

Manual on Best Practices HIV/AIDS Programming with Children and Young People



THE DANISH NGO NETWORK ON AIDS AND DEVELOPMENT



Foto: UNICEF



Foto: Hans Otto

**BØRNE- OG
UNGDOMSNETVÆRKET**

Developed by
Bjarke Oxlund

AIDSNET – the Danish NGO Network on AIDS and
Development
&
The Children and Youth Network

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIDSNET	The Danish NGO-Network on AIDS and Development
HIV	Human Immunodeficiency Virus
MOST	Management of Social Transformations
NGO	Non-Governmental Organisation
SOTA	State of the Art (practices)
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organisation

1. Introduction

1.1 The Need for a Best Practice Manual

What are Best Practices?

What criteria can be used to define a Best Practice and how can Best Practices be used?

How can we promote the use of Best Practices by program staff in the field?

These are some of the questions that this manual seeks to answer in relation to HIV/AIDS interventions and programs with children and youth.

The manual has been developed through a joint initiative between the two Danish NGO networks:

- ▶ The Children and Youth Network (www.bu-net.dk), and
- ▶ AIDSNET - The Danish NGO-Network on AIDS and Development (www.aidsnet.dk).

These two networks, which are partly funded by Danida, consist of Danish NGOs, research institutions and a number of resource persons. Their founding members believe that development issues are better to confront together than alone. One of the central objectives of both networks is therefore to coordinate the sharing of experience among Danish NGOs, their South partners and research institutions. While the Children and Youth Network seeks to promote the active involvement of children and young people in the development process, AIDSNET seeks to enable improvements in the struggle against HIV/AIDS.

In order to strengthen the member organisations' use of the Best Practice approach both as a tool and as a process, the two networks entered into a joint venture in 2003. One of the main components was the commissioning of a study to produce an overview of the relevance of Best Practices in international development work, as well as a discussion of how the concept of Best Practices can be meaningfully applied to practical program interventions of Danish NGOs and their South partners in their work on HIV/AIDS and children and youth.

The expected outcome of the study was a Manual on Best Practices for HIV/AIDS Programming with Children and Young People, which was again expected to contain the following:

- An introduction to the concept of Best Practices;
- A guideline for organisations wishing to implement Best Practice processes in their work with HIV/AIDS and children and youth;
- An analysis of limitations and opportunities in NGOs' work with Best Practices; and
- References to relevant literature and websites.

The present document is that manual. While the primary target group for this publication is made up of Danish NGOs and their partners and counterparts in low-income countries, it is envisaged that international NGOs and donors may also be inspired by the approach taken to Best Practice herein.

2. The Concept of Best Practice

2.1 What is meant by Best Practice?

At its most basic, Best Practice suggests a simple maxim: Don't reinvent the wheel but learn in order to improve it, and adapt it to your terrain to make it work better. While this metaphor is clearly too simple, it certainly captures the essentials of what Best Practice is all about: learning from the success of others with the objective of improving the overall performance of one's own program.

Exactly how an organisation embarks on a process of identifying and implementing Best Practices differs from one to another, since determining what is a Best Practice in a given field or sector is one of the most challenging aspects of making the concept operational. No matter which definition is used, however, there is an element of accumulating knowledge and building on the basis of the practice of others. In this chapter a number of different Best Practice definitions are introduced with the aim of developing a suitable definition for the work of Danish NGOs working with children and youth and HIV/AIDS programs.

A useful point of departure is the following brief definition of Best Practice from UNAIDS:

Best Practice means accumulating and applying knowledge about what is working and not working in different situations and contexts. It is both the lessons learned and the continuing process of learning, feedback, reflection and analysis (what works, how and why, etc.)

According to UNAIDS the process of working through a Best Practice approach is manifested in three ways:

- Exchange of experience, including sharing between individual experts and technical resource networks;
- Pilot testing and operations research; and
- Documentation.

In summary, the Best Practice process helps to identify and describe the lessons learned and the keys to success of any given project, program or policy.

According to UNAIDS the criteria for whether an approach, strategy or program qualifies as a Best Practice are related to:

- Effectiveness (an activity's overall success in producing desired outcomes)
- Ethical soundness (follows principles of social and professional conduct)
- Relevance (how closely focused an activity is focused on HIV/AIDS)
- Efficiency and Cost-Effectiveness (an activity's capacity to produce desired results with a minimum of expenditure)
- Replicable (ability of a program to be adapted to meet similar needs in other settings)

- Sustainability (the ability of a program or project to continue being effective in the future)

For each of the listed criteria, UNAIDS provides a more elaborated definition and a number of useful questions, which may help determine whether or not a program intervention is a Best Practice. One of the key features of UNAIDS' Best Practice definition, however, is that it is not reserved only for "truths" or "gold standards", but that a Best Practice can be anything that works, in full or in part, and can be useful in providing lessons learned. This means that according to UNAIDS a Best Practice needs only meet one or more of the criteria listed above; not necessarily all of them.

This approach is problematic since it leaves little room for a more differentiated understanding of what is a Best Practice compared to what is a "Better Practice", "Good Practice", "Lessons Learned" or an "Innovative Approach". Some program approaches presented as Best Practices by UNAIDS may thus simply be lessons learned, while others may qualify as good practices and others as just practices. This makes it very difficult for program staff wishing to adopt a Best Practice to tell whether it is truly a Best Practice or not. It also makes it difficult to tell whether Best Practice is used in its definition as a process or as a set of criteria to which the Practice conforms.

The background information for this section was mainly taken from "Summary Booklet of Best Practices" produced by UNAIDS in 1999. The booklet can be found in UNAIDS' Best Practice Collection, which is a section of their web-site, where they publish all their Best Practice publications, including the voluminous case studies, technical guidance documents and other key materials on best practices:

Go to: www.unaids.org/en/resources/publications/best+practice+collection.asp

While the UNAIDS definition provides a useful entry point into to the field of Best Practices, there are other approaches to Best Practices available, which offer an understanding of Best Practice as a more differentiated concept. A case in point is the Best Practices Compendium (2002) developed by Advance Africa, which includes a Pyramid of Practices. The Compendium was developed by experts from 17 international organisations doing business in family planning and reproductive health, who were invited to offer technical guidance on this Best Practice initiative.

The very useful results of this process were summarised under the following main points:

- Criteria for assessing best practices
- The Pyramid of Practices
- Dissemination, use, and shared ownership of the Best Practices Compendium

The Compendium contains elaborated definitions of criteria for assessing evidence of success quite similar to the criteria provided by UNAIDS. For our purposes here it is adequate to make reference to the following summary:

A Best Practice must be evidence-based, show transferability, and provide a practical, efficient, effective solution to the situation. Success factors are important in terms of describing the context in which the program is successful. An unbiased, multi-agency Review Board was established to assess each practice/program model submitted to the Compendium.

In general, the programs most valuable to program staff are those that are easy to replicate or transfer to different types of settings. Hence, the ability of a program to be replicated or transferred to a different setting is critical to its usability, effectiveness, and value. Multiple factors must be considered when evaluating the transferability of a practice/program model, including whether it has ever been replicated and where. Since replication can be measured on a sliding scale from a project implemented in two villages in the same country to a project implemented in two different continents, it is important to apply a clear definition that leaves room for different scales. Advance Africa uses the concepts of replicability and transferability, which are discussed in-depth in the Compendium. The definitions quoted below highlights the difference between a policy approach, on the one hand, and a program (or procedure) approach on the other hand:

Replicability: The ability to perform an experiment or procedure more than once. The program may be repeated across cultures, sectors, or geographic areas, and can serve as a model for policies and initiatives elsewhere.

Transferability: Successful application of a program in new settings; the ability to successfully apply a procedure or program successfully across cultures, sectors, or geographic areas.

Probably the question of whether or not an approach has been tested in more than one context or environment is the single most critical feature in the definition of Best Practice. If the approach seeking to qualify for Best Practice has only been carried out in a single setting, it would simply be wrong to grant the status of Best Practice to that approach. In the next section a more differentiated approach to Best Practice will be presented.

2.2 The Pyramid of Practices

As is evident from the previous paragraph, Best Practice is a concept frequently used for several different categories of practices that are distinguished by the degree of evidence backing up the assertion that they are indeed “best”. Best Practices regularly include innovations or experimental approaches, state of the art interventions, lessons learned and principles. Hence, it is important to label them clearly. Knowing the degree of evidence backing up a Best Practice can help program staff determine the amount of risk they are willing to assume in introducing a new practice or replicating a Best Practice to improve program performance.

Perhaps the most useful contribution made by Advance Africa’s Best Practices Compendium is to provide a simple graphic means to show the various levels of effectiveness. Here confidence is used as a term to describe program staff’s approach, i.e. how confident can they be that the practice is high quality and can be transferred from one context to another. As one moves up the pyramid, more compelling evidence exists that the practice has met certain criteria and is “best”, that is, some practices or lessons learned have been proven in multiple settings across multiple geographic boundaries.

Fig. 1 Pyramid of Practices



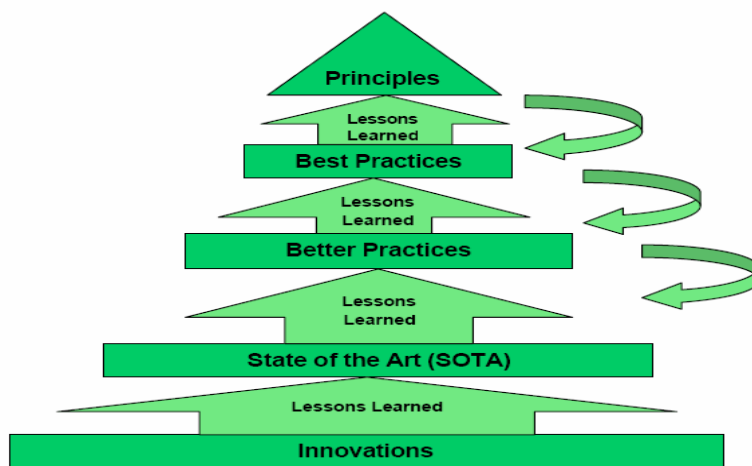
Copied from:
www.advanceafrica.org/tools_and_approaches/Best_Practices/BP_Process.html

The Pyramid presented above is actually a simplified model of Advance Africa’s original Pyramid of Practices, which had several more layers each separated by lessons learned. The original multi-layered pyramid is presented below as a reference guide for

those seeking an in-depth understanding of the process of classifying practices and program models.

While the two different graphic presentations provide a clear idea of the confidence that one can have in the success or transferability of a program, program staff should not be limited to selecting only the Best Practices for implementation, since in many cases the innovative approach or the current 'State of the Art' approach may be the most appropriate solution to improving performance. Unlike the generic way in which UNAIDS applied Best Practices to all materials in their Best Practice Collection, the Advance Africa approach allows for greater differentiation of practices, which again allows program staff to make an informed choice before adopting a Practice.

Fig. 2 Original Pyramid of Practices



Copied from:
The Best Practices Compendium: Conclusions and Lessons Learned from the Advisory Group Meetings. December 2002: Advance Africa.

The definitions of terms used in the original pyramid have been reproduced in the next section to present the reader with an exhaustive list of terms used to differentiate practices of varying success and transferability.

2.3 Glossary of the Best Practice Pyramid

Best Practice (**** out of 4) is the “gold standard” of practices, activities, or tools that can be implemented to support program objectives. Evidence of impact and success is drawn from multiple settings and is based on objective data. Best Practices involve limited risk because they have a good track record and evidence of success and have been successfully replicated. Program staff can be more confident that adapting and implementing a best practice to fulfil their program needs will help achieve desired program objectives.

Better practices (***) out of 4) are state of the art (SOTA) practices that have been improved based on lessons learned. The projects and interventions show promise for transfer to new settings. There is less risk associated with implementing better practices than with SOTA or innovative practices because there is clearer evidence of success and more lessons learned through experience. Evidence exists in both qualitative and quantitative form, but is drawn from application of the practice in limited settings.

State of the art (or SOTA) (** out of 4) refers to practices that reflect new trends and current thinking in the field. These practices may be successful in localized settings, but much of the evidence is preliminary or anecdotal. There is a large degree of risk associated with implementation of SOTA Practices because they may not have been replicated extensively.

Innovations (* out of 4) are cutting-edge approaches that reflect new, possibly untested thinking. They are sometimes variations on an old theme. Innovations come in the form of pilot programs or experimental projects. There is little if any objective evidence that the practice will have the desired impact. The promise of an innovation is based on speculation and lessons learned from other practices. A high degree of risk is associated with applying innovations to a program.

Lessons learned are cross-cutting observations and conclusions that apply to a specific practice. The lessons themselves are extrapolated from experience with an intervention or program. Evidence supporting the lessons is clear and objective. It is through the process of lessons learned that a practice or intervention moves up the pyramid to another stage. As time progresses, more evidence is found to support the program and to reduce the risk that it will not have the desired impact. The wealth of evidence increases as lessons are continually learned from experience and applied the next time around. As this process progresses, the risk continues to diminish.

Principles are ideas and concepts that are “essential” to program success. They are overriding conclusions that have general applicability across sectors, geographic boundaries, or technical areas for a program. These might be considered “truisms,” usually relating to policy. There is definitive quantitative and objective evidence from multiple implementation experiences supporting the practice. Principles do not necessarily come in the form of programs or interventions.

It should be noted that the concept of principles is placed differently in the two pyramids due to the fact that it belongs to a different order than the other concepts. If

we follow the definition of principles as overriding conclusions that have general applicability across sectors and geographic boundaries, one example could be the active involvement of children and youth in programs targeting children and youth, which has proven to be a key principle in all settings and sectors. In comparison, a more specific approach to exactly how a program can involve children and youth in a given sector may qualify for a Best Practice if it can be successfully implemented in several settings or contexts. Apart from this, the glossary is self explanatory.

Example 1:

A Best Practice Check List Approach to Youth Unemployment

Individual networks or associations may produce their own list of criteria to better suit their own needs in a specific sector. The South African Youth Development Network uses a Best Practice approach in their work on youth development. They define Best Practice as a proven and tested way of intervening in the environment of young people with reference to a particular problem and reached through monitoring, evaluation, research and reflection. It is a manner of standardising practice which does not ignore the dynamics of the context in which it takes place. To be successful in producing a holistic, integrated multidisciplinary approach, the Youth Development Network has defined that a Best Practice must contain the following components:

- A strong infrastructure
- A thorough selection method
- Qualitative, relevant and needs-oriented program, including
- Life skills training, hard skills training and monitoring and aftercare
- Psychological support
- Contextual environment
- Enabling and creative environment
- An outcomes based approach
- Accountability
- Commitment of all involved
- Gender sensitivity
- Tracking system
- Indicators of success
- Auditing system
- Follow up/referral system
- Long-term financial strategies

Go to: www.ydn.org.za

In the next section called "Ensuring that Best Practices are Evidence-Based" we will take a closer look at how the quality of a particular intervention can be tested.

2.4 Ensuring that Best Practices are Evidence-Based

What does it mean that an intervention is evidence-based?

How does the concept of evidence-based interventions relate to Best Practices?

What can NGOs do to ensure that their interventions are evidence-based?

These are the main questions that will be addressed in this section.

The concept of evidence-based interventions grew out of the medical sciences and was widely adopted and accepted during the 1980s and 1990s. In clinical medicine the cornerstone of an evidence base is the randomized controlled trial, where one half of a particular group is given a new treatment, while the other half gets either no treatment or the current standard of treatment. This approach is called randomized controlled trial, because the one half exposed to treatment is selected at random, while the other half enables rigorous comparison (and control of placebo effects). Another key concept is that of systematic review, which is in essence a comparison and analysis of scientific results stemming from a multiplicity of research settings. The greater the number of research results indicating the same causal relation is, the stronger is the evidence-base on which to build an intervention.

In public health the use of evidence-based interventions does not necessarily rest on the randomized controlled trial. This is so, because a typical program aiming to improve the health condition of people in a given community is seldom limited to one single intervention, but rather to a whole set of interventions. Another challenge is posed by the fact that the population in the intervention area may not be easily measured or defined, i.e. when trying to measure the impact of an HIV/AIDS media campaign.

The concept of systematic review, however, could and should be applied in some way to public health interventions. If carried out by a major research institution, one would expect the systematic review to be scientific in its approach, i.e. weighing the total evidence from scientific research results. NGOs, however, are unlikely to have the research capacity to undertake such a thorough review, so they would often have to rely on the evidence accumulated in the data bases of major research institutions or international organisations. The basic requirement is that before entering into a new program NGOs should make an effort to test whether their beliefs or propositions are true or valid according to the available body of facts and information.

The different characteristics of Evidence-Based Medicine and Evidence-Based Public Health have been summarised in the matrix below.

<i>Characteristic</i>	<i>Evidence-Based Medicine</i>	<i>Evidence-Based Public Health</i>
<i>Quality of evidence</i>	<i>Experimental studies (randomized controlled trials)</i>	<i>Observational and quasi- experimental studies</i>
<i>Volume of evidence</i>	<i>Larger</i>	<i>Smaller</i>
<i>Time from intervention to outcome</i>	<i>Shorter</i>	<i>Longer</i>
<i>Decision making</i>	<i>Individual</i>	<i>Team</i>

Adapted from Center for the Evaluative Clinical Sciences at Dartmouth:
Go to: www.thecommunityguide.org

From the description contained in the paragraphs above, it is clear that an evidence-based approach shares many similarities with a Best Practice approach. Both of them can be understood as entire program approaches in themselves, and they both have a common aim of transferring successful interventions from one setting to another. One definition therefore is that:

Evidence-based public health is the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioural science theory and program planning models.

Source: Browson RC, Baker EA, Leet TL, Gillespie KN. Evidence-Based Public Health. New York: Oxford University Press 2003.

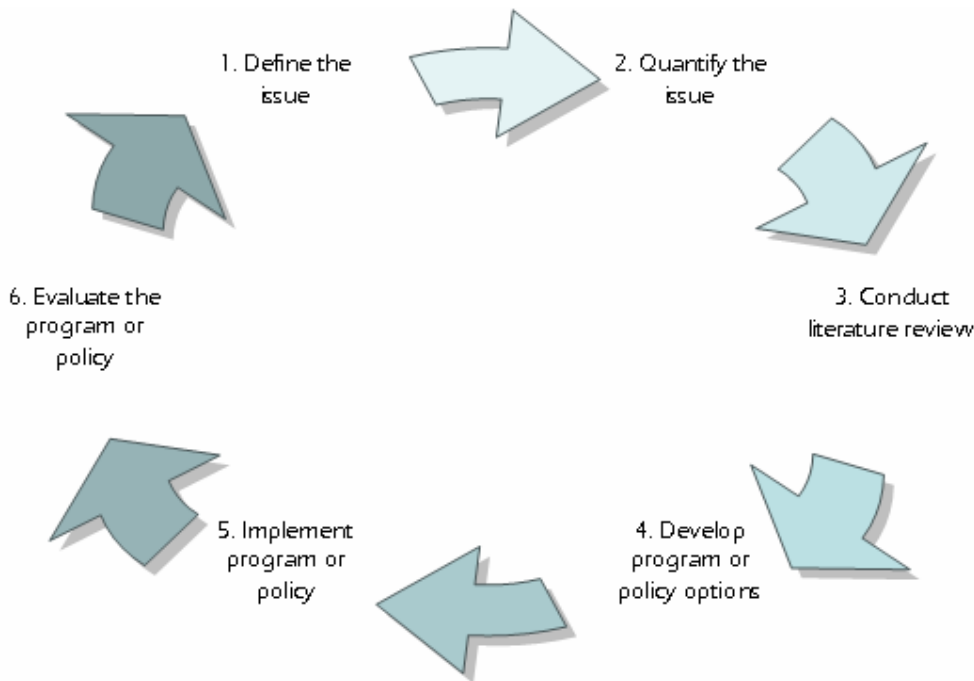
According to this definition, an evidence-based intervention in public health relates to every phase of the project cycle (most development practitioners are familiar with the project cycle in one form or the other, i.e. the logical framework approach).

As part of this Best Practice Manual we are not so much interested in the evidence-based approach as an alternative to the Best Practice approach. Rather, our interest is in the added value, which lies in its insistence on conducting systematic searches for available facts and information prior to programming and the explicit demand for tests, sound evaluation and proper documentation at the end of a programming process.

If we turn to the simplified project cycle below, it can be noted that:

- In phase 2, the range and volume of the program intervention(s) need to be established along with measurable and time bound indicators that will allow for a sound evaluation in phase 6.
- In phase 3, project staff need to undertake a review of available facts and information (the evidence-base) to ensure that they are adopting a Best Practice.
- In phase 6, a sound evaluation conducted by an independent team of qualified evaluators will show whether or not the program has had a positive impact on the issues addressed and whether or not further knowledge can be added to the evidence-base or the Best Practice.

Fig. 3: Simplified Program Cycle



Adapted from a workshop presentation published on the internet by Center for the Evaluative Clinical Sciences at Dartmouth:
Go to: www.thecommunityguide.org

The importance of the following elements cannot be overestimated:

- Thorough reviews at the beginning of a programming process;
- Meticulous definition of indicators; and
- Sound evaluation at the end of a programme.

Without these there can be no meaningful implementation of Best Practice approaches or evidence-based interventions.

NGOs are not supposed to be measured against scientific standards as if they were researchers publishing in peer reviewed journals. NGOs should, however, be able to document whether their interventions have an effect on the goal they wish to reach. In order to do so NGOs need to be consistent throughout the project cycle. While conducting a systematic literature review is often considered time-consuming and too academic by project staff, it might still be the only way to get up-to-date inspiration and a proper evidence base for a planned intervention. Likewise, undertaking sound and thorough evaluations might seem too costly and time-consuming, but it is the only mechanism whereby program successes or failures can be properly tested, documented and shared among development practitioners.

Every organisation is therefore best served by carrying out a proper evaluation anyhow, and the process of searching for inspiration and evidence from the very beginning may save time during implementation. Another thing is that it may not be so demanding after all. AIDSNET, for instance, has developed its own easy-to-use domain for search and retrieval of scientific literature on HIV/AIDS in low-income countries in order to assist member organisations to undertake searches for relevant materials.

Go to: www.search.aidsnet.dk

Finally, to exemplify how Evidence-Based Interventions and Best Practices might work together, let us try to imagine the following.

Imagined Case 1:

Using Evidence-Based Interventions and Best Practices

In close collaboration with the Medical Department of Makerere University in Uganda, a Danish NGO is supporting programs on child survival. While the Makerere researchers check relevant research journals and databases through a systematic review on child survival, the project staff use Best Practice databases and networks to identify Best Practices for child survival programs.

Both searches on child survival indicate that very low-tech interventions like the provision of mosquito bed nets, vitamin A and training of mothers on treatment of diarrhoea using iodised salt and citrus fruits are the three most cost-efficient and effective interventions to promote child survival.

After joint consultations it is therefore recommended that available funds be spent to cover a program of mosquito bed net, vitamin A and iodised salt provision and a campaign to train mothers on treatment of diarrhoea in two Ugandan districts for two years.

Measurable and time-bound indicators are established for both program process and program impact, and a joint monitoring plan is produced between the main stakeholders. A mid-term review and a final review by independent evaluators produce reports and findings to document successes or failures.

In the next section called "Best Practice Clearing House Approach" some of the different review mechanisms that can be put in place to ensure that standard procedures of assessment are followed will be introduced and discussed.

2.5 Best Practice Clearing House Approach

How can we critically analyse the nature of the program models that aspire to become Best Practices?

What kind of standardized criteria can be utilised to objectively assess each practice consistently and fairly?

Where and how should Best Practices be disseminated?

These are some of the questions that will be discussed in this chapter.

One of the main reasons why some practices are presented as Best Practices even though there is only anecdotal or scanty evidence-based information available to support it, is that not every organisation has embarked upon a consistent implementation of the Best Practice approach. One way of implementing Best Practice is through the use of a check list developed on the basis of close examination of successful programs in your own organisation or network (see for instance Example 1). Within a larger network or global organisation, however, it might require the setting up of a Best Practice Clearing House tasked with the challenge of authorising Best Practices based on rigorous procedures and a clear set of criteria.

A case in point is UNESCO's MOST (Management of Social Transformations) Program, which uses a Best Practice Database set up within a Best Practice Clearing House. On the basis of close evaluation of UNESCO's four Best Practice criteria (innovation, making a difference, sustainability and replicability), MOST is collecting information from all parts of the world about a variety of projects, policies and strategies related to the eradication of poverty and the reduction of social exclusion. To identify, collect, analyse and compile new submissions by communities, organisations or governments, MOST collaborates with specialised NGOs that are invited to contribute their knowledge and experience to the development of the database.

A more elaborated presentation of UNESCO's MOST Program can be found at the following web site: www.unesco.org/most/bphome.htm#1

Similar approaches are used at other agencies though they may not be termed a Clearing House. The basic principle is the same, however, since the Best Practice has to be authorised by a team of experts or a review committee of some sort. At the UNAIDS Secretariat, for instance, a Reference Group on Best Practices has been established to:

- Review proposals for Best Practice subjects and their consistency with the aims and objectives of the Best Practice Collection;
- Advise on quality assurance and standard setting to ensure consistency and coherence;

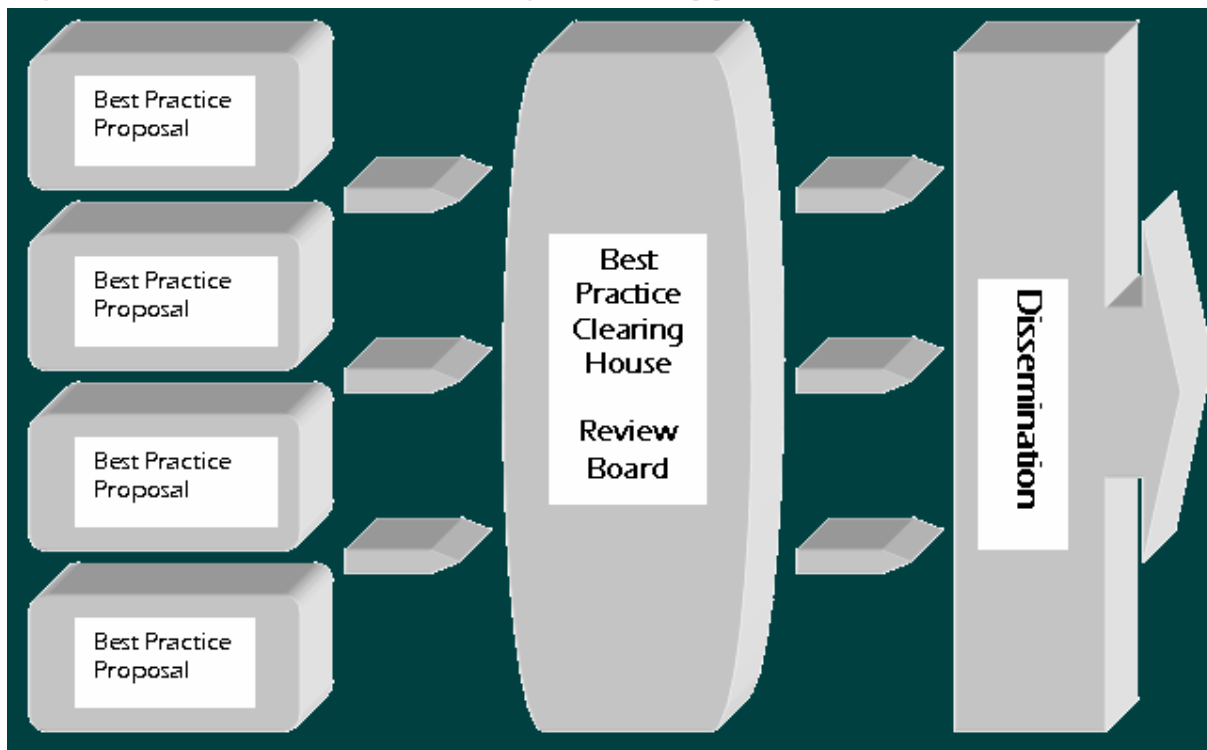
- Advise on dissemination and marketing strategies; and
- Facilitate inter-agency collaboration and ensure compliance with UNAIDS program and advocacy priorities.

At Advance Africa, a group of committed experts from multiple organisations in the fields of reproductive health and evaluation were first invited to offer guidance on the Best Practices Initiative. This Best Practice Advisory Group reviewed the existing criteria for review of program models, identified appropriate terminology for each level of the Pyramid of Practices, clearly defined the review process, and identified potential Review Board members and determined Review Board procedures.

It was underscored that while a standardised assessment was necessary, the Review Board of technical experts should not be “overly scientific” by insisting on evidence from randomised clinical trials. Instead, importance was attached to the establishment of an unbiased, multi-agency Review Board with the authority and competence to assess each practice/program model submitted for inclusion into the Best Practice Compendium.

No matter which clearing house, review mechanism or evaluation approach is adopted from the ones presented above, there needs to be some sort of filter to ensure that Best Practice proposals are subject to a standardised assessment before they reach the phase of dissemination or publishing. A simple graphic presentation of a Clearing House Approach is displayed below:

Fig. 4 Best Practice Clearing House Approach



Source: Author

Dissemination can happen in multiple ways, but a common approach seems to be that of a database that can be retrieved through the internet. In international development work this makes a lot of sense, since it enables easy sharing of Best Practices between i.e. Danish NGOs based in Copenhagen and their counterparts based in low income countries. Newsletters or working papers may also serve as useful vehicles of Best Practice information, since they rely on distribution rather than individuals doing internet searches on a regular basis. In small and localised contexts, knowledge sharing through seminars or brown-bag seminars may be other options.

2.6 Implications for Danish NGOs

*What are the implications of the Best Practice approaches described so far?
How will it impact on the work of Danish NGOs in the areas of HIV/AIDS
and children and youth?
What are the challenges and opportunities?*

Following on from the conglomerate of definitions presented in the previous sections we can now identify that the manner in which an organisation can work with Best Practices can happen in at least three different ways, namely through:

1. Use of Best Practice Collections in identifying useful program approaches in new contexts and thematic areas of work (identifying an evidence-base and learning from others);
2. Use of Best Practice check list in design and implementation of programs; and
3. Systematic replication of Promising Practices followed by rigorous evaluation and documentation with the aim of inclusion into a Best Practice Collection as final dissemination (helping others to learn from your experience)

To exemplify the first bullet point, let us try to imagine the following:

Imagined Case 2: HIV-infection in Adolescents

A Danish NGO is funding a community-based program intervention in a suburban area just outside Lusaka, Zambia. A participatory appraisal process gives voice to a local request for an intervention to address increasing HIV-infection rates in adolescents. While the NGO is willing to fund a new initiative to try to address this issue, it falls outside the NGO's usual mandate of providing reproductive health services to married women. Where and how should program staff look for information, inspiration and guidance on adolescents and HIV/AIDS?

This is where the Best Practice Collections that are available on a global scale become extremely useful. For instance, the program staff can search the UNAIDS or the Advance Africa websites for Best Practice approaches to HIV/AIDS prevention programs targeting adolescents. Program staff would then find the latest Best Practice examples and program guidelines to assist him or her in determining which approach would be the most useful under the given circumstances. If there was a Danish Best

Practice Clearing House in existence the program staff could have checked its website for useful approaches used by other Danish NGOs. Currently, it is more likely that the program staff would check with trusted colleagues from other organisations through the different networks available or other national offices of their own organisation.

Another option is the one listed under the second bullet point, which refers to a Best Practice Check List similar to the one developed by the South African Youth Development Network and presented in Example 1. In developing projects and programs, staff may continuously keep an eye on a list of agreed upon principles and procedures for Best Practice implementation to try ensure that they keep in line with the suggestions included on the list. In the case of Danish NGOs working with HIV/AIDS and children and youth this could be a list generated through thorough consultation and discussions between members of AIDSNET and the Children and Youth Network.

The third bullet point covers the process of meticulously developing, testing and disseminating Best Practices in an organisation or network. In this case, the Best Practice approach serves not so much as an inspiration to program staff, but rather as a frame under which the program intervention can be measured in order to document its evidence of success. Naturally, this Best Practice approach belongs to a different level than the first two, since the organisation or network has reached a level of expertise, where it is envisaged that other organisations may benefit from replicating its program approaches.

In the Danish NGO context there is not a review mechanism in place to systematically test the success of member organisations' program interventions aspiring to become Best Practices. There is a possibility, however, that members of the two networks behind this manual decide to establish a review mechanism to start testing the evidence base behind supposed Best Practice approaches. Like the models described in the previous section, such an initiative would also need to define the criteria for inclusion into its Best Practice Collection as well as determine a standard procedure for dissemination.

In the chapters that follow will try to develop a tentative list of criteria to be used by Danish NGOs working in the field of HIV/AIDS and with children and youth, but first we will take a closer look at children and young people and rights-based approaches to programming. The manual concludes in its last chapter with a proposal for a Best Practice Model and what it might look like in the Danish context.

3. Working with Children and Young People

3.1 Defining Children and Young People

Children and young people make up half of the world's population and projections show that this population group can be expected to grow until 2035. This situation is a huge challenge, because of the obligation it puts on Governments to realise education and good health for all. At the same time it represents a great opportunity to shape our common future world, because children and young people have the potential to become agents of positive change in the present as well as in the future. We should therefore think of children and young people as opportunities and as a "window of hope".

Following the adoption of the Convention of the Rights of the Child by the UN General Assembly in 1989 there has been widespread consensus that both children and young people are vulnerable groups deserving of special attention and program interventions. As of lately more and more emphasis has been placed on children and young people as competent social actors, who are knowledgeable about their own lives and possess resources that enable them to actively and meaningfully participate in decision-making that relates to their own lives (as listed in the Convention's article 12 on the right to participation)..

Even though children and young people are often grouped together under the same label, it is important to recognise that their needs are not necessarily the same and that they will often have to be targeted in different ways using different approaches. In the international development lingo, there are a number of overlapping categorisations of children and young people. The Convention on the Rights of the Child defines a child as every human being below the age of 18 years. Applying another age criteria, the joint UNICEF/UNAIDS/USAID publication series called *Children on the Brink*, which regularly presents estimates of the number of children orphaned by HIV/AIDS, defines children as those under 15 years of age. As a general principle UNICEF, UNAIDS and WHO furthermore define: 'adolescents' as persons between the ages of 10 and 19 years; 'young people' as persons between the ages of 10 and 24 years; and 'adults' as persons between the ages of 15 and 49 years. Since it is quite evident that these categories are not mutually exclusive, this manual defines children and young people as:

Children:	0-14 years of age
Young people:	15-24 years of age

This categorisation may not be ideal to describe all the aspects that make children and young people different (or alike), but it has a potential for capturing the difference between a group where the greater majority is sexually active (15-24 years), and a group where the greater majority is not (0-14 years). This might not be true in every context around the world. In Nepal, for instance, every fifth girl is married before her

15 years birthday. For ease of clarity and understanding, however, the definitions highlighted above will do for this manual though it is appreciated that realities may vary from these definitions.

As mentioned above, article 12 of the Convention on the Rights of the Child stipulates that children have the right to express their opinions and participate in activities and decisions that affect their daily lives and they have a right to be heard. Often, programmes and interventions have found it difficult to realise this principle in the actual planning, implementation and evaluation of programmes.

Hence, there is a need to move from an understanding of children and young people as objects towards and understanding of them as subjects, which enables us to perceive of them and deal with them as centres of their development (Niels Lund, Ed. "Children and Youth in Development Work", Danish Youth Council 2001). Children and young people are not problems in themselves, but they may certainly face problems, which they have the potential to solve, if they are empowered to do so, which will be further underlined in the chapter on rights-based approaches to development.

3.3 Children Made Vulnerable by HIV/AIDS

What is the impact of HIV/AIDS on children's welfare?

What makes children vulnerable to HIV/AIDS?

Who are the vulnerable groups of children?

These are some of the questions and issues that will be discussed in this section.

The ways in which HIV/AIDS impacts on children is both complex and multifaceted. First and foremost, children may themselves be infected with the HIV-virus. In 2001, an estimated number of 800,000 children acquired HIV, out of which 90 per cent were due to mother-to-child transmission (UNICEF factsheet, 2002, Mother-to-Child-Transmission). In many low-income countries HIV/AIDS has reversed hard-fought declines in child mortality rates, which are once again increasing by the day. Research have shown that on a sample of countries, a one percent increase in HIV adult prevalence raises Under 5 Mortality Rates by 1.9 points per thousand (Cornia 2002). Sub-Saharan Africa bears the brunt of this impact, with more than 90 per cent of child infections taking place in this region. The AIDS epidemic has already orphaned millions of children and millions more will lose one or both parents over the next ten years. Half of those infected with HIV become infected before their 25th birthday, and since they are likely to die within ten years thereafter they are leaving behind a generation of children to be raised by others.

HIV/AIDS is therefore having a devastating impact on the immediate surroundings of many children, because parents and other important family members, who are supposed to take care of the children, become ill and die. This affects the food security and income generation of the household thereby leaving surviving household members trapped in the vicious cycle of poverty characterized by poor nutrition, lack of basic health care, housing and clothing. In such situations, many children have to take on greater responsibilities and heavy burdens in the household, which prevents them from going to school and denies them a healthy psycho-social transition from being a child to becoming a young person and eventually an adult.

The loss of a parent is traumatising for any child no matter the context, but where there is no social security system ready to take over, the child is hit by additional trauma and hardship related to fear about the future, separation from siblings, and distress about worsening economic circumstances. In many low income countries, already scarce resources are stretched beyond their limits due to HIV/AIDS, and children are thus made vulnerable simply because many foster families are already impoverished and may not be able or willing to take good care of them. Research has shown that orphans living with extended families or in foster care are prone to discrimination, which includes limited access to health, education and social services. Studies conducted in more than 20 countries show that children whose parents have died are less likely to attend school than those who have not lost a parent.

Many children are struggling to survive on their own in child-headed households, while others have become street children. These situations characterised by abject poverty and lack of care and protection lead to malnourished and poorly socialised children and young people. For the same reasons, children affected by HIV/AIDS are also more at risk of becoming the victims of physical and sexual exploitation.

In summary, children are vulnerable to HIV/AIDS, because it impacts on them in the following ways:

- ▶ Increase in child mortality
- ▶ Increase in number of infected children (mainly mother-to-child transmissions)
- ▶ Increase in the number of HIV/AIDS affected orphans
- ▶ Negative development in child nutrition
- ▶ Negative development in educational achievement
- ▶ Negative development in access to primary health care
- ▶ Overall discrimination and stigmatisation in household and community at large

Since children have few means to claim their rights and protect themselves, it is an absolute must that any intervention is strongly based on the protection and defence of children's rights. We will return to this point in chapter 4 on Rights-Based Approach – a Best Practice Principle. While the impact of HIV/AIDS on the welfare of children has a number of dimensions ranging from orphanhood, mother-to-child-transmission, depletion of family assets, families splitting, child abuse, and lack of proper homes, the two factors that are often singled out in discussions of HIV/AIDS and young people is sexual initiation and sexual activity.

Obviously, young people may also be affected by the range of dimensions mentioned for children, but what sets young people apart from children is that they are very likely to be having sex, which puts them at serious risk of contracting the HIV-virus in high-infection contexts. Therefore, supporting orphans and other children made vulnerable by HIV/AIDS requires approaches different from the ones required to respond to the case of young people lacking information on sexuality, HIV/AIDS transmission and how they can protect themselves from the disease. In the section that follow, we will take a closer look at what makes young people vulnerable to HIV/AIDS and what they need in order to protect themselves.

3.4 Young People and HIV/AIDS: Sexuality and Vulnerability

What makes young people vulnerable?

What are the needs of young people?

What does the concept of youth-friendly services entail?

These are some of the issues that will be discussed in this section.

The young people of today are entering the passage to adulthood in a fundamentally different way than their peers 20 years ago. The most important changes have been summarised as follows by Lloyd et al. in *Growing Up Global: The Changing Transitions into Adulthood in Developing Countries* (2005):

Young people are:

- Entering adolescence earlier and healthier;
- They are more likely to spend their adolescence in school;
- They are more likely to postpone entry into the labour force; and
- They are more likely to delay marriage and childbearing.

These changes alter the whole framework for NGO interventions that target young people, because it has led to early onset of sexual activity and changed norms in relation to number of sexual partners and sexual activity outside marriage. Altogether this means that more than half of those newly infected with HIV/AIDS today are between 15 and 24 years old, and this puts young people at the centre of the global HIV/AIDS pandemic. As noted in the UNAIDS 1999 report called *Sex and Youth: Contextual Factors Affecting Risk for HIV/AIDS*, young people are therefore viewed as a 'problem' – a problem for prevention, a problem for education, and a problem for potential HIV transmission.

Young people are mainly vulnerable due to their sexual activities, which set them apart from children. Some sub-populations of young people are particularly vulnerable to infection, including young women, young men who have sex with men, young people who inject drugs, and young men and women who are victims of sexual exploitation. The majority of young people, however, are likely to move in and out of risk situations. It has therefore been suggested that it is more helpful to focus on the specific context of risk rather than predefined risk groups, which means that we should shift our focus from individual to social vulnerability.

What remains is that the main problem globally is that many young people do not know how to protect themselves from HIV/AIDS, and that there are significant social and cultural barriers that impede the availability of appropriate sexual health and HIV education for young people. Furthermore, young people with limited knowledge of HIV/AIDS often do not succeed in protecting themselves, because they lack the skills, the negotiation power, the support or the means to do adopt safe behaviours. In places where the spread of HIV/AIDS is declining, however, it is exactly because young people have been given the tools and the incentives to adopt safe behaviours. This clearly demonstrates that prevention strategies are still the most effective and efficient interventions when it comes to HIV/AIDS.

As stated in the report *Young People and HIV/AIDS: Opportunity in Crisis* jointly published by UNICEF, UNAIDS and WHO in 2002, we know what works and what needs to be done when it comes to the immediate efforts in reaching out to young people. Young people have sex, but they lack information and support to prevent infection. Therefore they need education about HIV/AIDS, skills in negotiation, conflict resolution, critical thinking, decision-making and communication. Overall this kind of support can give them the self-confidence and ability to make informed choices to protect themselves from HIV/AIDS, other sexually transmitted infections and unwanted pregnancies.

We also know that parents, extended families, communities, schools and peers are critical in guiding and supporting young people to make safe choices about their health and well-being. Positive emotional connections with a caring adult help young people feel safe and secure, which helps them to develop the resiliency needed to manage the challenges in their lives. The earlier discussions can be initiated with young people and children about sexual reproductive health, the better are the chances of establishing healthy behaviours and attitudes, which may postpone the onset of sexual activity and thereby limit the risk of HIV/AIDS infection at a young age.

Another critical issue is the provision of youth-friendly services. In many countries young people have been known to be morally condemned by health staff, when in fact they were approaching the public health facility rightly expecting assistance and counselling. Youth-friendly services welcome young people and offer treatment for STIs and access to condoms and help young people to become responsible for their sexual and reproductive health. Voluntary and confidential HIV counselling and testing services should be offered to allow young people to determine their HIV status and to choose safe behaviours no matter whether they are HIV positive or not. Finally, we know that young people need to be involved in the design and implementation of HIV/AIDS programs if they are to be effective. This is a point that will be further elaborated in the next chapter.

4. Rights-Based Approach – a Best Practice Principle

What is a rights-based approach?

What is the added value of a rights-based program?

Why are rights particularly important in the work with children, young people and people living with HIV/AIDS?

These are some of the questions that will be dealt with in this chapter. At first, however, we will take a brief look at the historical roots of rights-based approaches.

4.1 History of Rights-Based Approaches

While the Universal Declaration of Human Rights from 1948 established the basic civil rights of every human being anywhere in the world, many decades would pass before

human rights and international development programming would be united. The reason for this split is both historical and ideological.

Perspectives and approaches in international development had also changed: moving from an economic development approach in the 1950s and 1960s, to a social development approach in the 1970s, and eventually by the 1980s and 1990s to sustainable and people-centred development. Still, it was not until the Convention of the Rights of the Child, which was adopted by the General Assembly in 1989, that the comprehensive nature of human rights and the close links between civil, political, social, economic and cultural rights were affirmed by a large majority of member countries signing one single Convention.

During the 1990s, many UN development organisations and Western governments and international NGOs adopted rights-based approaches, because human rights and development together were seen as more effective than either on its own. Furthermore, the previous model of needs-based development with its charity like emphasis on social service delivery was found to be a failure in terms of significantly reducing poverty and tackling the fundamental causes of exploitation, abuse and poverty. Needs were too often defined by outsiders and goals and outcomes were set in a hierarchical manner, independent of the participatory processes involved.

Moreover, there has been a growing recognition that development work is political and that power disparities lie at the very root of most of the issues that development agencies are trying to change. NGOs, in particular, have often been at the forefront in the advocacy for a rights-based approach. Recently Danish NGOs have, for example, joined in a common alliance for the promotion of the Millennium Development Goals. In adopting rights-based approaches, organisations have added considerable legitimacy to their own conduct before entering into huge advocacy efforts targeting states and governments in their capacities as duty bearers vis-à-vis their rights-holding populations.

The rights-based approach to programming has now become so mainstreamed in contemporary development work that it is in itself a Best Practice Principle. That is if we stick with the definition of Best Practice Principles as ideas that are “essential” to program success; as overriding conclusions that have general applicability across sectors, geographic boundaries, or technical areas; and as principles that might be considered “truisms” (see page 7).

The history of rights-based approaches was summarised from Joakim Theis, Promoting Rights-Based Approaches. Save the Children Sweden 2004.

4.2 Added Value of Rights-Based Approaches

One of the central features of rights is that they come with responsibilities. States and governments and other so-called duty bearers are responsible for ensuring that the rights of all people are equally respected, protected and fulfilled. States are therefore responsible for creating the conditions that enable other duty bearers, such as parents, the private sector, local organisations, donors and institutions, to fulfil their

responsibilities. International donors, of course, are particularly obligated to ensure that their work promote international human rights standards. At the same time, rights-holders are themselves responsible for respecting and not violating the rights of others.

Rights-based programming holds people and institutions that are in power accountable to fulfil their responsibilities towards those with less power. If we continue to use the concepts of rights-holders and duty bearers, we can say that one of the most important components of any rights-based approach is to empower rights-holders to claim their rights, to fight discrimination and strengthen equality and inclusion. This is likely to force duty bearers, who are often political and administrative decision makers, to fulfil their obligations and responsibilities.

Compared to the needs-based model of development, the added value of using a rights-based model is that the accountability of duty bearers is heightened, while the active participation of rights-holders is strengthened. The primary role of a rights-based development organisation therefore is to contribute to the fulfilment of human rights by:

Identifying relevant duty bearers;
Getting duty bearers to meet their obligations and responsibilities; and
Empowering poor and exploited people to claim their entitlements;

In the past, a needs-based development organisation might have focused on directly meeting the needs of poor and exploited people in a small setting without working to increase the accountability of duty bearers or to empower those in need. This is no longer the case for organisations that have adopted a rights-based approach.

The value of rights was inspired by Joakim Theis, Promoting Rights-Based Approaches. Save the Children Sweden 2004.

In order to exemplify the difference between a needs-based approach and rights-based approach, let us try to imagine the following cases:

Imagined Case 3: Needs-Based Approach to Education

Through a local Community-Based Organisation a Danish NGO supports the construction of a new primary school building in a village community in an under-served rural district in Cambodia. A School Board is established, a headmaster and several teachers are hired and school book materials are purchased before the school is opened with great enthusiasm by all stakeholders. During the 4-year project cycle the school will meet the educational needs of 400 children aged 7 – 14 years in the local community. It is anticipated that the headmaster, in close collaboration with the School Board and the Parent-Teacher Association, will spend a lot of time working to create sustainability, i.e. through securing public funds or other donor support to ensure that the school will continue after the first project cycle has come to an end.

Imagined Case 4: Rights-Based Approach to Education

A Danish NGO is involved in several sectors in an under-served rural district in Cambodia, where many children are denied their rights to education, since only 60% of boys and 48% of girls of school going age attend school. The NGO therefore decides to team up with two other international NGOs and three local NGOs working on issues of education in that particular district (including a network representing children and youth). These organisations agree to make a concerted effort to get district authorities to resume their responsibilities vis-à-vis education for all in the entire district. Their preliminary analysis indicates that the children, who are absent from school fall into three categories: those parents who cannot afford school uniforms and materials, those who have to work in the household, and those living too far away from school facilities. The team of NGOs therefore first decides to initiate a community poster campaign about children's rights to education. Second, they contact the Head of the District Education Department with the following proposal: If district authorities agree to enforce children's rights to education by sponsoring uniforms and materials for children from poor households as well as intervening against parents, who keep their children at home to do labour, the NGOs agree to fund improvements in the school infrastructure that will better enable all children to reach a school facility. Furthermore, the NGOs let the public know that this proposal has been offered to the District authorities.

Even though these imagined cases are intentionally stereotypical, they may not be that far from reality. If we compare the two approaches, it becomes clear that the needs-based approach fails to strengthen the accountability of duty-bearers, since it is far too optional whether or not local duty-bearers will have to fund the primary school in future. In the rights-based approach an integral part of the design is to make district authorities (the immediate duty bearers) responsible for education for all, which should make them a lot more accountable to the general public.

Another major difference is the scope of the intervention. The first case meets the needs of 400 children for at least four years, while the second case seeks to protect and defend the rights to education of every child in the district in the longer term scenario. It is also characteristic that in the rights-based approach the NGO has to work together with a number of other NGOs (including one consisting of children and youth) to be able to get their rights-based agenda through.

Following this outline of the added value of rights-based approaches, we will be taking a closer look at why rights are so important in work with children and young people and people living with HIV/AIDS.

4.3 Rights-Based Approaches in Work with Children and Young People

A rights-based approach makes particular efforts to identify and reach those who are most marginalised to ensure that their rights are not forgotten. Although children and young people are not necessarily marginalised, they often belong to the groups in society who are most poorly equipped to claim their entitlements. And while children have many of the same rights as adults, there are some political rights that children are denied, especially the right to vote and the right to run for political office. Hence, the Convention on the Rights of the Child recognises children's rights to special protection.

This is one of the reasons why rights-based approaches often focus heavily on supporting rights-holders, be they children, young people or people living with HIV/AIDS, to demand their rights. Concentrating on the worst rights violations and paying particular attention to the most marginalised people, is one of the best ways to work towards equity and non-discrimination.

One of the cornerstones in rights-based work with children, young people and people living with HIV/AIDS is the right to active participation and involvement; not only in the development process, but also in the family, school, community, NGOs and society at large. Our programs should therefore assist children and young people to have the right to information, expression, decision-making and association. Rights-based approaches support children and young people's active involvement in policy consultations, program planning, implementation, monitoring and evaluation and in child- and youth-led organisations.

Fig. 5: Children are part of the wider society



Copied from Joakim Theis, Promoting Rights-Based Approaches. Save the Children Sweden 2004.

Agencies use different rights-based approaches, and even within one organisation, different country programs may use different strategies. Often this is the result of a "bottom-up"-approach, where the country-specific context has demanded project staff and counterparts to adopt a particular approach. In some places, promotion of participation and equity may be the most important interventions, while other settings may be in need of programs to strengthen the accountability of duty bearers at different levels.

Rights-Based methods of work can be roughly categorised under the following three headings:

Participation:

- ▶ Children, young people and people living with HIV/AIDS claim their rights
- ▶ Support people to claim their rights
- ▶ Strengthen capacity of activist organisations to claim their rights
- ▶ Broaden and strengthen political space for people to claim their rights

Equity:

- ▶ Promote the inclusion of children, young people and people living HIV/AIDS into mainstream society
- ▶ Promote equity, diversity, identity and choice
- ▶ Develop the full potential of all children, young people and people living with HIV/AIDS
- ▶ Challenge discrimination

Accountability:

- ▶ Hold duty bearers accountable to respect, protect and fulfil rights
- ▶ Strengthen accountability and capacity of duty bearers to fulfil their obligations
- ▶ Strengthen accountability structures and overcome obstacles to accountability

We can therefore conclude this section by noting that rights-based approaches will often be founded on activities and changes that promote participation, equity and accountability.

Adapted from Joakim Theis, Promoting Rights-Based Approaches. Save the Children Sweden 2004.

In the next section we will take a brief look at the cross-sectoral nature of rights-based approaches.

4.4 The Cross-Sectoral Nature of Rights-Based Approaches

A rights-based approach is inherently holistic and therefore recognises the need to work across multiple sectors to reach the overall program goals. Traditional needs-based approaches to development, on the other hand, often work in one sector only, thereby missing out on opportunities for creating synergies and building capacity across a whole range of institutions and sectors. More often than not development

challenges and the program goals that come with them do not belong to one sector only, be they poverty reduction, food security, reproductive health or education for all. Rights-based interventions therefore have to develop strategies that overcome the limitations of sector-focused projects.

One of the most classic examples is gender equality and equity. By now many low income countries have a Ministry of Women Affairs, which may in itself be very useful in terms of having a central unit to coordinate advocacy activities and deliver high quality training. At the end of the day, however, the decisions that affect the everyday life situations of women in any country are made in line ministries and local political forums at provincial, district and community levels. Gender therefore needs to be mainstreamed across all sectors, line ministries and programs and policies. Gender has to do with everything from access to land, to education, to health care and to political influence. No single intervention can ensure that women are granted their social, economic and political rights, and it is therefore of the utmost importance that the issue is analysed from a cross-sectoral perspective.

In the development jargon the ability to look at an issue from more than one angle or perspective is often called "thinking outside the box". Young people and children's rights are not just about education, but also about nutrition, housing, participation, protection and access to primary health care. Children and youth thus have rights and entitlements that duty bearers across many different sectors should respect, protect and fulfil, which is why advocacy activities and non-sectoral approaches such as social activism, community development and good governance are very popular with rights-based agencies.

In terms of programming it is important to remember to think outside the box and to analyse the vulnerability of marginalised groups and those with the least power from multiple sectors and perspectives. No one sector can go it alone. Ensuring adolescents' rights to information about sexual reproductive health, for instance, usually requires interventions both within the health sector and the education sector and supported by peer-led community-based condom distribution and local leadership efforts in advocacy.

Together with the promotion of participation, equity and accountability, the cross-sectoral analysis of vulnerability is one of the fundamental principles of rights-based programming. Therefore, these are all included on the Best Practice check list and among the Best Practice criteria presented in the last two chapters of this manual.

5. Best Practice Check List

5.1 A Check List for Inspiration

In section 2.6 it was described how Danish NGOs and their South partners might wish to make use of a Best Practice check list in the design, implementation or evaluation of HIV/AIDS programs and work with children and youth. The inspiration came from a Best Practice check list developed by the South African Youth Development Network (p. 8). Throughout this manual, many different elements of Best Practice approaches have been described and analysed. At this point it therefore seems adequate, relevant and useful to present a Best Practice check list, which may inspire the NGOs in a small move towards adopting a Best Practice approach.

The check list is in many ways a conglomerate of the many different Best Practice perspectives and approaches presented in this manual. The elements listed below should therefore not be unfamiliar to the reader, nor appear difficult to grasp or understand, since they have been described more in-depth elsewhere in the manual.

Best Practice Check List:

- Is the intervention rights-based?
 - Does it promote equity?
 - Does it reach out to those most at risk?
 - Does it empower rights-holders?
 - Does it strengthen the accountability of duty-bearers?
- Does the intervention promote participation and active involvement of children, young people or people living HIV/AIDS?
 - Does it fight stigma and discrimination?
 - Does it provide these groups with knowledge and information?
 - Does it equip the same groups with life skills to put knowledge into practice?
 - Does it ensure the same groups' rights to expression of own views and opinions?
 - Does it grant a clear and visible role for the same groups in planning, implementing, monitoring and evaluating the intervention?
 - Does it underline that participation is a right, not an obligation?
- Is the intervention gender balanced?
 - Is the intervention built on an analysis of gender related factors?
 - Does the intervention address any violations of the rights of the girl child and young women?
 - Does the intervention actively seek to involve boys and young men as partners and in their own right?

- Is the intervention built on a cross-sectoral analysis of vulnerability
 - Does it mainstream the issue across sectors?
 - Does it build capacity across sectors?
 - Does it build partnerships across sectors?

- Is the intervention evidence-based?
 - Has a systematic review of articles and Best Practices been undertaken?
 - Have measurable and time-bound indicators been developed?
 - Does the intervention have a clearly spelled out plan of monitoring and evaluation?

- Is the intervention effective?
 - Does it produce the desired outcomes?
 - Is there a clear chain of cause and effect (intervention leading to impact)?
 - How well do the results meet the overall objectives?

- Is the intervention sustainable?
 - Does it create new alliances?
 - Does it rely on a mix of local and external contributions?
 - Does it have temporary or permanent impact?

- Is the intervention replicable or transferable?
 - Has it been implemented in other settings?
 - Can the success factors be reproduced elsewhere?
 - Does it take account of context specific factors?

The above list can be used as an inspiration in developing HIV/AIDS programmes and work with children and youth. In the next chapter we will finish this manual with a proposal for how Danish NGOs can use Best Practices more systematically than through the application of a check list.

6. Proposal for Best Practice Review Mechanism and Criteria

*How can Danish NGOs adopt a systematic approach to Best Practices?
What shape could a Best Practice review mechanism take in the Danish context?
Which Best Practice criteria would it be relevant to apply?*

These are some of the issues that this final chapter will seek to answer.

6.1 Best Practice Review Mechanism

In section 2.5, a Best Practice Clearing House was presented, and it was described how different review mechanisms could be established to ensure the process of meticulously developing, testing and disseminating Best Practices in an organisation or network. Currently, Danish NGOs running HIV/AIDS programs and doing work with children and youth have not established a systematic way of jointly reviewing interventions aspiring to become Best Practices.

There are many good reasons for this. First of all, the Best Practice approach has not yet been adopted by the majority of organisations. Secondly, there is no entity or institutional body where such a review mechanism could be hosted. Thirdly, many of the Danish NGOs are national branches of wider international organisations, which mean that it would in many ways be more natural for them to engage in Best Practice approaches through their headquarters and/or mother organisations.

On this background it is envisaged that the most appropriate model for a Danish NGO based review mechanism would be one that is based on networking and joint a review committee rather than the establishment of a Clearing House as such. Member organisations of the Child and Youth Network and AIDSNET might be interested in joining hands to develop a Best Practice review mechanism and using the two networks and the existing websites to disseminate Best Practices.

In order to establish a functional review mechanism, the following would be required:

- ▶ Agreement among stakeholders on the establishment of a Review Committee;
- ▶ Agreement among stakeholders on a list of Best Practice criteria; and
- ▶ Agreement among stakeholders on a dissemination strategy.

Initially, a Best Practice Review Committee could be established to review the proposed list of criteria presented later in this chapter. The Review Committee should consist of knowledgeable members appointed by the member organisations. The Review Committee could have nine members and its Terms of Reference would probably be to meet bi-annually to review practices aspiring to become Best Practices, which would have been submitted by member NGOs during the past six months.

The Review Committee would then apply the agreed Best Practice criteria to the submitted practice in order to assess whether or not it would qualify as a Best Practice or not. Upon verification that a Practice was indeed a Best Practice, the Practice in case should then be advertised and included in an web-based Best Practice collection. In Copenhagen there might even be a brownbag seminar or workshop, but in order to share knowledge with staff and partners in low income countries, it is pivotal that information technology be consistently used as a means of dissemination.

In the next section we will look at the criteria that might be applied to the concept of Best Practice in a Danish context.

6.2 Best Practice Criteria and Pyramid

This section provides an outline of criteria that can be used to assess Best Practices. The criteria listed below are almost similar to the Best Practice check list of the previous chapter. Here, however, the different categories are used in an attempt to create a system of scores that allows for a differentiation of the confidence that program staff can have in a given Best Practice.

The scale ranges from 0 – 100, where 100 is the maximum score indicating the very best Best Practice. A simple graphic presentation can be found in the next page.

Best Practice Criteria (scale ranging from 0 -100 points):

Rights-Based Principles (0 – 25 points)

- ▶ Was the intervention rights-based?
- ▶ Was there involvement and active participation of children, young people or people living with HIV/AIDS?
- ▶ Was the intervention gender sensitive?
- ▶ Was the development challenge addressed across different sectors?

Evidence-base (0 – 15 points)

- ▶ Was there a systematic review of literature and articles prior to programming?
- ▶ Were measurable and time-bound indicators established?
- ▶ Were thorough monitoring mechanisms established and mid-term and final evaluations of impact undertaken (reports)?

Effectiveness (0 – 15 points)

- ▶ Did the evaluation indicate success in producing desired program outcomes?
- ▶ Did the evaluation demonstrate success in reaching overall objectives?
- ▶ Is there a clear chain of cause and effect?

Efficiency (0 – 15 points)

- ▶ Was the intervention undertaken in partnership?
- ▶ Where desired results produced with a minimum expenditure of energy, time or resources
- ▶ Was there a cost-benefit analysis and if so, what did it show?

Replicability & Transferability (0 – 15 points)

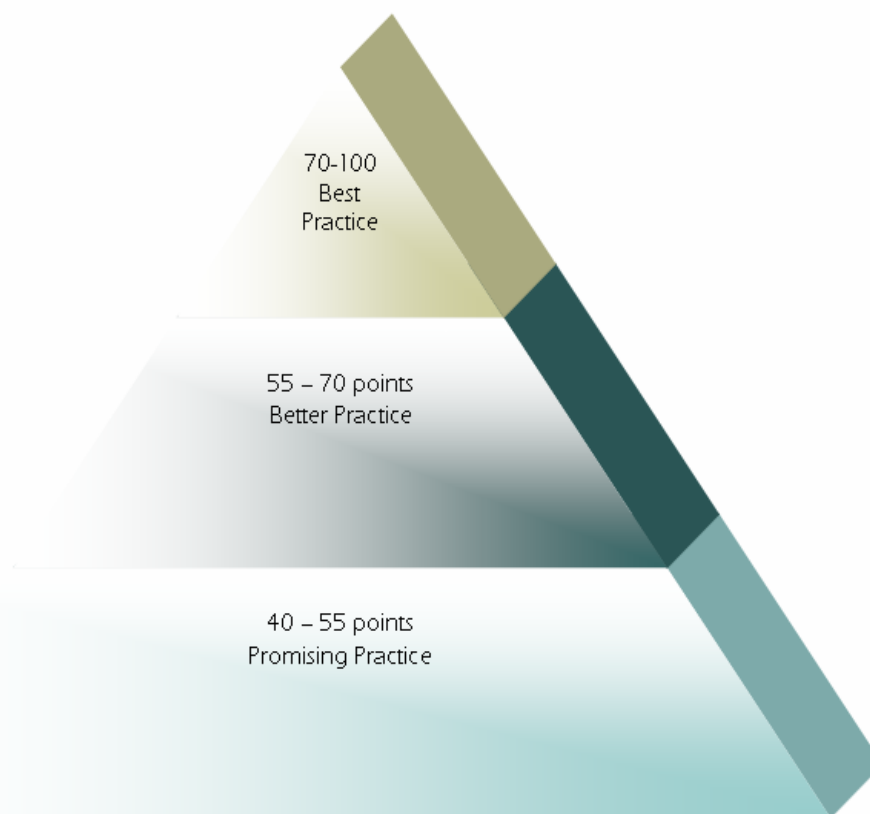
- ▶ Has the program or policy been implemented in more than one context with similar outcomes?
- ▶ Did the systematic review reveal high or low transferability of this intervention?
- ▶ Can the success factors be easily reproduced in a different setting?

Sustainability (0 – 15 points)

- ▶ Was there commitment of local resources?
- ▶ Have new alliances been built among local stakeholders?
- ▶ Are the results of the intervention temporary or permanent?

70 -100 points =	Best Practice
55 – 70 points =	Better Practice
40 – 55 points =	Promising Practice
0 – 40 points =	State of the Art Practice

Fig. 6 Pyramid of Confidence in Best Practices



Source: Author

6.3 *Final Remarks on Best Practices*

The Best Practice approach is celebrated internationally, because it has a lot to offer. The potential is huge, when one considers the many activities and undertakings that may be improved if development practitioners become better at systematically sharing knowledge and learning from each other.

Adopting a Best Practice approach is, however, also demanding, since it requires thorough planning and implementation as well as quite rigorous evaluation. The biggest challenge is perhaps to bring forward the required level of honesty and trust. Sharing program successes and failures with partners is not an easy thing in an environment, where agencies and NGOs are often competing over the same resources.

Every NGO that has the dedication and commitment to embark upon a systematic implementation of Best Practice approaches should therefore be commended for its guts and its willingness to do so. Beyond doubt, it will benefit partners in low income countries and make our own work all the more rewarding at the same time.

7. Links

7.1 Best Practices

UNAIDS Best Practice work involves several types of activities, and the UNAIDS Best Practice Collection includes hundreds of UNAIDS publications documenting successful approaches to particular HIV/AIDS problems and issues.

Go to: www.unaids.org/en/resources/publications/best+practice+collection.asp

UNFPA has a toolkit, which provides guidance and options for project staff to improve planning, monitoring and evaluation activities in the context of results based programme management.

Go to: www.unfpa.org/monitoring/toolkit.htm

The **World Bank** has a website for knowledge and learning, where they present their Best Practices. Knowledge sharing at the World Bank has evolved over time. From an early emphasis on capturing and organizing knowledge, its focus now is on adopting, adapting, and applying knowledge in a way that helps practitioners to work more effectively to reduce global poverty.

Go to: www.worldbank.org/ks

Identifying and analyzing 'good practices' is part of **UNICEF's** search for excellence. They distil from field experience, monitoring and evaluation of what works in programming, advocacy and management, and why.

Go to: www.unicef.org/evaluation/index_12966.html

UNESCO maintains a database on Best Practices in order to present and promote creative, successful and sustainable solutions to social problems arising from poverty and social exclusion in order to build a bridge between empirical solutions, research and policy.

Go to: www.unesco.org/most/bphome.htm#1

The South African **Youth Development Network** has a website where they publish their different manuals and resources.

Go to: www.ydn.org.za

Advance Africa has developed a Best Practice Compendium, which can be downloaded from their website. The Compendium has greatly inspired this manual.

Go to: www.advanceafrica.org/tools_and_approaches/Best_Practices/BP_Process.html

A public health approach to Best Practices can be found at **Public Health Solutions** website.

Go to: www.publichealthsolutions.org/bestpractices.html

Info for Health, which is run by Johns Hopkins University, is a website where it is easy to access information about Best Practices and Evidence Based Approaches.

Go to: www.infoforhealth.org/topics/hiv.shtml#2

7.2 Evidence-Based Interventions

Center for Disease Control and Prevention has published a "Compendium of HIV Prevention Interventions with Evidence of Effectiveness".

Go to: www.cdc.gov/hiv/pubs/hivcompendium/HIVcompendium.htm

The **Community Guide** offers on-line modules in Evidence-Based Public Health.

Go to: www.thecommunityguide.org/training%20Resources/default.htm

The **Cochrane Collaboration** is an international non-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

Go to: www.cochrane.dk

Centre for Evidence Based Medicine has generated "levels of evidence" for ranking the validity of evidence about the value of preventive manoeuvres, and then tied them as "grades of recommendations" to the advice given in a report published on their website.

Go to: www.cebm.net/levels_of_evidence.asp

Public Health Solutions offer web-enabled resources to measure the strength/quality of the evidence contained within an intervention.

Go to: www.publichealthsolutions.org/practices.html

National Registry of Effective Programs and Practices presents a very consistent approach to program reviews.

Go to: www.modelprograms.samhsa.gov/template.cfm?page=nreppreview

AIDSNET has a search engine geared to conduct systematic review, which is a method of identifying, appraising, and synthesising research evidence. The aim is to evaluate and interpret all available research that is relevant to a particular review question.

Go to: www.search.aidsnet.dk

7.3 Children and Young People

UNAIDS (2001) Children and Young People in a World of AIDS. Geneva.

UNAIDS (1999) Sex and Youth. Contextual factors affecting risk for HIV/AIDS. Geneva.

UNAIDS (2001) Children and Young People in a World of AIDS. Geneva.

UNAIDS, UNICEF, USAID (2002) Children on the Brink 2002: A Joint Report on

Orphan Estimates and Program Strategies. Geneva.

UNFPA (2003) State of World Population 2003. Making 1 billion count: Investing in adolescents' health and rights. New York

UNESCO & UNAIDS (n.d.) HIV/AIDS and Human Rights. Young People in Action.

Save the Children UK (2004) Beyond the Targets. Ensuring children benefit from expanded access to HIV/AIDS treatment. London.

Joakim Theis, Promoting Rights-Based Approaches. Save the Children Sweden (2004)

Can be downloaded from:

www.crin.org/hrbap/index.asp?action=theme.infoitem&item=4494

Giovanni Andrea Cornia (Ed.)(2002) Aids, Public Policy and Child Well-Being. Florence: UNICEF Innocenti Research Centre.

Danish Family Planning Association (2004). Confronting HIV/AIDS through Youth Involvement. Copenhagen.

Editor Niels Lund, Danish Youth Council. Children in Development Work. A Guide to Development Work Based on Rights for and with Children and Youth. Copenhagen: 2001.

IPPF (n.d.) HIV/AIDS Mainstreaming Checklist & Tools.

7.4 Children and Young People and HIV/AIDS

Kim Rivers and Peter Aggleton, Thomas Coram Research Unit, Institute of Education, University of London (1999: Adolescent Sexuality, Gender and the HIV Epidemic. UNDP New York. Can be downloaded from: www.undp.org/hiv/publications/gender/adolesce.htm

Youthandhiv.org is a web-based facility which enables production and export of customized statistical reports using a special data tool. Press clippings on HIV/AIDS are stored at the press centre and a multimedia library offers a rich resource of materials in a variety of formats.

Go to: www.youthandhiv.org/index.php?p=H

AVERT is an international HIV and AIDS charity based in the UK, with the aim of AVERTing HIV and AIDS worldwide. Through their website they take education and information to people in almost every country in the world.

Go to: www.avert.org/about.htm

The UK Consortium on AIDS and International Development is a group of more than 70 UK based organisations which work together to understand and develop effective approaches to the problems created by the HIV epidemic in developing

countries. They work through information exchange, networking, advocacy and campaigning. Useful items can be found on their website:

Go to: www.aidsconsortium.org.uk

The International HIV/AIDS Alliance (the Alliance) is the European Union's largest HIV/AIDS-focused development organisation and offers different resources on their website.

Go to: www.aidsalliance.org/index.htm

Youthnet (by Family Health International) offers an annotated guide to Web-based tools and resources to assist programs in providing youth-friendly services.

Go to: www.fhi.org/en/Youth/YouthNet/ProgramsAreas/YouthFriendlyServices/index.htm

The Child Rights Information Network has a wide range of very useful training materials, publications and resources available online at their website.

Go to: www.crin.org