in gender and AIDS; UNDP in GIPA activities. The proposed Technical Support groups for the advocacy strategy, which will bring together technical experts, institutions, country level representatives can also facilitate technical support to the countries through the Theme Group in the countries. The Regional UN offices will also directly support their country offices to further strengthen the inputs in their areas of comparative advantage and for advocacy with their partners. Other partners who have expressed an interest in collaborating and some of whom have been consulted in the development of this strategy are Panos, Johns Hopkins Communication Centre, Save the Children, Population Council and the Commonwealth Youth Programme, Asia Centre, The International Planned Parenthood, South Asia Section

7. Management, Implementation and Timelines

UNAIDS ICT will have the overall coordination responsibility. It is proposed that a Regional Theme Group/steering committee be formed which will be the main steering mechanism for coordination with the Regional Technical support Groups, the country Theme Groups, the UNAIDS CPAs. A Regional Youth Advisory will work with the Regional Theme Group/ steering committee.

This committee will also be responsible for monitoring and will review the six monthly plans for the programme implementation and monitor inputs and outputs. Reports will be shared with key stakeholders/partners, e.g., members of the theme group on HIV/AIDS in the participating countries. It is proposed that at the end of the first two year programme period an evaluation team will be commissioned by the Steering Committee to review and further develop the future course of the regional plan of action.

The timelines and the logframes for the regional programme initiative are only indicative of the strategic framework and the proposed activities. More detailed logframes with indicators and measurable outputs will be prepared for each strategy component at country level through a participatory consultative and planning process

Annex: III: Risk analysis

Annex 1:

The major findings of the audit are:

- A number of 'best practices' already exist in the region. Peer-based education programmes such as the school-based preventive HIV/AIDS education by SEVADHAM trust in Pune, India, the National Youth Services Council in Sri Lanka which have been implemented with the full participation of young people, continue to expand and mobilize new groups. The Young Star Club in Nepal works on environmental and health issues as well as on livelihood skills such as computer education with full participation of young people. BRAC's 'Adolescent Peer Organized Network' (APON) in Bangladesh trains young women as peer educators on social, environmental and health issues and develops them to become leaders. In many parts of the world, UNFPA is supporting youth centers, counseling and reproductive health services specifically with and for young people. 'Save the Children' has formed groups of young leaders across the region who act as youth advocates or changemakers in their communities. This strategic approach will empower young people.

- That democratic processes by youth for youth already play an important role in a number of areas through youth panchyats, youth parliaments. For example the student parliament in the 60 night schools in the district of Ajmer in Rajasthan. Each school has an elected student parliament, which has the power to hel govern the school, fire teachers, push for village improvements such as water pumps and make sure that children have a say in every aspect of village life. he parliament is designed to teach children that democracy should be above caste, gender, and creed. Similar projects have been implemented in nine other states across India.
- In terms of policies, the National AIDS policies in India and in Bangladesh, refers to young people but emphasis is not given to them as a sector of the population needing special attention except Sri Lanka's National AIDS policy specifically targets young people as a vulnerable group.
- HIV/AIDS prevention and care has been integrated into the National Reproductive and Child Health programmes in Bangladesh, India, Nepal and Sri Lanka. However, these programmes generally cater to the reproductive health care of girls. More recently, through UNFPA support, attention is being drawn to the need to include services for boys and men
- All the countries in the region have information campaigns, intensified on and around World AIDS Day, through the mass media channels but with limited reach to the rural areas. Most of these campaigns are isolated, one time efforts and not part of a long sustained strategy based on findings of operational research. India's Family Health Awareness campaigns are now succeeding to increase awareness of sexually transmitted diseases in the rural areas. Sri Lanka and India have national AIDS helplines in selected places but again their accessibility and reach is very limited
- School-based HIV/AIDS preventive education has already been introduced in schools in Bhutan, Sri Lanka, India and is part of the next programme phase in Bangladesh. Pakistan has introduced HIV/AIDS education as a core-curricular subject. The peer-based HIV/AIDS preventive education in Pune has been used as a best practice example in the region. In Bhutan and Sri Lanka, HIV/AIDS education starts before the age of 15. But in India and Pakistan HIV preventive education can only be introduced to children after the age 15 in schools. By this time, a large number of the boys and even more girls would have dropped out of school.
- A number of interventions using the life skills approach were identified in Sri Lanka, Nepal, India. Not all of these interventions are evidence-based or have been evaluated. The recently launched life skills radio programme linked to listeners clubs in Nepal is based on the results of a KAP survey and has built in evaluation. Bangladesh has recently implemented the national behaviour change communication (BCC) targeted at young people.
- A number of comprehensive interventions specifically targeted to meet the preventive and supportive needs of young people are in place but their reach is limited in reach. The findings highlight in particular the very limited, in most countries non-existent, availability of youth friendly health services, youth friendly voluntary counseling and testing (VCT), harm reduction programmes specifically for young people. In most countries condoms are not easily available. Sri Lanka has recently introduced 6 condom vending machines on a pilot basis for army personnel
- A number of behavioural surveys have been conducted among young people: Population council' s study of Adolescents in Pakistan, a similar study in Bangladesh; several qualitative and quantitative studies have been conducted in India. The mapping brought out the need for a collation and better analysis of the findings of these various surveys for their use in the planning of interventions. The need for desegregated epidemiological and behavioural data by age and sex for evidence-based programming still needs to be met in all the countries of the region.