
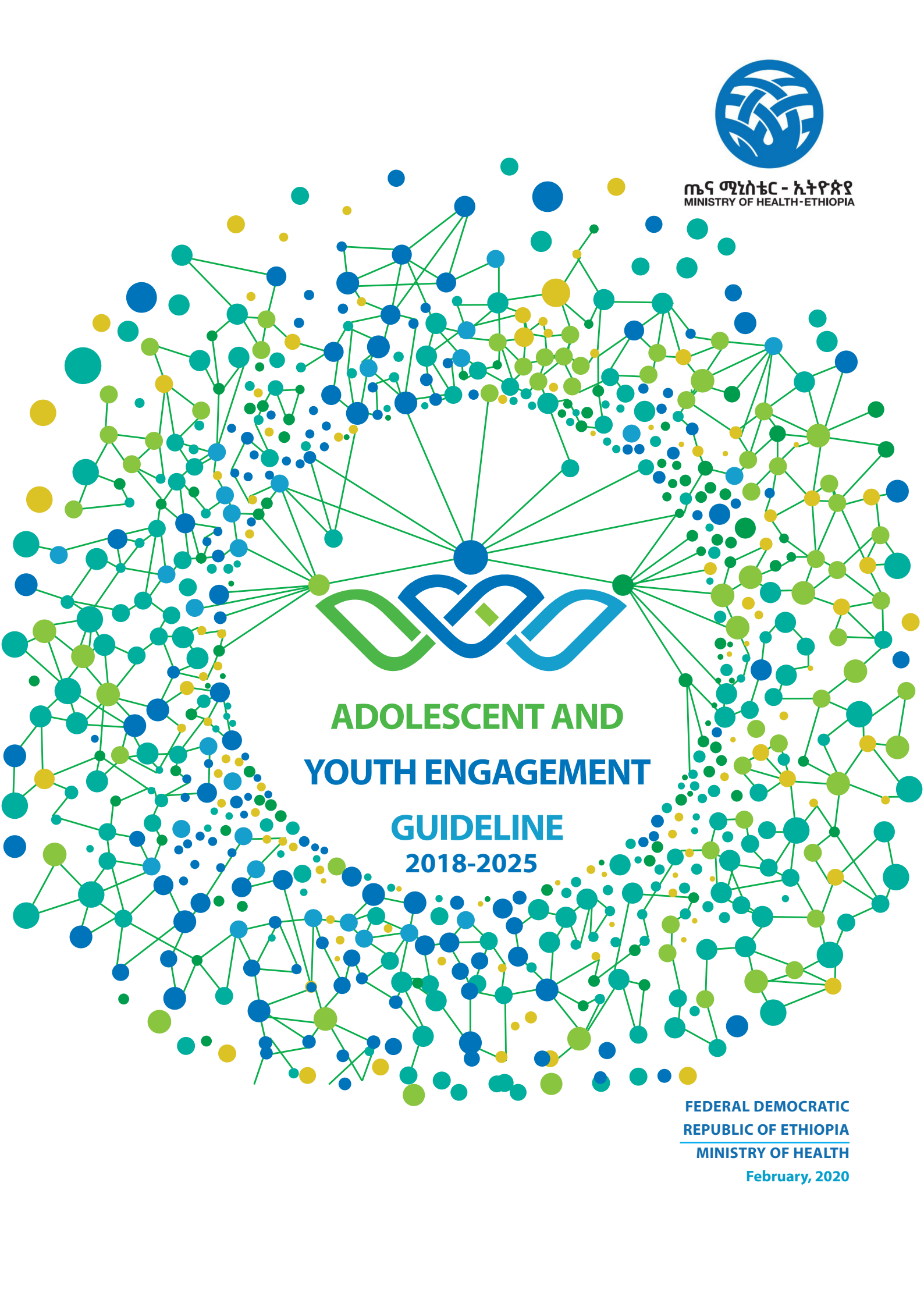




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MINISTRY OF HEALTH-ETHIOPIA



**ADOLESCENT AND  
YOUTH ENGAGEMENT  
GUIDELINE  
2018-2025**

FEDERAL DEMOCRATIC  
REPUBLIC OF ETHIOPIA  
MINISTRY OF HEALTH

February, 2020



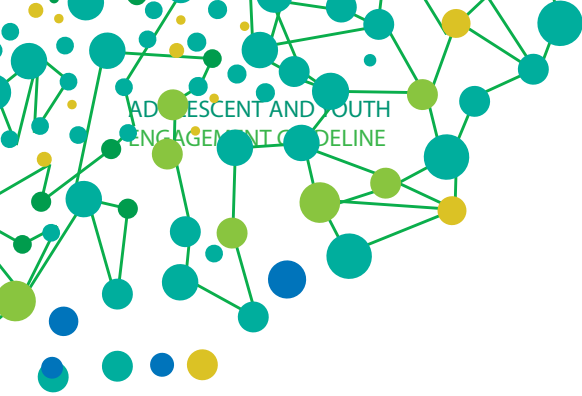


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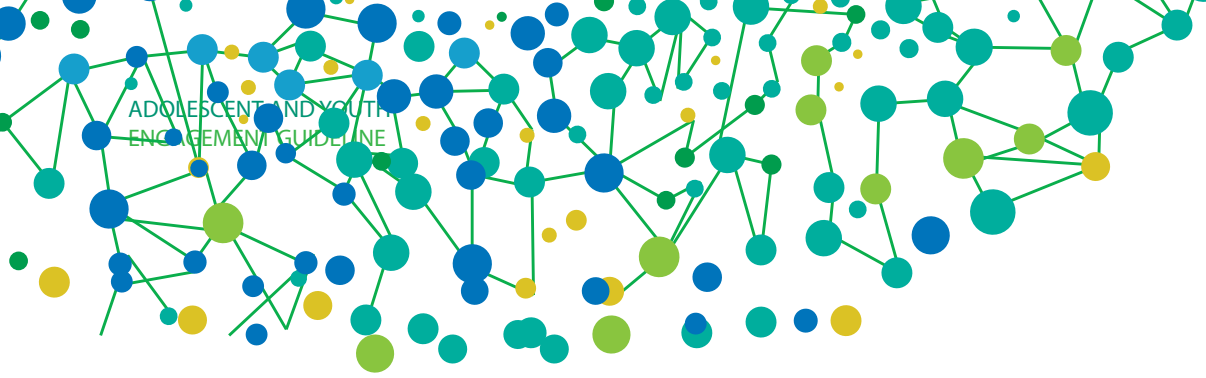
**ጤና ሚኒስቴር - ኢትዮጵያ**  
**MINISTRY OF HEALTH-ETHIOPIA**

**የዜጎች ጤና ለሃገር ብልጽግና!**  
**HEALTHIER CITIZENS FOR PROSPEROUS NATION!**

## **I. Acknowledgments**

The Ministry of Health, Maternal and Child Health Directorate is grateful to the Packard Foundation for its financial support in the development of this guideline. We are beaming with appreciation for all young people, development partners, local and international NGOs, and relevant government offices who have provided key inputs by way of informative interviews, focus group discussions, and consultative workshops held during the development of this guideline. Furthermore, the directorate truly appreciates the following individuals who contributed to the completion of this document.

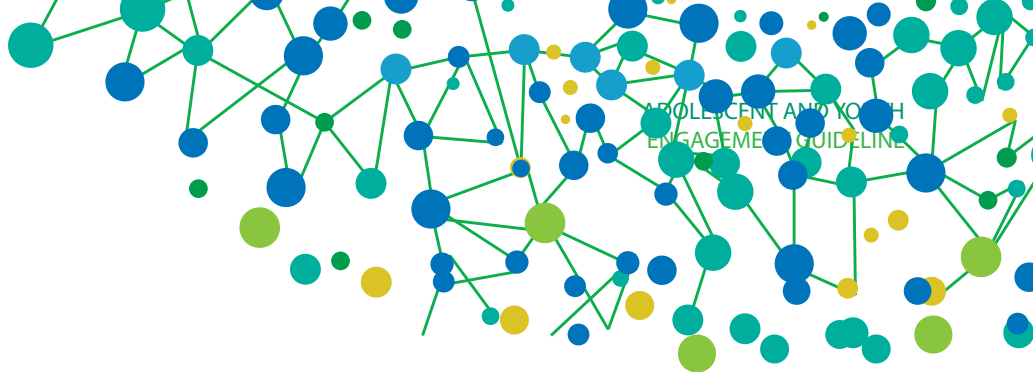




## II. List of contributors

Name	Organization
Dr. Meseret Zelalem	FMoH
Mr. Zenebe Akale	FMoH
Mr. Eyob Getachew	FMoH
Ms. Haregewoyn Tadesse	FMoH
Dr. Eden Fessiha	FMoH
Sr. Aster Teshome	FMoH
Mr. Ephrem Berhanu	TAYA
Dr. Ephrem Tekle	FMoH
Mr. Menelik Negussu	TAYA
Yordanos T Woldie	TAYA
Mr. Sheleme Humnessa	FMoH
Dr. Mirgissa Kaba (PhD)	AAU
Mr. Teshome Admassu	USAID
Mr. Kassahun Mormu	Packard Foundation
Dr. Gizachew Balew	Engender health
Mr. Shimelis Gebeyehu	DKT-Ethiopia
Sr. Worknesh Kereta	Pathfinder
Mr. Abdulatif Mohammed	MoWCY
Mr. Melesse Tadesse	FMoH
Mr. Melhiku Tiruneh,	YNSD
Mr. Esayas Alemayehu,	YNSD





### III. Acronyms

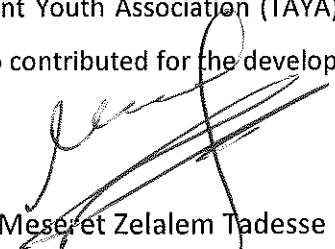
<b>A&amp;Y</b>	Adolescent and Youth
<b>AYEG</b>	Adolescent and Youth Engagement Guideline
<b>AYH</b>	Adolescent and Youth Health
<b>AYHS</b>	Adolescent Youth Health Strategy
<b>AYSRH</b>	Adolescent and Youth Sexual Reproductive Health
<b>CBO</b>	Community Based Organizations
<b>CSO</b>	Civil Society Organizations
<b>FGD</b>	Focus Group Discussions
<b>FMOH</b>	Federal Ministry of Health
<b>GTP</b>	Growth and Transformation Plan
<b>HSTP</b>	Health Sector Transformation Plan
<b>KII</b>	Key Informant Interview
<b>MNCH</b>	Maternal Neonatal and Child Health
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>SLOT</b>	Strength Limitation Opportunity and Threat
<b>SRH</b>	Sexual Reproductive Health
<b>STI</b>	Sexually Transmitted Infections

## Forward

Ethiopia is a Youthful Nation. 70% of the population being under 35 years and 33% of the population is between the ages 10-24 years old. Adolescents and youths are not only the future of our country, but also the present day hopes and workforces, whereby our development as a country is dependent on their health and development. Government is fully aware of the opportunity can only be reaped and translated to economic development, given there are appropriate policies, and inclusive actions and engagement existed. To this end, the government of Ethiopia has made a bold commitment to respond to the health and development needs of the young people. Adoption of a national youth policy, development of youth packages along with implementation of several youth focused interventions, are some of the testimonies of such commitment.

In response to this commitment, the Federal Ministry of Health and its stakeholders have developed the first Adolescent and Youth Reproductive Health Strategy back in 2006, which have been translated into action for about a decade. Subsequently, we have developed a comprehensive national AYH Strategy (2016-2020) which has a broader view and made a paradigm shift from SRH focused to comprehensive approach. The strategy commits Reproductive Health issues, Substance use, Communicable and Non-communicable diseases, Nutrition, and Injuries which are neglected but important public health concerns. The major priority areas to gear the implementation of the strategy include availing appropriate and timely information and education; Improving access to quality health services in health facilities, schools and youth centers, evidence generation, multi-sectoral action, and above all through meaningful youth engagement. Thus, in order realize the engagement of youth within the health system and program implementation, this guideline is developed with wider consultation of our stakeholders including youths themselves.

Finally, the FMOH, MCH-N Directorate would like to acknowledge the Lucie and Packard foundation, the Talent Youth Association (TAYA), the technical working group members and young people themselves who contributed for the development of the guideline.



Dr. Meseret Zelalem Tadesse ( MD, Pediatrician )  
Director, Ministry of Health, Maternal Child and Nutrition Health Directorate

## IV. Introduction

The Federal Ministry of Health (FMOH) has launched the National Adolescent and Youth Health (AYH) Strategy 2016-2020. The strategic plan's main goal is to enhance and sustain mainstream awareness of adolescent and youth health issues into the country's growth and transformation agenda. It will help to achieve sustainable development goals, including the Global Strategy for Women's, Children's and Adolescent's Health 2016-2030.

In an analysis of the health sector's stance, as it relates to youth participation, it was found that there was no clear structure guiding meaningful youth engagement in health policies and programs. Therefore, the FMOH has highlighted adolescent and youth engagement as the main area of focus in the AYH strategic plan. It has also proposed various initiatives or interventions that will ensure adolescent and youth engagement in health policies and programs.

The adolescent and youth engagement guideline is designed to increase the outcome of the government and non-governmental organizations in adolescent and youth health that made an impact on the AYH strategic plan and different investments. The guideline offers a robust analysis, and evidence on adolescent and youth engagement as well as strategies that guide FMOH and its stakeholders' approach to meaningful engagement of young people in the implementation of the National Adolescent and Youth Health Strategy 2016-2020.





## NATIONAL ADOLESCENT AND YOUTH HEALTH STRATEGY (2016-2020)

The strategy consists of six health goals to achieve by 2020. These are:

- Reducing overall mortality and morbidity by 50%
- Reducing the suicide rate by 50%
- Reducing mortality from road traffic accident by 25%
- Reducing pregnancy-related deaths by 50%
- Reducing HIV incidence by 75%
- Reducing adolescent birth rate by 75%

In order to meet these overarching goals, the strategy proposes six strategic objectives that need to be implementing systematically and simultaneously to address the primary causes of mortality and morbidity of adolescents and youths in social, behavioral, and cultural contexts.

The six strategic objectives are:

- Increasing access to AYH information and life-skills education
- Enhancing equitable access to high quality, efficient and effective adolescent and youth-friendly health services
- Strengthening strategic information and research on adolescents and youth
- Promoting a supportive and enabling policy environment;
- Supporting and facilitating youth engagement and ownership of health programs; and
- Strengthening inter-sectoral coordination, networking, and partnership



## Adolescent and Youth Participation

A key strategic objective of the GTP-2 is to promote and support the participation of adolescents and youth in the country's development and economic growth. The health sector's excellent record of accomplishment and success in community-based health promotion and prevention emanate from the creation of strong community ownership as the foundation of the Health Extension Program (HEP). The HEP hailed for the unparalleled success gained in improving the health of mothers and children in the country, compared with the health gains in any other population group including adolescents and youth. Though not generalizable, it is yet possible to tell that adolescents and youth were not equally visible and might have fallen through the cracks of policy/program deliberations and resource allocation. Moreover, the prevailing challenge inappropriately organizing and building the capacity of HDAs in the developing regional states and urban areas may widen the inequalities in access to quality services and health outcomes among the general adolescents and youth.

## (NATIONAL ADOLESCENT AND YOUTH HEALTH STRATEGY (2016-2020))



## V. Why an adolescent and youth engagement guideline?

Ethiopia is a country with an overwhelmingly large young population. About 63% of the total population of Ethiopia is below the age of 25 years. Young people between the ages of 10-24 are the largest group on the way of reaching to adulthood. This cohort of young people makes up 33 % of the total population (2007 Census, CSA).

Ethiopia has been trying to address adolescent and youth health issues for decades. However, besides its limitation in scope, the previous Adolescent and Youth Sexual Reproductive Health Strategy (AYSRH) 2007-2015 was also negatively impacted by lack of multisectoral collaboration, low stakeholder involvement, inadequate resources, and persistent social and cultural barriers to AYSRH. Because of these setbacks, limitations still exist, and adolescents and youth continue to face challenges to their health and development.

Lack of awareness, poverty, gender inequality, and social and cultural norms around adolescents and whether or not their voice/participation is valued or acted upon, as well as cultural and social norms around sexual health and fertility, have increased young people's risk of poor sexual and reproductive health (SRH) outcomes. This increases their likelihood of exposure to sexually transmitted infections (STIs), substance abuse, early marriage, and early childbearing, closely spaced and unintended pregnancies, unsafe abortion. Early-age sexual debut and teenage pregnancies are common due to the high rate of child marriages and subsequent family and societal pressure on girls to prove their fertility. (FMOH AYH Strategy 2016-2020).

The challenge, facing Ethiopia is, how best to enable, support, and facilitate the participation of young people in a formal social, economic, and political processes. Adolescents and youth are not participating in the planning, implementation, monitoring and evaluation of health policies and programs. This is, due to the lack of appropriate structures where adolescents and young people can actively contribute. In addition to this, there is absence of investment in building and strengthening adolescent and young people, as well as youth led and or focused organizations. All in all, this contributes to the absence of adolescent and youth engagement and participation in health policies and programs.

With this in mind, the Federal Ministry of Health, in partnership with the David and Lucille Packard Foundation, and Talent Youth Association (TaYA), has developed this guideline. The FMOH promotes the empowerment and engagement of adolescents and youth, their families, and the community at large for better health outcomes. The adolescent and youth engagement guideline will guide FMOH's Adolescent and Youth Health Strategy implementation.



## VI. Who are young people?

Young people are a very diverse population, whom their specific health service needs must be acknowledge and addressed based on factors such as sex, gender identity, and place of residence, educational level, special needs groups, marital status, HIV status, and socioeconomic status. Due to the fact, the youth engagement guideline considers adolescents and youth or young people between the age of 10 and 24 years. The AYEG uses the terms, adolescent, youth, young people, interchangeably – all referring to people 10 to 24 years of age, unless otherwise specified.

## VII. Definition of youth engagement

We asked young people who are participated in the development of this guideline to define adolescent and youth engagement. Hence, they have come up with the following definition that we adopted for this document:

“Adolescent and Youth engagement in health is defined as the active participation of young people on equal terms with adults in designing, planning, implementing, monitoring and evaluating of health programs, policies and interventions.”

## VIII. Methodology

The Adolescent and Youth Engagement Guideline (AYEG) development need to accompany by systematic methodological approaches that include desk reviews, FGD and KII, and a selection of appropriate conceptual frameworks.

# Adolescent and Youth Engagement Guideline



• Figure 1: The Methodological approach to develop the AYEG





**Consultation with MNCH Directorate at MOH:** To inform the AYEG, we consulted with the MNCH Directorate at FMOH to refine the scope of work, methodology and tools employed, as well as other related issues. The team revised the methodology, tools and the framework based on feedback from the meeting.



**Desk review:** We conducted a desk review of documents including the National Youth Policy, the AYH strategy of FMOH, the Health Sector Transformation Plan and other relevant documents in youth engagement developed by donors and international organizations. The document review informed the development of the draft framework and tools to gather primary data and the consultation meeting with key stakeholders.



**Focus group discussions and key informants' interview (FGD and KII):** We conducted a series of KII and FGDs with key stakeholders, including staff and representatives of FMOH, other government ministries, multilateral and bilateral donor agencies, international NGOs, CSOs and CBOs, youth structures, and youth networks using the structured interview guide developed for this purpose. FGD was conducted with university students and young people who have affiliation with youth-serving organizations and are involved in SRH programs in Addis Ababa and other regions. The primary data gathered from the FGD and KII interviews were thoroughly analyzed and being used as one of the key inputs for the development of the guideline.



**Develop a conceptual framework:** We developed the conceptual framework based on the rigorous review of documents. We reviewed the World Bank three-lens approach, Jo Hart Ladder of Participation and Youth Engagement Continuum Model, and the Flower of Meaningful Youth Participation from CHOICE for Youth and Sexual behavior. The reason behind selecting the Flower of Meaningful Youth Participation is contemporary model, which has also included the Hart Ladder of Participation



**Stakeholder's consultation workshop:** A stakeholder's consultation workshop held, and brought in participants from the Ministry of Youth and Sports, youth-focused organizations, young people from universities, and youth leaders from youth led and youth serving organizations in the regions. The participants identified barriers for meaningful participation of young people. Some of the points: explored current youth engagement experiences, and envisioned ideal, meaningful youth participation will entertained if there were no political, economic, social, and other limitations. The participants also defined meaningful youth participation based on their experiences. The participants also enriched the Flower of Youth Participation model.



**Youth participation in the guideline development:** Adolescents and youth were actively involved in the overall development of this guideline as data gatherers, data analysts and interpreters, key informants in the FGD, active participants of key informant interviews and the consultation workshop.



## IX. Scope of the guideline

The scope of this guideline will be limited within the national Adolescents and Youth Health (AYH) strategic priorities, which help ensuring meaningful youth engagement across all levels of the health system. The document will be revised every two years by learning from its implementation, monitoring and evaluation reports.

### I. Strengths, Limitations, Opportunities and Threats (SLOT) Analysis

During the consultative meetings held with youth and stakeholders' groups, internal and external factors with direct influence in the development of this AYEG have been identified. The summary is presented in the following matrix.

	<b>HELPFUL</b> to achieving the objectives	<b>HARMFUL</b> to achieving the objectives
<b>INTERNAL</b> Attributes of the youth and their institutions	<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Recognition for the adolescent and youth engagement guideline</li> <li>• Presence of youth structures such as youth clubs in and out of school, youth forums, youth associations, and youth federation</li> <li>• Presence of young leaders/employees at MOH and regional health bureaus/offices</li> <li>• The involvement of the youth program in the health extension program</li> </ul>	<p><b>LIMITATIONS</b></p> <ul style="list-style-type: none"> <li>• Limited knowledge and experiences of youth on health policy and programs</li> <li>• Lack of adolescent and youth engagement culture</li> <li>• Lack of strong youth led structures</li> <li>• Limited technical capacity of youth</li> <li>• Young people's lack of trust in the existing youth structures</li> <li>• Youth participation being an afterthought by many organizations and institutions</li> </ul>
<b>EXTERNAL</b> Attributes of the environment	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Government commitments (e.g. the AYHS)</li> <li>• Sound youth policy and package</li> <li>• Advancement of technology (e.g. Social media)</li> <li>• Availability of youth centers</li> <li>• Expansion of access to health care services</li> <li>• Growing interest of development partners in engaging youth/youth participation</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Inadequate financial and other resources to youth engagement</li> <li>• Inadequate platforms to accommodate youth out of the existing youth structures</li> <li>• Political turmoil</li> <li>• Lack of political commitment</li> <li>• Diversified youth population and diversified interests</li> <li>• Poor collaboration and coordination among stakeholders</li> </ul>







## II. Guiding Principle

- Right based approach
- Adolescent and youth ownership
- Respect
- Partnerships and inter-sectoral collaboration
- Youth adult partnership
- Equity and inclusion
- Integration
- Accountability

## III. Purpose

The core purpose of the Adolescent and Youth Engagement Guideline is to provide guidance on how meaningfully Adult and Youth engage in the implementation of the A&Y health strategy.

## IV. General Objective

The general objective of this guideline is to improve the capacity of young people to participate in the planning, implementation, monitoring and evaluation of health plans, strategies and policies that consider young people meaningfully engaged in their own community.

## V. Specific Objectives

The specific objectives are:

- Enhance awareness of A&Y towards the full-scale implementation of the AYHS
- Increase young people's participation in the development of strategies and policies for AYHS
- Increase the number of opportunities available for the sustained participation of youth in the design of AYH programs.

## VI. Focus areas and activities

The following are key focus areas and interventions to achieve the objective of the AYEG.

Focus Area 1: A&Y engagement in program design, implementation and evaluation

New approaches to information, communication and engagement are needed to make A&Y Health related planning and implementation more exciting for youth. It would also support the ability to explain better the connection between A&Y contribution and its influence on decision-making.



Activities for Focus Area 1:

**INFORM**

**ENGAGE**

<p>Develop A&amp;Y health focused website together with social media channels includes communication tools (blogs, newsgroups, etc)</p>	<p>Establish a youth advisory panel consists of a minimum of 7-10 young people that represent various youth groups at the Federal Ministry of Health and gradually have similar groups in regional health bureaus. Each member will serve for a term of two years.</p>
<p>Promote and campaign A&amp;Y Health issues using social media channels to go beyond traditional engagement methods to reach youth audiences. Make it fun, creative, and social.</p>	<p>Develop a simple guide for the youth advisory panel together with young people that define its objectives, roles and responsibilities of members, duration of service and procedures to replace missing or non-attending/non-active members, including terms of service, plans for attrition, support, retention, periodic recruitment, etc.</p>
<p>Develop creative and engaging A&amp;Y related health policies briefs and strategic documents develop easy to understand versions of the national documents such as policies, frameworks and others so that adolescents and youth could understand and use them.</p>	<p>A&amp;Y Health Roundtable: The roundtable will serve as a mechanism for regular and/or formal consultation with existing youth councils, consortiums, and youth-led and youth focused organizations to provide feedback/input, etc. This would facilitate more formalized youth civil society engagement to complement but also strengthen and push what the advisory panel is spearheading.</p>
<p>Plan and implement a social media campaign to socialize the AYH strategy among youth/youth orgs and other stakeholders</p>	<p>Annual A&amp;Y Health Forum: Organize annual A&amp;Y health forum 1-2 days before MOH annual review meeting (ARM). The forum will bring young people across the country to discuss on issues, which the outcome will be presented at the ARM and follow up actions will be drawn.</p> <p>A&amp;Y Program Evaluation: A&amp;Y involvement in the evaluation of the effective implementation AYHS includes designing evaluation processes by applying participatory tools such as social accountability tools, gathering data through surveys and interviews, analyzing collected data, and reporting out the results of evaluation processes. In the latter function, they will be given podiums to present evaluation results.</p>
<p>Engage young people in adult gatherings on AYH issues</p>	<p>Include young people in the delegation to international conferences and meeting related to A&amp;Y health issues. They will be selected through a competitive and transparent process.</p>





## Focus Area 2: Positive environment and safe and structured spaces

This process provides an appropriate youth to adult ratios for supervision, a system for ensuring youth are welcomed when they arrive, and a balance for different learning styles in programmatic activities. Although adults may set the structure, youth are involved as active agents in the design, implementation and evaluation of the program and are not just the recipients of services. Adults engage the youth by creating a respectful and inclusive program environment. Adults and youth work in partnership throughout the program. Adequately trained, caring staff members who understand and respect the developmental needs and contributions of young people are essential. They can also build youth developmental assets and foster protective factors.

- **Inventory of Youth Lead/Youth Serving Organizations:** conduct and develop an inventory of adolescent and youth led or serving organizations addressing A&Y issues in Ethiopia.
- **A&Y Health development marketplace:** Once in a year, organize A&Y health development marketplace. Innovative approaches and tools in A&Y health by young people and other youth led and youth focused organizations will get invitations to be showcased and supported.
- **Establish national AYH Strategy Trustees' Council:** The Trustees Council will be composed of young people in all regions and representatives of other line ministries including the Ministry of Education, Ministry of Women, Children and Youth Affairs, entrusted in overseeing the engagement of young people.
- **Engage young people** in the already existing A&Y Health steering committee at MOH
- **Promote participation and engagement** of youth at health facilities' (hospitals and health centers) senior management boards
- **Engage representative** young people in health post governing boards
- **Ensure participation of youth** within health development armies at health post/Kebele level.
- **Develop social accountability tools** for monitoring and evaluating the implementation of the national AYH strategy.



### Focus Area 3: Skill and Asset Development Opportunities

This AYEG promotes specific program development, acknowledges, and employs youth skills and assets for health. These programs provide opportunities to master and apply skills, engage youth to provide their voice, and contribute to health that helps them progress toward new levels of learning. Programs respect diversity and different cultures across the country.

#### Activities for Focus Area 3:

- **Build Capacity of A&Y:** As one of AYEG flagship interventions, this focus area emphasizes building awareness, knowledge, and skills. Youth may need to build basic team, and leadership skills, (adults may need this too) as well as skills related to mentoring and supporting. All team members need to possess communication skills and knowledge about AYHS.
- **Foster Youth-Run Advocacy and Support Organizations:** As the voices of youth become more sought after organizations, particularly youth-led entities, supporting this agenda emerged to the forefront. This guideline will therefore require regional and federal MOH to allow these organizations to play an advisory and advocacy role to ensure the full-scale implementation of the youth engagement guideline.
- **Youth Challenge Initiative:** Organize an annual youth-related event/challenge that asks young people (youth led/focused organizations as well) to come up with solutions to address adolescent and youth related health/ development issues.
- **Capacity Building Opportunities:** Facilitate leadership-training resources (workshops, handbooks, tool kits, as well as regional training schedules, skills etc). Catalog these resources, develop electronic versions, and make them accessible from anywhere in the country.

### Focus Area 4: Opportunities to serve others

Create opportunities for adolescents and youth to be civically engaged. Encourage youth to contribute to their country by actively participating in community service programs. These types of programs create space for young people to make a difference through service learning or peer support.





#### **Activities and focus area 4:**

National A&Y Health Week: National A&Y health week is going to celebrate with fun and creative activities involving different stakeholders. Young people will be encouraged to seek health services like VCT and others. They are also encouraged to volunteer in their community by providing health education to their peers, visiting health posts and clinics, blood donations and the like. The weeklong activities will promote healthy behaviors such as regular physical exercise and living a substance-free life as to prevent non-communicable diseases.

### **VII. Management and leadership**

The implementation of this guideline will be managed and lead by FMOH, MCH directorate, AYH case team and regional health bureaus leads. Youth focused organizations and other partners take the technical leadership in consultation with national and regional bureaus as necessary to ensure the successful implementation of the AYEG. The technical working group will also contribute to identifying activities and develop an action plan for periodic implementation of the guidelines. FMOH oversee and support regions and youth lead organization in the process of implementation resource mobilization and management.

This document will be a living document, which is intended revising every two years as necessary.

### **Diversity and inclusion**

An integral part of the proposed adolescent & youth engagement guideline is the practice of diversity and inclusion throughout its implementation. The guideline will emphasize inclusion and diversity amongst the youth of minority groups as well as youth residing in the developing regions of the country, young people with disabilities, and will create spaces for the voices of young girls and boys.

### **Resources**

Although it is assumed that promoting adolescent and youth engagement in health policies and programs does not require major expenditures. However, the current AYH strategy does anticipate supporting some targeted area regarding enhancement of adolescent and youth engagement is needed. It is expected that the Federal



Ministry of Health, regional health bureaus as well as interested local and international non-governmental organizations, the UN and other bilateral and multilateral organizations will contribute financial and technical support for the full implementation of this guideline.

### VIII. Reviewing, Monitoring and Evaluation

Key monitoring and evaluation aspects of this guideline include, however are not limited to the following:

- The Council of Youth Trustees will develop an annual work plan with quarterly targets.
- The Adolescent and Youth Engagement Officer will establish and work with a youth advisory panel team to develop a learning framework to support the implementation of the federal standard for youth participation. This will include organizational governance and build on regional experience with youth advisory panels and other mechanisms of youth engagement.
- A monitoring and evaluation framework will be developed. The framework is likely to involve annual self-reporting to concerned bodies, particularly for the youth constituencies. The framework will also look to evaluate the impact of youth seats on the Members' Assembly.

#### Annex I: CONCEPTUAL FRAMEWORK USED TO DEVELOP THE ADOLESCENT AND YOUTH ENGAGEMENT GUIDELINE

The flower of participation is a technical guideline for youth engagement introduced by CHOICE for Youth and Sexual behavior. The tool uses a blooming-flower symbol as an illustrative description to show how meaningful participation of youth can glow and flourish. The tool is useful in various instances such as evaluating an organization's level of successful youth engagement, serving as a guiding mechanism for young people, and helping young people understand their position, and potential roles within the development and civic engagement arena.

The tool describes the core elements of meaningful youth participation (the roots of the flowering plant), the





different forms of meaningful youth participation (the leaves and petals of the flower), unwanted or unnecessary forms of youth participation (the insects), capacity development and an enabling environment as preconditions for meaningful youth participation (the water and the sun), inclusivity in youth participation (the air) and the required level of commitment from young people to meaningfully participate (the soil).

• **The Ingredients** (Core Elements) of Youth Participation

According to the Flower of Participation, the five ingredients (also called the core elements) for meaningful youth participation are seen to be determinant factors for making youth participation meaningful. The five ingredients are:

**1. Freedom of choice:** Refers to the extent to which a young person can decide whether to take part in a healthy and acceptable relationship.

**2. Information:** Refers to the extent to which young people have access to comprehensive information that is crucial for their participation (the goals of the program, organizations, or activity they will be taking part in, the opportunities and what their role will be).

**3. Decision-making power:** Refers to the extent to which a young person makes decisions (concerning the program, activity, or the organization).

**4. Voice:** Refers to the extent to which a young person voices their views, concerns and opinions and to what extent their voices are heard and valued.

**5. Responsibility:** Refers to the extent to which a young person could act independently (for example within a program or organization that they take part in) and taking responsibility to fulfill their responsibilities.

The different forms of meaningful youth participation as presented in the Flower of Participation

1. Young people are appointed as role models and informed
2. Young people are consulted and informed
3. Adult-led shared decisions with youth
4. Youth-led, shared decisions with adults
5. Youth-led, adults have no decision - making power





# INCLUSIVITY

CAPACITY  
STRENGTHENING

ENABLING  
ENVIRONMENT

COMMITMENT FROM ADULTS

POLICIES

FINANCIAL MEANS

SAFE SPACE

YOUTH FRIENDLINESS

FLEXIBILITY

YOUTH-LED,  
SHARED DECISIONS  
WITH ADULTS

YOUTH-LED,  
ADULTS HAVE NO  
DECISION  
MAKING POWER

YOUTH-ADULTS  
PARTNERSHIP

ADULT-LED  
SHARED  
DECISIONS WITH  
YOUTH

Young people are  
consulted and informed

Young people are  
appointed a role and informed

TOKENISM



MANIPULATION

FREEDOM OF  
CHOICE

DECISION-MAKING  
POWER

INFORMATION

VOICE

RESPONSIBILITY

COMMITMENT FROM YOUNG PEOPLE





In addition to the five ingredients (core-elements), equivalent to the roots of a flowering plant, that are essential to ensure meaningful participation of young people are:

### Leaves and Petals: The Various Forms of Meaningful Participation



Leaves and petals appear at a certain stage of growth of a flowering plant and are determined by the health and amount of soil, air, water, sun, and tools that the growing plant is nurtured by. Likewise, meaningful participation of youth can be achieved through deliberate efforts; including developing capacities, establishing an enabling environment, increasing the commitment and determination of young people to be actively involved, and encouraging inclusivity and diversity. In the same way that insects can damage a budding flower, tokenism and manipulation of young people can be extremely harmful when working towards adolescent and youth engagement. The different forms of meaningful youth participation are equivalent to the six levels at the top of the ladder of participation.

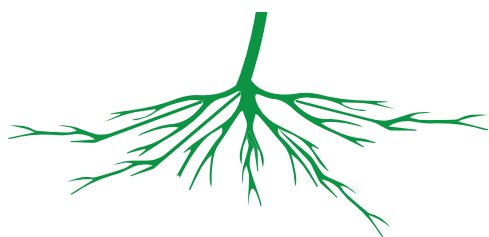


### The Water and the Sun: Preconditions for Youth Participation

As explained in the section above, some preconditions must be met to achieve youth participation in a meaningful manner. These preconditions include both internal and external issues that promote or limit progress being made towards meaningful youth engagement. Lack of capacity and resources are among the internal issues that limit progress. Policies and political and institutional commitments at the national level are



also contributing to external factors. Meeting these preconditions requires promoting capacity development opportunities for organizations, programs, adult and young people, increasing the commitment of adults to contribute to meaningful participation for young people, allocating financial resources, implementing youth-friendly approaches, creating safe spaces for young people to participate and improve policies and programs that support meaningful youth participation.



### **The Soil: Commitment from Young People**

Determination and willingness of young people to participate in any intervention that affects their demographic are one of the key steps for achieving meaningful youth participation. As clearly explained in the image, the two most important stakeholders are adults and young people. Since the goal of meaningful participation is establishing a youth-adult partnership, it is important to have the full dedication of these stakeholders. Therefore, young peoples' commitment is a vital asset for meaningful participation.



### **The Air: Inclusivity**

The Flower of Participation emphasizes that meaningful youth participation should take in to account the different circumstances and situations that young people are in, so as put in place specific strategies or mechanisms for maximum inclusivity. Gender, socio-economic background, employment status, education status, health conditions, residence (urban or rural), and disability are among the inequality issues highlighted in the tool.



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**FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA MINISTRY OF HEALTH**  
Sudan St, Addis Ababa, Ethiopia  
**Tel:** + 251 11 551 7011 **Fax:** + 251 11 551 9366 **Email:** [moh@ethionet.et](mailto:moh@ethionet.et)  
**P.O.Box** 1234 Addis Ababa, Ethiopia