



#Uproot Project Impact Report

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Acronyms

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
ECOSOC	Economic and Social Council

CPD	Commission on Population and Development
CSW	Commission on the Status of Women
HLPF	High Level Political Forum
WHA	World Health Assembly
UNGA	United Nations General Assembly
YPLHIV	Young People Living with HIV
YKPs	Young Key Populations
SWs	Sex Workers
IDUs	Injecting Drug Users
MSM	Men who have Sex with Men
TS	Transactional Sex
STIs	Sexually Transmitted Infections
NAC	National AIDS Council
CCM	Country Coordinating Mechanism for HIV/AIDS, TB and Malaria Programs
HCD	Human-Centered Design
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
CSOs	Civil Society Organizations
AYP	Adolescents and Young People
FLHE	Family Life HIV Education
UBEC	Universal Basic Education Commission
APYIN	Association of Positive Youth Living with HIV/AIDS
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NACA	National Agency for the Control of AIDS
SRHR	Sexual Reproductive Health and Rights
MDAs	Ministries, Departments or Agencies
CSE	Comprehensive Sexuality Education
IDHS	Indonesia Demographic and Health Survey
GBV	Gender-Based Violence

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Background

The PACT

The PACT is a coalition of youth-led and youth serving organizations within the AIDS movement. It seeks to unite youth organizations working on HIV and related issues such as Sexual and Reproductive Health and Rights (SRHR) - towards common goals. Through collaboration at the international, regional and national levels, The PACT hopes to continually create a strong youth movement on HIV based on the following vision, mission, principles, priorities and structure.

Vision:

A world where young people are recognized as integral to ending the AIDS epidemic and are engaged as experts in decision-making processes and leaders in programmatic implementation.

Mission Statement

The PACT, as a global coalition of youth-led organizations, works to secure meaningful youth engagement in global decision-making spaces and provides opportunities for youth-led accountability within the global AIDS response through engaging in global events and creating tools and learning environments for membership.

The PACT's Overarching Strategic Priorities

Priority 1. Advocate and promote youth-led accountability and participation for the integration of HIV and Sexual and Reproductive Health and Rights (SRHR) services and policies, including Comprehensive Sexuality Education (CSE).

Priority 2. Mobilize young people and engage decision makers to increase access to evidence-informed HIV prevention and treatment.

Priority 3. Strengthen young people's capacity to change the legal and policy frameworks that prevent young people from accessing HIV and SRHR services.

- **Priority 4.** Advocate for young people's participation in global and regional decision-making processes around resource mobilization and allocation, to ensure adequate funding for young people in the context of HIV and SRHR.

#UPROOT

#UPROOT is a global, youth-led political agenda based on the principles of equity, inclusion and solidarity, striving to end AIDS by 2030 along with advancing sexual & reproductive health and rights by tackling the barriers, the bigotry and the exclusion that jeopardize young people's health.

The **#UPROOT** Agenda is developed and powered by young people to tackle the root causes including but not limited to discrimination, inequalities, violence and exclusion, that put their demographic at risk. The Agenda focuses on three Strategic Areas:

1. Challenging harmful legal and policy barriers that deter young people from accessing services. (**Policy**)
2. Supporting and encouraging youth participation in the HIV response. (**Participation**)
3. Strengthening innovative partnerships between networks of young people. (**Partnerships**)

#UPROOT Scorecards

To achieve its goals, #UPROOT developed a variety of activities like the development and roll-out on the #UPROOT Youth-led Scorecards to measure the progress achieved by countries to End AIDS by 2030, and particularly on the issues that affect young people the most.

The **#UPROOT** Scorecard is a youth-led monitoring tool that is facilitated and implemented by young people for young people. The scorecard was initially developed as a measurement and accountability mechanism for the commitments made in the 2016 Political Declaration on HIV, and rolled out in 18 countries in Phase 1. And in 3 countries in Phase 2.

In 2020, UNAIDS, with support from The PACT and other implementing youth-led organisations, undertook a review of the methodology to update it and decouple it from the 2016 Political Declaration. The updated methodology focuses on the key aspects of the HIV response that are required to ensure the countries are on track to end AIDS as a public health threat by 2030 as per the SDGs.

The #UPROOT Scorecard Process

Partnership

Driven by youth leaders and networks with the support of UNAIDS and other partners, achieving meaningful youth participation of young people, especially from Young People Living with HIV (YPLHIV) and Young Key Populations (KPs).

Validation

The **#UPROOT** Scorecards were Analyzed and validated through national consultations conducted in 3 countries. 17 countries.¹

Action

Advocacy roadmaps were Co- developed in three countries as a mechanism to hold governments accountable for their commitments.

About this Report

This report provides a summary of the #UPROOT Scorecard Process that took place in Madagascar, Nigeria and Indonesia in 2022 and its results, highlighting the methodology, the challenges, and the key recommendations that were identified by the young people during the course of the process.

#UPROOT Project in Madagascar

About Madagascar

The Republic of Madagascar, an island located in the Indian Ocean off the coast of Southern Africa, is the fifth largest island in the world with a land mass of 587,000 km² and 28 million (2020) Inhabitants. Despite having considerable natural resources, Madagascar has among the highest poverty rates in the world².

Madagascar is characterized by a low HIV/AIDS epidemic profile in the general population (0.3%) combined with a high prevalence of HIV among Key Populations (KPs) (SWs, MSM and

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² The World Bank in Madagascar (2022) 'Country Overview', <https://www.worldbank.org/en/country/madagascar/overview>

IDUs). An increase in HIV prevalence among KPs has been observed during recent years. Hospital-based data suggest an increase in HIV prevalence among the General Population. The Vulnerability traits are inconsistent use of condoms, multi-partner relationships and other contextual factors like widespread Transactional Sex (TS) and gender inequality. A high prevalence/ incidence of Sexually Transmitted Infections (STIs) could indicate a high vulnerability to HIV/AIDS. There is not enough evidence to make a conclusion about the HIV epidemiological situation in Madagascar due to the scarcity of the epidemiological data. However, Madagascar may be closer to a turning point towards a high prevalence epidemic with severe consequences, particularly when taking into account its socio economic fragility and underlying vulnerabilities.³

In 2006, the President of the Republic of Madagascar promulgated Law 2005-040 on the Fight against HIV/AIDS and the Protection of the Rights of People Living with HIV. This legislation has the following objectives⁴:

- To fight the spread of infections due to the Human Immunodeficiency Virus (HIV), which causes the weakening and loss of immune protections of the body, resulting in the Acquired Immunodeficiency Syndrome (AIDS);
- To protect the Persons Living with HIV against all forms of discrimination or stigmatization;
- To reaffirm their rights and fundamental freedoms in accordance with international human rights instruments.
- In addition, it spells out measures to be taken to protect the rights if Persons Living with HIV, their partner(s) and close relatives against all forms of discrimination and stigmatization.

Despite the adoption of this law that calls for the protection of the rights of People Living with HIV, it still remains unimplemented. In addition, the law only addresses the rights of PLHIV, but there is no mention of the Key Populations which leaves them behind in the HIV response mechanisms including in the National AIDS Council (NAC) and/ or the Country Coordinating Mechanism for HIV/AIDS, TB and Malaria Programs (CCM).

Law 2005-040, however, criminalizes HIV transmission through “clumsiness, carelessness, inattention, negligence or non-compliance with regulations” (section 67). Penalties range from 6 months to 2 years, accompanied by a fine up to 400,000 Ariary (approx. 100 USD). Sentencing can be doubled if a healthcare professional or traditional healer commits the offense.

³ Raberahona M, Monge F, Andrianiaina RH, et al Is Madagascar at the edge of a generalized HIV epidemic? Situational analysis *Sexually Transmitted Infections* 2021;97:27-32.

⁴ Madagascar (2005) 'Law 2005-040 on the Fight against HIV/AIDS and the Protection of Rights of People Living with HIV', Article 1.

About ALTERNATIVES Madagascar

ALTERNATIVES is an association that was created in 2020 during the COVID-19 pandemic, by young people engaged and convinced of the importance of supporting their peers, especially vulnerable young people in remote towns and villages. ALTERNATIVES uses the “Human-Centered Design” (HCD) approach or commonly referred to as “user-centered design”. This approach consists of creating a framework that integrates a set of practices to understand the users, their needs, their constraints, their behaviors in order to develop deep empathy, generate several ideas to help solve the problems of a community and shifting paradigm.

Each of ALTERNATIVES’ interventions is based on paradigm shifting techniques, in particular the promotion of the equitable participation of young people aware of the place of humans in the Holocene era, in helping mold changes that they want to see themselves; willing to promote communities’ resilience, propose innovative solutions, to enable their empowerment and to inspire political change for sustainable development concerned with the protection of the planet.

The Key Fields of Action for ALTERNATIVES Madagascar are:

1- Creation:

Creation of decent jobs and support the development of micro-projects led by young people, in the Holocene era.

2- Training:

Capacity building of grassroots organizations on advocacy tools for human rights and for the protection of the planet.

3- Help:

Improved access to SRHR for young people and marginalized communities.

Methodology

1- Meeting with The PACT

The PACT conducted a meeting with ALTERNATIVES Madagascar to explain the process, highlight expectations and share the toolkit that could guide ALTERNATIVES’ Team in the Implementation of the Youth Consultation.

2- ALTERNATIVES Internal Meeting

The ALTERNATIVES Team had an internal team meeting to plan for the consultation and adapt the process to fit their country context. The team realized that since there weren't enough computers for all the consultation attendees, they needed to print the scorecard and share it with the participants so they could all fill it out and then the team would compile this data following group discussions and consensus.

3- Reaching out to the Participants

ALTERNATIVES Madagascar owns a large database of young people and young key populations across the country. They not only invited the young KPs from the Capital but they also extended the invitation to young KPs from other regions in Madagascar. The lack of finances, however, didn't allow them to have everyone attend the consultation in person.

On another note, ALTERNATIVES has an Online Youth Group where they connect with young key populations who are not willing to reveal their identities or attend any face-to-face meetings. Acknowledging how critical the voices of this group of young KPs would be, ALTERNATIVES organized a Virtual Consultation besides the in-person one so they could include their views, perspectives and recommendations.

4- Conducting the Consultation

Date of the Consultation: 8th of August 2022

Venue: Hotel Le Pave Antaninarenina, Madagascar

Number of Participants: 37

Constituencies represented in the process:

- UNAIDS
- National AIDS Council (NAC)
- Country Coordinating Mechanism (CCM)
- Ministry of Health
- Ministry of Youth
- UNICEF
- UNDP
- Population Services International (PSI)
- NGOs
- Young KPs (Sex Workers, LGBTQI, IDUs, Inmates, YPLHIV)

Challenges

ALTERNATIVES encountered a few challenges in the process of engaging young key populations. Those included the following:

- 1- The lack of technical capacities and knowledge of some of the young key populations especially around the legal environment and laws and policies in Madagascar was one of the key challenges that negatively impacted the engagement. During the consultation, some of the young KPs were not very familiar with the terms and concepts that were raised. In addition, their opinions were easily swayed by government representatives, and partners during group work.
- 2- Some of the participants were underprivileged where they couldn't afford to take a day off and attend the consultation. Although the organization reimbursed transportation/ travel expenses and provided lunch for all the participants, it was not enough compensation for a missed day of work.
- 3- Most of the Civil Society Organizations (CSOs) that serve young KPs are not youth-led. And accordingly, those who are nominated to participate in these consultations/ meetings are not always young people. In some instances, when young KPs are nominated to represent the organization, they are requested to share half of the Transport Allowance that they receive. To address this issue, ALTERNATIVES created a database of the young KPs that usually attend and participate in their meetings so they could directly reach out to them without having to get nominations from CSOs.
- 4- There was some lack of guidance during the process where it was challenging sometimes to get answers to some of the questions that arose during the planning and implementation of the project. However, the toolkit was an effective step-by-step guiding document that assisted in organizing and facilitating the consultative meeting.

Results

Since Madagascar is no longer a priority country for partners in recent years, the country has suffered a disengagement of partners supporting HIV research and response programmes. However, given the socio-economic and demographic context of the country, Madagascar has a young population where more than 62% of the population is between 14 and 30 years old (National Youth Policy, 2014)⁵. Estimates suggest that this number will double by 2025. With an Education System that doesn't promote Comprehensive Sexuality Education in schools, young people's access to SRHR information remains a challenge. This is coupled with the lack of capacity of young people and youth organisations in the country and the dearth of age disaggregated data related to sexual health and HIV. This calls for the urgent support needed to

⁵ National Youth Policy, Madagascar, (2014), <https://www.youthpolicy.org/pdfs/factsheets/madagascar.pdf>

strengthen youth leadership, participation and youth-led accountability in the HIV response in Madagascar. The results of the Consultation reflect the current situation in Madagascar and highlights the key challenges that are presently being faced by the youth population in the field of SRHR and HIV in the country. Here is the breakdown of the Scorecard Results:



Laws & policies (3.66/10): The majority of the young people consulted were not aware of the legal environment and the various laws and policies that promote or hinder adolescents and young people's access to SRHR in Madagascar. They also expressed limited knowledge of how to access SRHR services and information, among other things. In addition, the results show that most of the services and instruments mentioned in the Scorecard do not yet exist in Madagascar (e.g., HIV self-testing, PrEP)

Participation (2.14/10): Results have shown that the absence of meaningful participation of adolescents and youth in the response to HIV in Madagascar remains one of the main challenges that faces young people. This calls for more capacity strengthening and leadership training and opportunities for young people so they are more equipped to assume leadership positions. It also shows the dire need for stronger advocacy for the inclusion of adolescents and young people in all their diversity in the HIV response.

Partnerships (2.5/10): Most youth organizations working on HIV and SRHR lack many of the skills needed for a more strengthened participation. Young people's role is mostly seen as tokenistic where they are often invited to meetings/ consultations, however, when it comes to decision making processes and the design and implementation of solutions, they are mostly left behind.

Beneficiaries (2/10): Some initiatives have been working on improving strategies and approaches for the involvement of A&Y in the HIV response in Madagascar, however, these perspectives are not usually adopted by the government in the design or implementation of HIV programmes. The young people consulted have found that most of the concepts mentioned in the Scorecard were new to them which shows that Madagascar has a long way to go when it comes to leaving no young person behind especially in national strategies and laws and policies around SRHR.

Leaders (2.5/10): Some initiatives including A&Y exist in Madagascar but there is a lack of accompanying measures, e.g. involvement of young key populations in movements and advocacy for improved access to better SRH services. This shows that to achieve the goal of

eliminating HIV/AIDS, young people have to be at the forefront and center of the HIV response, leading the change and ensuring that no one is left behind.

Way Forward

Following the #UPROOT Project implementation, ALTERNATIVES pledged to do the following:

- 1- Share the results of the #UPROOT Scorecard with key political leaders as well as all the organizations that work with young people and young KPs so it can guide them while they develop their workplans.
- 2- Guided by the results of the Uproot Scorecard, ALTERNATIVES plans to develop an Advocacy Plan for Young KPs to be shared with key political leaders, policy makers and parliamentarians to advocate for the issues raised in the Scorecard
- 3- Strengthen the capacities of young KPs and educate them on how to support the UPR Process. This training will take place in 2023 in partnership with the US Embassy in Madagascar.

#UPROOT Project in Nigeria

About Nigeria

Nigeria is a multi-ethnic and culturally diverse federation of 36 autonomous states and the Federal Capital Territory. It is a key regional player in West Africa, Nigeria accounts for about half of West Africa's Population with approximately 202 million people and of the largest populations of youth in the world.⁶

UNAIDS estimates that around two-thirds of new HIV infections in West and Central Africa in 2017 occur in Nigeria, a country with an estimated population of about 200 million. The country's HIV prevalence rate stands at 1.5, with 1.9 million people living with HIV. Six states in Nigeria account for 41% of people living with HIV, including Kaduna, Akwa Ibom, Benue, Lagos, Oyo, and Rivers. Nigeria has a mixed epidemic, meaning that while HIV prevalence among the general population is high, certain groups still carry a far greater HIV burden compared to the rest of the population. In Nigeria, Sex workers, men who have sex with men and people who inject drugs make up only 3.4% of the population, yet account for around 32% of new HIV infections. (NAIIS 2018)⁷.

⁶ The World Bank in Nigeria (2022), 'Country Overview', <https://www.worldbank.org/en/country/nigeria>

⁷ Nigeria HIV/AIDS Indicator And Impact Survey (2018),
<http://ciheb.org/media/SOM/Microsites/CIHEB/documents/NAIIS-Report-2018.pdf>

Adolescents and young people (AYP) constitute 48% of the Nigerian population. Access to Family Life HIV Education (FLHE) and sexual and reproductive health services is made difficult by various cultural, religious, economic and political factors. It is estimated that about 6.9 million children in Nigeria are reported to be out of school by the Federal Ministry of Education In 2019, Nigeria had 10.5 million out of school children, the highest in the West and Central Africa region of which 60% were girls. The Universal Basic Education Commission (UBEC) reported that women with no education marry 6 years earlier than women with secondary school education (16 years vs 22 years), and women in the lowest wealth quintile (lowest socio-economic group) marry more than 8 years earlier than women in the highest quintile/socio-economic group (16 years vs 24.3 years).

As of today, Nigeria has the 11th highest prevalence of child marriage in the world with 16% of girls married before the age of 15 and 43% married by 18. Percentage of women aged 15-19 marrying before the age of 15 has declined from 12% to 8%. Rural women marry at younger ages compared to their urban counterparts (17 years versus 22 years). 1 in 5 teenage women in Nigeria are already mothers or pregnant with their first child and almost a fifth (19%) of adolescent females aged 15-19 years have begun childbearing, of this 14% already have a live birth, only 28% of unmarried sexually active female adolescents aged 15-19 use any methods of contraceptives while 22% use modern contraceptive method, only 15% of girls aged 15-19 have knowledge of their fertile period. 8% of adolescent girls (aged 15-19) and 10% of young women (20-24 years) have ever experienced sexual violence. A fifth (20%) of women aged 15-49 years have been circumcised with 86% of the circumcision taking place in childhood at less than 5 years of age (NDHS 2018)⁸

The HIV prevalence amongst AYP in Nigeria has risen from 0.2% for Adolescents aged 15-19 years to 1.3% for females 20-24 years. As of 2017, 247,293 adolescents between the ages of 10-19 were living with HIV in Nigeria (2020 Spectrum Estimates)⁹. 1 in 3 boys and 1 in 4 girls have comprehensive knowledge of HIV/AIDS, 38% of adolescent girls and 29% of boys age 15-19 have comprehensive knowledge of HIV (NDHS 2018). While there was a 30% decrease in AIDS-related mortality in adults, there was a 50% increase in AYPs. There are approximately 35 000 newly HIV infection amongst adolescents and young people and 150,000 AIDS-related deaths in Nigeria (UNAIDS 2017&2018)¹⁰.

About the Association of Positive Youth Living with HIV/AIDS in Nigeria (APYIN)

The Association of Positive Youths Living with HIV/AIDS in Nigeria (APYIN) was formed to provide care and support to young people infected and affected by HIV; empower them with

⁸ Nigeria Demographic and Health Survey (2018), <https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf>

⁹ Nigeria Subnational HIV Estimates (UNAIDS Spectrum Model 2019) Based on NAIIS 2018 Data in: Revised National HIV and AIDS Strategic Framework, 2019-2021.

<https://naca.gov.ng/wp-content/uploads/2019/03/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK-1.pdf>

¹⁰ UNAIDS Data (2018), https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

adequate knowledge on sexual reproductive health and rights thus, preventing further spread of HIV among young and general population in Nigeria. The empowerment takes into consideration the social, economic, religions, and political challenges associated with sexuality and reproduction especially as it relates to young people, along with prioritizing Gender mainstreaming across these thematic areas

APYIN is a network of young people living with HIV/AIDS in Nigeria, formed in June 2005 with the aim of promoting the involvement of the positive youths (aged between 15-35 years) and mainstreaming of youth issues in HIV and AIDS programming in Nigeria..

Through consultations, APYIN started as a constituency for young people living with HIV and AIDS within NEPWHAN to share experiences and address issues affecting their rights and well-being. In realization of the importance of involving young people in planning, implementing and evaluating programmes aimed at addressing their concerns. APYIN was officially constituted with relevant structures aimed at strengthening it as a formidable national network, and a voice for young people living with HIV/AIDS.

Over the years, APYIN has established functional and viable structures at national, state and community levels in furtherance of her vision, mission and objectives. The Constitution was developed and adopted by the delegate's assembly, who also elected National officials. Board of trustees was constituted and legal status acquired with the corporate affairs commission.

Vision:

To see a Nigeria where the rights, welfare and interests of young people living with and affected by HIV and AIDS are assured and protected, and the virus is curbed from spreading in the larger society.

Mission:

To lead the effort of mitigating the physical, psychosocial and economic impact of HIV and AIDS among young people living with and affected by HIV and AIDS through sharing information, education, advocacy, capacity building and economic empowerment.

Goal:

To ensure the greater and meaningful involvement of young people living with HIV and AIDS in all interventions and at all levels.

Objectives

The association was established in 2005 to pursue the following objectives:

- To promote fundamental human rights and gender equality in Nigeria, especially among those infected and affected by HIV/AIDS.
- To facilitate access to free and comprehensive prevention, treatment, care and support information
- To empower young people with appropriate knowledge and skills to respond positively to HIV/AIDS epidemic and its attendant impacts.
- To provide and sustain a platform for young people living with HIV and AIDS in Nigeria to come together, exchange ideas through the instrument of peer support groups.
- To facilitate access to social economic support for young people living with and affected by HIV/AIDS in the country.

Geographic Areas: APYIN works in 30 states including the Federal Capital Territory.

Methodology

1- Meeting with The PACT

The PACT conducted a meeting with APYIN on the 8th of August to explain the process, highlight expectations and share the toolkit that could guide APYIN's Team in the Implementation of the Youth Consultation.

2- APYIN Internal Meeting

On the 9th of August, the APYIN Team held a meeting with the facilitators and the National APYIN Secretary to introduce the #UPROOT Project, plan for the consultation and adapt the process to fit the context in Nigeria.

3- Reaching out to the Participants

Following the Internal Meeting, the team emailed the scorecards to relevant stakeholders and key partners at the national and state level. Emails were followed by phone calls with the identified key respondents to ensure that they fill out the scorecards and share them by the deadline. The respondents and the key stakeholders were then invited to participate in the Consultation to discuss the results of the Scorecard.

4- Conducting the Consultation

Date of the Consultation: 23rd of August 2022

Venue: De Rossi Suite – Gwarimpa Abuja, Nigeria

Number of Participants: 40

Constituencies represented in the process:

- UNAIDS
- National Agency for the Control of AIDS (NACA)
- YPLHIV
- LGBTQIA+
- Young people who use drugs
- Adolescent Girls and Young Women
- Young People with Disability

Challenges

While planning the Consultation, APYIN experienced a few challenges such as:

- 1- Limited time frame for implementation. This led to some stakeholders not being able to attend the consultation due to the short notice.
- 2- Another key challenge faced by the APYIN Team was the delay in receiving the funds from The PACT which consequently led to some delays in planning the meeting logistics.

Results

Although Nigeria has reaffirmed its commitment to achieving the global targets geared towards ending AIDS by 2030, there are still many laws and policies that stand in the way of realizing this target. The #UPROOT Consultation, being the second of its kind in Nigeria, was meaningful for the youth communities represented and consulted in the process. This consultation allowed the various stakeholders to come together and discuss how they can work towards ending the AIDS epidemic by 2030 while ensuring the meaningful engagement of young people and young KPs in the process.

It was also an eye opening and empowering experience for young people, where they had the opportunity to learn more about the policies that address the challenges faced by young people and young KPs as well as the laws that hinders the progress in the fights against HIV/AIDS in Nigeria.

Nigeria has shown an increase in the total score from 5.9 in 2017 to 7.510 and here's the breakdown of the score:



- 1- LAWS AND POLICIES:** (7.7/10) Compared to a score of 4.9 in the first scorecard, the laws and policies area score has seen a significant increase in 2022. The scorecard shows that Nigeria virtually has all relevant laws and policies available in addressing challenges faced by adolescents and young people including those living with HIV in the areas of access to HIV, SRHR, GBV medical, psychosocial and legal services. However, participants during discussions agreed that the implementation of these laws and policies is very poor as the majority of the service providers especially healthcare providers and the supposed beneficiaries (AYPs) of these laws and policies have inadequate knowledge about the provisions of the laws and policies, therefore, the maximum utilization of the available laws and policies is undermined and weak.
- 2- PARTICIPATION:** (5.7/10) In relation to the participation of adolescents and young people in relevant decision-making spaces, the scorecard showed that AYPs do participate in technical teams for development, reviews and update of national policies and guidelines and that the AYPLHIV and the LGBTQI network existed alongside other youth networks and organizations working to address the issues and needs of these populations, however, the young sex workers community does not have any network at the moment and accordingly is not represented. The Scorecard also showed that AYPs are not on the board of the coordinating agencies except for NEPWHAN which has a seat on the board of National Agency for the Control of AIDS (NACA) representing the PLHIV communities including AYPLHIV. During interactions it was noted that the AYPLHIV is not high on the agenda of the PLHIV representative on the NACA board. In the first scorecard process, Youth Participation scored 7.5 which means that in this year's process, it has witnessed a sharp decline.
- 3- PARTNERSHIP:** (9.2/10) Responses to the scorecard showed that partnership between youth organizations working on HIV is high as the collaboration also cuts across other youth organizations working on SRHR, as well as the relevant government MDAs (Ministries, Departments or Agencies). Also, the score on partnership with the private sector shows that the collaboration between youth

networks working on HIV and the private sector needs to be strengthened and improved. This score is substantially higher from the score of 7 in the first scorecard which shows a noteworthy progress in this area.

- 4- BENEFICIARIES:** (4.4/10) Compared to the scoring done in 2017, the Beneficiaries area in Nigeria remains almost at the same level, with a 4.5 in the first phase. The scorecard indicated that Nigeria's HIV national policies and guidelines fully acknowledge young people with provisions dedicated to addressing the AYP's needs across their different constituencies (AYPLHIV, MSM, IDUs, Sex workers etc.), including the Condoms Strategy targeting AYPs in Nigeria, nevertheless, AYPs cannot access condoms without limitations especially on the basis of their age. According to the Nigeria 2018 DHS, the knowledge about HIV prevention among young people (15-24) in Nigeria is 40.8%. Although this is better than other countries in the region, it is still too low and far from the 90% target set in the Global AIDS Strategy.. In terms of treatment access, the scorecard shows that treatment coverage in Nigeria has seen a lot of progress where it is currently at 90%, and hence a large proportion of AYPLHIV have access to HIV treatment including dolutegravir (DTG). Access to comprehensive service, however, requires improvement since only comprehensive and tertiary health centers provide a full spectrum of services in one location. Also, during discussion, it was made clear by the young people participating in the process that the number of youth friendly centers is significantly inadequate and that the existing ones are seriously in poor conditions and do not meet the standard as stipulated in the Youth Friendly Center Guidelines. In summary, all the respondents and participants at the consultation meeting agreed that the government needs to strengthen access to services for AYPs especially AYPLHIV, Young MSM, Young Sex Workers and Young IDUs.
- 5- LEADERS:** (7.5/10) This area has witnessed a pronounced increase from the 5.5 score in the first scorecard despite the clearly insufficient leadership development and mentorship opportunities (including the lack of funding development and cultivation of youth leaders) for AYPs. However, the youth organizations and networks are meaningfully engaged in the delivery of community-based services as shown in the scorecard. In addition they mobilize resources for their funding, gather their own data, analyze and disseminate to show their impact in national efforts to mitigate HIV in Nigeria.

Way Forward

Following the #UPROOT Project implementation, key action points were identified as follows:

- 1- UNAIDS Committed to ensuring the meaningful participation of young people in the development of the Strategic Plan and they managed to fulfill this commitment and engage young people and young KPs in the process.
- 2- As a result of UNAIDS' advocacy efforts, the government has honored their commitment for the inclusion of young people and women in the HIV response and for the first time, APYIN and the Women Group are now working with the Government of Nigeria to conceptualize and implement the World AIDS Day Campaign.
- 3- Following the #UPROOT Scorecard Process, The PACT supported the planning and hosting of a Youth Consultation to facilitate discussions aiming at reviewing urgent gaps and outlining priorities for inclusion in the new National Strategic Plan as well as into the New Funding Model (NFM 4) Funding request development process. These included: ensuring the meaningful engagement of young people in all their diversity in the decision making spaces, supporting young people and strengthening their capacities so they can assume leadership roles as well as promoting youth-led accountability, among others. During this consultation, 2 youth representatives were elected to join the Nigeria Global Fund CCM in accordance with the CCM guidelines. In the same vein, the elected CCM representatives along with other youth networks and organizations were provided training on the Global Fund processes towards promoting quality representation on CCM, feedback mechanism and accountability.
- 4- APYIN sent letters to the Deputy Country Coordinator of PEPFAR, the CCM and UNAIDS to schedule meetings with them, share the Scorecard results and agree on the way forward.

#UPROOT Project in Indonesia

About Indonesia

Indonesia is the world's fourth most populous nation, the world's 10th largest economy in terms of purchasing power parity, and a member of the G-20. An emerging middle-income country, Indonesia has made enormous gains in poverty reduction, cutting the poverty rate to more than half since 1999, to 9.8% in 2018¹¹.

According to UNAIDS, estimates indicate that in Indonesia in 2021, only 25% of the 19,000 children living with HIV received life-saving antiretroviral therapy and 2,400 children died

¹¹ The World Bank in Indonesia (2022), 'Country Overview', <https://www.worldbank.org/en/country/indonesia>

from AIDS-related causes. Despite global scientific breakthroughs providing more effective treatment for adults and children, for many children living with HIV in Indonesia access to antiretroviral therapy remains elusive. This presents barriers to women, adolescents and children to access quality prevention and care services. Exacerbating the situation is the entrenched societal and gender inequalities and the new criminal code passed in December 2022 that makes consensual sex outside of marriage a criminal offense which disproportionately impacts women and LGBTI people who are more likely to be reported by husbands for adultery or by families for relationships they disapprove of. With many competing priorities, national and local commitment of resources to scale-up efforts to eliminate vertical transmission of HIV and increase ARV coverage among children living with HIV remain limited. This has resulted in insufficient investment in community-based services for women, adolescents and children living with HIV.

While the number of new HIV infections in Indonesia decreased by 3.6% in 2021 to around 27 000, the country remains one of the countries with the highest number of new infections in the Asia and the Pacific region.

The HIV epidemic among young people in Asia and the Pacific has largely been overlooked, even though about a quarter of new HIV infections in the region are among people aged 15–24 years. The vast majority of young people affected by HIV in the region are members of vulnerable populations—people living with HIV, gay men and other men who have sex with men, transgender people, sex workers and people who inject drugs.

Like many countries in the region, Indonesia's HIV infections among young people, which make up almost half of new infections, are attributed to stigma and discrimination, poor educational awareness of HIV, lack of youth-friendly services and social taboos.

In a conservative country like Indonesia, sex is considered a taboo subject. Whether with parents, teachers or other adults, discussing sex and sexual health with young people is strongly discouraged. Accessing comprehensive information on sex and sexual and reproductive health and rights (SRHR) is even more challenging for young key populations, who do not have many safe spaces for discussion and are not adequately empowered with knowledge due to marginalization and discrimination.

Data shows that the level of knowledge on HIV and the level of comprehensive sexuality education (CSE) among adolescents in Indonesia are still very low. According to the 2017 Demographic and Health Survey (IDHS)¹², 82% of women and 83% of men have heard of HIV and AIDS. Unfortunately, only 14% of women and men aged 15-24 have comprehensive knowledge of HIV. The lack of comprehensive knowledge about HIV contributes to the low demand for and access to HIV prevention and testing services, making it more difficult to curb new HIV infections in Indonesia.

¹² Indonesia Demographic and Health Survey (2017), <https://dhsprogram.com/pubs/pdf/FR342/FR342.pdf>

A recent study conducted by Inti Muda and the University of Padjadjaran found that the willingness of young people to access services in provinces like West Papua was very low, mainly due to the lack of youth-friendly services and the poor understanding of key population issues by health-care workers. Young people often face difficulty accessing services because of the remoteness of clinics and hospitals and encounter barriers such as the age of consent for testing.

Stigma and discrimination, and especially discrimination from health-care providers, discourages many young key populations from accessing HIV services. Concerns about privacy and confidentiality are some of the main challenges. Additional obstacles include that the opening hours of public clinics are often ill-suited to people's daily routines, and the assumptions and attitudes of health-care workers can be judgemental, especially on issues around sexual orientation, gender identity and mental health. (UNAIDS 2022)¹³

About Inti Muda Indonesia

In response to the situation faced by young key populations in Indonesia related to Sexual and Reproductive Health, a youth organization called Perkumpulan Inti Muda Indonesia was initiated in 2019. The work of Inti Muda Indonesia is focused mainly in three areas,

1. Program technical assistance
2. Finance, and
3. Organizational Management for members, building partnerships with parties concerned with key youth issues, and advocating as an effort to fulfill their rights. - rights of young key populations.

Currently Inti Muda Indonesia has thirteen working areas in Indonesia, which are Riau, Jogjakarta, East Kalimantan, DKI Jakarta, West Java, East Java, South Sulawesi, North Sumatra, Bali and Papua. Recognizing the importance of the role of key populations as central to every approach taken, Inti Muda Indonesia prioritizes the leadership of key populations in influencing policy and in carrying out organizational work in achieving the vision and mission of the organization.

Vision:

Young Key Populations are empowered and their rights are fulfilled.

Mission:

¹³ UNAIDS (2022), 'Indonesia: Helping One Family at a Time Through Lentera Anak Pelangi's One Child One Life Program', <https://www.unaids.org/en/keywords/indonesia>

- 1- Increase the capacity of Key Populations regarding Sexual Reproductive Health Rights;
- 2- Improving Organizational Performance through improving governance and human resources;
- 3- Conduct advocacy to influence policies related to the rights of Young Key Populations;
- 4- Build partnerships to gain support and increase resources;
- 5- Undertake legal protection and assistance through cooperation with strategic partners;
- 6- Develop support systems and mechanisms.

Methodology

1- Meeting with The PACT

The PACT conducted a meeting with Inti Muda to explain the process, highlight expectations and share the toolkit that could guide Inti Muda's team in the Implementation of the Youth Consultation.

2- Inti Muda Internal Meeting

Inti Muda conducted an Orientation Meeting, where the youth consultation was planned and the Scorecard questions were simplified to make them easier for the participants to understand. The team also amended the process to fit the national context. In this case, the team realized that the participants are more acquainted with the provincial laws than the national laws and policies and accordingly, they planned the consultation based on this information.

A mapping of the key organizations and stakeholders was then conducted to identify the consultation participants.

3- Reaching out to the Participants

Following the mapping exercise that was implemented, the team sent out invitations to the identified participants via email.

4- Conducting the Consultation

After the Orientation Meeting, a Consultative Meeting was held on August 29,2022 which was attended by 20 young people from 20 organizations, and representatives of UNAIDS Indonesia as observers. In this meeting, all the questions from the 5 sections in the Scorecard were discussed in depth. After the Consultative Meeting, a Consensus Meeting was held on September 9th 2022 which was attended by the same participants who took part in the Consultative Meeting. During this meeting, the results that have come out of the first meeting were reviewed and evaluated and then compiled by the

team of consultants who then shared the final results of the #UPROOT Scorecard 2.0 with The PACT.

Date of the Consultation: 29th of August 2022, 9th of September 2022

Number of Participants: 36

Constituencies represented in the process:

- LGBTQIA+
- Adolescents and Young People Living with HIV
- Adolescent Girls and Young Women
- Young people who use drugs
- Young sex workers
- UNAIDS as observers

Challenges

The engagement of young KPs in the Consultative Process and the Consensus Meeting in Indonesia went smoothly. The toolkit shared by The PACT was of great help to the team since it was youth-friendly and easy to navigate. However, the team identified two key challenges during the process:

- 1- Due to the social and cultural norms around gender, many people who identify as transgender may not reach a self-realization about their gender identify as transgender until later in life. Inti Muda was initially limited by the definition of young people (under 30) but for this reason, they decided to make a few exceptions for representatives from the Transgender Community and invited those who are one or two years above the age limit.
- 2- Young people had limited knowledge of the national laws and policies that speak to their health, leadership and meaningful participation in the HIV response in Indonesia.

Results

The #UPROOT Consultative Process in Indonesia received a lot of positive feedback from all constituencies due to the opportunity it presented for the young key populations to meaningfully participate in the assessment of the current situation in the country. The total score for Indonesia was 5.3 / 10 which is slightly higher than the score from 2017 (4.2). The breakdown of the scores from the scorecard is as follows:

- 1- **LAWS AND POLICIES:** (4.4 / 10)

The 2022 Scorecard showed that Indonesia has made significant progress in its laws and policies since 2017 from a score of 2.5 to a 4.4. Although Indonesia has laws and policies that address Gender-Based Violence (GBV) including domestic violence. For Child Marriage, according to Marriage Law No. 1/1974, the legal age for girls in Indonesia to get married with parental consent is 16 years old. However, the Marriage Law was amended in September 2019 to Law No. 16/2019, increasing the legal age for girls to get married to 19 years old, the same age as boys. As for Female Genital Mutilation, there is no law in Indonesia that criminalizes it. For laws and policies on HIV, the Scorecard indicated that adolescents under 18 years of age are not allowed to access SRHR services or HIV testing and treatment without parental consent. Same-sex sexual activity is prohibited explicitly only in two provinces of Indonesia: Aceh and South Sumatra. In the rest of the country, there are no punitive laws that directly criminalize same-sex sexual acts, gender identity, diversity and the trans experience, however, many local regulations can be used as legitimacy for criminalization. For example, Bogor City Regional Regulation No. 10 of 2021, concerning the Prevention and Overcoming of Sexual Deviant Behavior. Pariaman Regional Regulation No. 2 of 2022, article 25, Aceh Qanun No. 6 of 2014. In the Criminal Code, article 281 can be used to criminalize the Consensual same-sex act. In addition, in December 2022, the Indonesian parliament passed a new Penal Code criminalising sex outside of marriage. Although the new law is not set to come into effect until 2025, the provisions may be used to target LGBT people. In addition to potentially being captured by laws that criminalise same-sex activity, transgender people can be criminalised under the Penal Code 1999, Article 281 of which criminalises ‘offences against decency’. Moreover, there are barely any legal provisions that prohibit violence and discriminations against KPs.

2- PARTICIPATION: (2.4/10)

Compared to the #UPROOT Scorecard Results in 2017, the Participation Score has significantly declined. This is due to the fact that young people are more aware of the difference between meaningful participation and tokenism. In addition, the Scorecard shows that there are a few youth-led and YPLHIV networks, however, they are mostly centered in big cities and the funding they receive for institutional strengthening, capacity building, staffing costs and programming doesn't match the needs of the young people and the young KPs.

3- PARTNERSHIPS: (8.3/10)

The Scorecard results indicated that youth organizations and networks of young people working on HIV collaborate with other youth organizations that work on other issues concerning young people such as peace and security, education, civic participation, environment and economic empowerment. Partnerships with the government, the private sector and the academic institutions also exist but it needs more strengthening. This exhibits a remarkable increase since 2017 where the partnerships only scored 5.5.

4- BENEFICIARIES: (3.9/10)

The Results from the Scorecard highlighted that Indonesia does not have a specific policy or strategy in national response to HIV that explicitly mentions adolescents, young people or YKPs. It has also shown that young people in Indonesia still face limitations in accessing condoms. Free condoms are available in health care services; however, they are only accessible to young people who are married. Due to the lack of Comprehensive Sexuality Education in schools, the majority of adolescents and youth do not have sufficient knowledge around HIV prevention and SRHR.

LEADERS: (7.5/10)

Responses to the Scorecard showed the availability of various leadership development opportunities for youth organizations, networks as well as individual young people to support new leadership in the HIV response. It also pointed out that although youth organizations are meaningfully engaged in the delivery of community-based services and programmes, they are not usually included in the design phase. They are, however, able to mobilize resources for their own organizations as well as gather, analyze and disseminate their own evidence related to the impact of the HIV epidemic and its response. This was somewhat higher than the 2017 score only by 0.5.

Way Forward

After the conclusion of the #UPROOT Consensus Meeting, Inti Muda took the following steps:

- 1- Shared the results of the #UPROOT Scorecard with all their partners and key actors in the HIV response in Indonesia such as the Ministry of Health, UN Agencies, the Global Fund, etc.
- 2- The results of the #UPROOT Scorecard inspired the Inti Muda team to organize a consultative meeting with young key populations in October, 2022 where they discussed the creation of a Safe Space for young people and young key populations in Indonesia so they can foster community- and youth- led advocacy, accountability and social mobilization. This concept has been shared with key partners.
- 3- In partnership with UNAIDS Indonesia, Inti Muda plans to support the development of the Advocacy Strategic Plan in 2023.

Recommendations

Based on the Interviews conducted with the Representatives of the Implementing Partners, here are their recommendations for future implementers:

- 1- During the consultation, it is important to ensure that the young people's views are not influenced by other stakeholders. The involvement of stakeholders such as UN Agencies and government representatives only as observers has been deemed effective since these consultations' main objective is to capture young people's views and perspectives without biases from other actors.
- 2- Train or orient the young KPs on how to fill out the questionnaire digitally.
- 3- Strengthen the capacities of young KPs so they are able to amplify the voices of their communities.
- 4- Engage directly with the young KPs groups. Do not limit the reach to Civil Society Organizations. In some instances, lack of support of CSOs has been reported.
- 5- Work as a team and plan well ahead of time.
- 6- Ensure the inclusion of the various youth constituencies in the advocacy process. Young people are not a homogenous group so the representation of the different KPs is critical to avoid leaving anyone behind.
- 7- Policy change does not happen overnight hence, persistence is key when it comes to advocacy and youth-led accountability.
- 8- Use a Youth-Friendly approach while working with young people and young key populations. This entails creating an inclusive environment and a safe space for them to share their views, challenges and recommendations without fear of stigma, judgement or discrimination.

Conclusion

The #UPROOT Scorecard Process continues to be an enlightening and empowering experience for young people, paving the road for continued youth-led evaluation and accountability in Madagascar, Nigeria and Indonesia. This project provided a space for young people and young KPs to identify, analyze and understand the situation within their local context and legal environment and how it affects their meaningful engagement and leadership in the HIV response.

It was also a platform for young people to put forward recommendations on how to improve policy formulation and implementation of laws that support adolescents, young people and young KPs, as well as foster meaningful youth participation and leadership in the HIV response and maximize the impact of partnerships across all sectors. In summary, the #UPROOT Scorecard Process has successfully put young people on the road towards realizing their rights through strengthening youth-led accountability.

