United Nations Population Fund

Original: English

First regular session 2017
30 January to 3 February 2017, New York
Item 6 of the provisional agenda
UNFPA – Evaluation

United Nations Population Fund

Evaluation of UNFPA support to adolescents and youth 2008-2015

### Evaluation report, Evaluation Office

Summary

In accordance with the revised evaluation policy of UNFPA (DP/FPA/2013/5) and relevant Executive Board decisions, the independent Evaluation Office submits the evaluation report of UNFPA support to adolescents and youth 2008-2015.

The report presents the results of the evaluation of UNFPA support to adolescents and youth to: generate information for evidence-based decision-making, document key lessons learned and provide accountability to UNFPA stakeholders. The results of the evaluation are expected to contribute to the implementation of the UNFPA strategy on adolescents and youth 2012-2020 under the current UNFPA Strategic Plan 2014-2017, and to inform the development of the next UNFPA Strategic Plan 2018-2021.

Elements of a decision

The Executive Board:

1. *Takes note* of the thematic evaluation of UNFPA support to adolescents and youth, 2008-2015, and the management response;

2. *Requests* UNFPA to take into account the results of the evaluation in its strategic and operational response, and to include an update on progress at the annual session 2018.

Please recycle

Evaluation of UNFPA support to adolescents and youth 2008-2015

UNFPA

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Evaluation Manager: Valeria Carou-Jones, Evaluation Office, UNFPA
Evaluation Analyst: Natalie Raaber
Research consultant: Melinda Elias
Intern: Morgan McDaniel

UNFPA Evaluation Office Research Team:

Karen Cadondon	Evaluation Research Consultant
Melinda Elias	Evaluation Research Consultant
Natalie Raaber	Evaluation Research Consultant

Evaluation Team, Swiss Tropical and Public Health Institute (Swiss TPH)

Adriane Martin Hilber	Team Leader
Alison King	Evaluation Expert
David Winters	Sexual and Reproductive Health Expert
Eugenia Acuña	Adolescents and Youth and Latin America Expert
Katherine Ba-Thike	Asia & Regional Cooperation Expert
Christina Biaggi	Evaluation Coordinator
Carolyn Blake	Evaluation Coordinator (ad interim)
Frances Squires	Evaluation Consultant
Jana Gerold	Team Member
Leah Bohle	Team Member
Florence Secula	Team Member
Kate Molesworth	Team Member

The core team is supported by national consultants and youth leaders for the field case studies.

Evaluation Team, National Consultants

Amal Abel-Hadi El-Derwee	Senior National Consultant, Egypt
Dalia Abd El-Hameed Ali	Senior National Consultant, Egypt
Fatma M. Dakrony	Junior National Consultant, Egypt
Tynchyk Bakytov	Senior National Consultant, Kyrgyzstan
Tatiana Popovitskaya	Junior National Consultant, Kyrgyzstan
Jessica Martinez-Cruz	Senior National Consultant, Nicaragua
Ivanihuska Tapia-Irias	Junior National Consultant, Nicaragua
Mirgissa Kaba Serbessa	Senior National Consultant, Ethiopia
Yeabsira Bogale	Junior National Consultant, Ethiopia
Marthe N'Goran	Senior National Consultant, Côte d'Ivoire
Modeste Krah	Junior National Consultant, Côte d'Ivoire

Foreword

As underscored by Dr. Babatunde Osotimehin, the Executive Director of UNFPA, "young people's rights to participate in the political, economic and social life of their communities and countries, and to freely make informed choices regarding their bodies, sexuality and reproduction without discrimination, violence or coercion" is essential to the achievement of sustainable development.[1] With the recent adoption of the 2030 Agenda for Sustainable Development and the re-affirmed centrality of the International Conference on Population and Development to the achievement of the internationally agreed development goals, the international community faces a historic opportunity to ensure that adolescents and youth are at the heart of efforts to accelerate the full implementation of the Sustainable Development Goals.

It is in this forward-looking spirit that I am pleased to present to you the independent evaluation of UNFPA support to adolescents and youth (2008-2015). Given its broad time-span and complex thematic scope, this evaluation is particularly important for UNFPA, shedding light on the evolution and contribution of UNFPA work on adolescents and youth since 2008. The temporal scope of the evaluation corresponds to a period during which significant shifts occurred in the understanding by the global development community of the rights and needs of adolescents and young people to fully realise their potential, and contribution to social and economic development.

The evaluation covers all countries to which UNFPA provided support to adolescents and youth from 2008-2015, with a particular focus on the five in-country case studies (Cote d'Ivoire, Egypt, Ethiopia, Kyrgyzstan and Nicaragua) as well as the four extended desk reviews (Lao PDR, Mozambique, Nepal and Niger). Other sources of data include surveys, focus groups discussions, semi structured individual interviews, document review and regional reviews (Latin America and the Caribbean, Asia and the Pacific, and Eastern and Southern Africa). This is the first thematic evaluation to make full use of financial data from the improved results-based management systems introduced by UNFPA in recent years. The evaluation employs a robust methodology, utilising a theory-based approach and incorporating both qualitative and quantitative data analysis (mixed-method), including contribution analysis and testing of causal assumptions.

The evaluation was highly participatory, involving diverse stakeholders including, importantly, adolescents and youth themselves. Innovative approaches were used to capture the perspectives and voices of adolescents and youth (including adolescents and youth who were beneficiaries of UNFPA support): as active members of the global evaluation team and country case study teams, through facilitation of focus groups in all countries visited, and as active participants in a global e-Roundtable hosted on Facebook.

Sustained multi-stakeholder engagement was an important feature of the evaluation. The evaluation team regularly engaged with a diverse evaluation reference group that provided valuable technical and programmatic input throughout the exercise. Global, regional and country level stakeholders - including UNFPA country offices, other United Nations agencies, donors, civil society, implementing partners and government - were also engaged in the process. This varied range of stakeholders considerably helped to improve the reliability and usability of the evaluative findings.

Underscoring the sharpened focus and increased commitment to adolescents and youth over the period, the evaluation surfaced a myriad of positive findings on UNFPA support to adolescents and youth. UNFPA was found to be a highly recognised and respected leader in the area of adolescents and youth sexual and reproductive health and is considered to be exceptionally well-placed to provide leadership to the broader adolescents and youth development agenda, within the framework of the 2030 Agenda for Sustainable Development.

Consistently at the forefront of support for increased availability and use of sexual and reproductive health services, education and information, the contribution of UNFPA has proven essential to advancing the respect, protection and fulfilment of the human rights of adolescents and youth, especially for adolescent girls. Indeed, particularly strong evidence was found for UNFPA work on adolescent girls: an area in which UNFPA has been a leading advocate. Through support to the capacity building of individual youth leaders, youth-led organisations and networks, UNFPA has been widely recognised and appreciated for its support to the leadership and participation of young people within, inter alia, global and regional development processes.

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1   Document: UNFPA. Young People on the Road to 2030. See http://www.unfpa.org/press/young-people-and-road-2030

The evaluation identified a number of areas for attention, which should be addressed by UNFPA management in order to consolidate and further build on the strong record of achievement to date. The evaluation calls for the development of a unified, operational framework for adolescents and youth, supported by an overarching theory of change to strengthen synergies between interrelated areas of support, within a clear and coherent framework. The evaluation highlights that improved use of data could more systematically drive forward adolescents and youth programming, requiring continued strengthening of monitoring, reporting and evaluation systems to generate lessons and evidence to inform continuous improvement in programming. The evaluation also surfaced a range of challenges, lessons learned and recommendations related to necessary improvements in the quality, effectiveness and sustainability of adolescent and youth interventions, including for the most vulnerable and marginalised amongst adolescents and youth. It also highlights the need to strengthen meaningful engagement of adolescents and youth at all levels.

Discussion on the results of the evaluation by the UNFPA Executive Committee in November 2016 noted that many of the findings, conclusions and recommendations of the evaluations could equally apply to the work of other development partners involved in advocacy, policy development and programme and project implementation in this area. I therefore hope that the results of this evaluation will be useful not only to UNFPA staff and management and the Executive Board, but will also be of wider interest, contributing to the rather limited body of evidence available at present in this important area.

The evaluation was undertaken by the UNFPA independent Evaluation Office together with a multidisciplinary team of consultants from the Swiss Tropical and Public Health Institute. It resulted from a fruitful and sustained collaboration among many dedicated and committed individuals and institutions.

I wish to extend my gratitude to the core evaluation team: from the Evaluation Office, Valeria Carou-Jones, Evaluation Manager, Natalie Raaber, Evaluation Analyst, and Melinda Elias, Research Consultant, and the whole team from Swiss TPH, under the leadership of Adriane Martin Hilber.

Sincerest thanks to those who contributed to the country case studies including the many country and regional representatives, assistant representatives, adolescents and youth officers and focal points, monitoring and evaluation staff and others who shared their time and expertise:

► Cote d'Ivoire: Saidou Kabore, Representative; Koffi Enokou, Assistant Representative; Yao Konan, National Programme Officer for Adolescents and Youth
► Egypt: Jaime Nadal, Representative; Magdy Khaled, Assistant Representative; Ahmed Malah, National Programme Officer
► Ethiopia: Yao Faustin, Representative; Viktor Rokoto, Deputy Representative; Awoke Tasewtebeje, Sexual and Reproductive Health Programme Specialist; and Merron Negussie, HIV & Youth Development Programme Specialist
► Kyrgyzstan: Alexander Avanessov, Representative, Meder Omurzakov, Assistant Representative; Asel Turgunova, Youth Specialist
► Nepal: Giulia Vallese, Representative; Bijay Thapa, Assistant Representative; Kristine Blokhus, Deputy Representative; Manju Karmacharya, Adolescents and Young People Programme Analyst; and Shriya Pant, Youth Programme Officer. Though scheduled as an in country case study, the field work was unfortunately discontinued due to the devastating earthquake. The team, however, had excellent collaboration and cooperation with the country office
► Nicaragua: Markus Behrend, Representative; Victor Valdivieso, Assistant Representative; Edgard Narvaez, Programme Analyst; David Orozco, Programme Analyst.

I also wish to extend my deepest appreciation for the contribution of the national consultants and adolescent and youth leaders who actively and enthusiastically contributed to work in Cote d'Ivoire, Egypt, Ethiopia, Kyrgyzstan and Nicaragua.

Finally, thank you to members of the evaluation Reference Group, who generously provided invaluable input throughout the evaluation process. Special acknowledgment to Laura Laski, Elizabeth Benomar, Sylvia Wong, and Charles Katende, and much gratitude to the many other colleagues in Technical, Programme and Management Information Services Divisions for their support and assistance. Many thanks, too, to the UNFPA regional monitoring and evaluation advisers for their active and substantial role in the group.

Andrea Cook

Director
UNFPA Evaluation Office

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Abbreviations and Acronyms

A&Y	Adolescents & Youth
A/P	Advocacy and Policy Dialogue/Advice
AIDS	Acquired Immune Deficiency Syndrome
APEC	Asia-Pacific Economic Cooperation
APRO	Asia and the Pacific Regional Office
ASRO	Arab States Regional Office
A&Y SRH	Adolescent and Youth Sexual and Reproductive Health
AWP	Annual Work Plan
COAR	Country Office Annual Reports
CPAP	Country Programme Action Plan
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisations
DAC	Development Assistance Committee
EECARO	Eastern Europe and Central Asia Regional Office
EQ	Evaluation Question
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
ESARO	East and Southern Africa Regional Office
ESCRC	Economic and Social Research Council
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICPD	International Conference on Population and Development
IDI	In-depth interview
INGO	International Non-Governmental Organization
IP	Implementing Partner
IPAS	International Pregnancy Advisory Services
IPPF	International Planned Parenthood Federation
KM	Knowledge Management
LAC	Latin America and the Caribbean
LACRO	Latin America and the Caribbean Regional Office
M&E	Monitoring & Evaluation

MDG	Millennium Development Goals
MH	Maternal Health
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoY	Ministry of Youth
MTR	Midterm Review of the Strategic Plan
NGO	Non-Governmental Organisation
PRS	Poverty Reduction Strategy
SADC	Southern African Development Community
SCIH	Swiss Centre for International Health
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SIKM	Strategic Information and Knowledge Management (Branch)
SP I	Strategic Plan 2008-2011
SP II	Strategic Plan 2014-2017
SRH	Sexual and Reproductive Health
SWAp	Sector-Wide Approach
SWISS TPH	Swiss Tropical and Public Health Institute
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	General Assembly of the United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WCARO	West and Central Africa Regional Office
WHO	World Health Organisation
YFHS	Youth-Friendly Health Service

Structure of the evaluation report

This evaluation report is divided into seven chapters.

Chapter 1, the introduction, presents the purpose and objectives as well as background information on the context of adolescents and youth. UNFPA support to adolescents and youth is described in terms of strategic focus and financial resources.

Chapter 2, the methodology, describes the evaluation process, including the methods and tools used in the evaluation design and for data collection and analysis, as well as methods of judgement, the approach to triangulation and validation techniques.

Chapter 3 presents UNFPA support to adolescents and youth, specifically UNFPA strategic focus on adolescents and youth and the programmatic response including financial support.

Chapter 4 presents the evaluation findings and analysis according to the seven questions of the evaluation matrix, addressing the four evaluation criteria: relevance (including alignment), effectiveness and sustainability, efficiency and management, and partnership, coordination and comparative advantage.

Chapter 5 presents the ex-post theory of change for the evaluation including all pathways of change.

Chapter 6 presents the evaluation conclusions, drawing on the findings in the previous chapter.

Chapter 7 presents the recommendations, which focus on key issues that may inform ongoing UNFPA support to adolescents and youth, particularly with regard to the development of the new strategic plan.

The Annexes are presented in a separate volume and include the ex-post theory of change, the evaluation matrix, the methodological instruments, a methodological note on the financial analysis conducted for the evaluation, and the main findings of the regional reviews. The Annexes also include a list of stakeholders consulted, the portfolio of interventions, the bibliography, and the evaluation terms of reference.
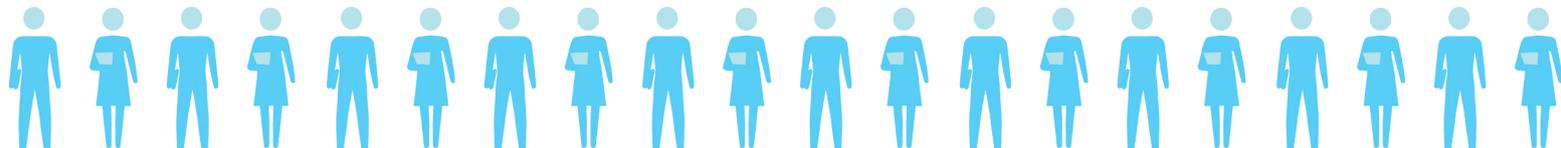
Executive Summary

Purpose and scope of the evaluation

The purpose of this evaluation is to assess the performance of UNFPA in its support to adolescents and youth during the period 2008-2015. The evaluation aims to facilitate learning, capture good practices and generate knowledge from UNFPA experience across a range of programmatic interventions in support of adolescents and youth.

This is a thematic global evaluation and includes all countries in which UNFPA provided support to adolescents and youth between 2008 and 2015, and addresses the country, regional and global levels. The evaluation results will be used to inform the development of the new UNFPA strategic plan and implementation of adolescents and youth interventions within the framework of the 2030 Agenda for Sustainable Development.

UNFPA support to adolescents and youth

UNFPA is mandated to advance adolescents and youth sexual and reproductive health, participation and leadership, and wellbeing at global, regional and country levels within the context of the International Conference on Population and Development Programme of Action, as well as the Millennium Development Goals and the Sustainable Development Goals.

Support to adolescents and youth is a key component of UNFPA programming and is anchored in UNFPA strategic plans and adolescents and youth frameworks. Support is implemented through capacity building, service delivery, advocacy and policy, knowledge development and management with a particular focus on sexual and reproductive health education and information and services, youth leadership and participation in policy dialogue and programming, and reaching the most marginalised and vulnerable young people, especially girls.

In total, UNFPA spent 589 million United States dollars on support to adolescents and youth over the period under evaluation, of which 56 per cent originated from UNFPA core resources, while 44 per cent was provided by non-core resources. Expenditure on support to adolescents and youth represented 13 per cent of total UNFPA expenditure in 2015 with the highest level at country level (83 per cent) followed by regional level (10.8 per cent) and headquarters level (6.2 per cent).

The evaluation process

The evaluation process consisted of five phases: preparatory, inception, data collection, analysis and reporting and dissemination and management response.

Evaluation approach

The evaluation utilised a theory based approach and combined qualitative and quantitative methods for data collection and analysis. Contribution analysis was used to assess causal links and triangulation was applied to guarantee the reliability and robustness of findings. The evaluation followed a transparent, participatory approach, involving diverse stakeholders throughout the evaluation process. This approach facilitated active and in-depth consultation and inputs to the design of the exercise from key stakeholders, improving access to and better understanding of data and information, as well as developing useful and appropriate recommendations. In line with UNEG guidance, the evaluation integrated both gender and human rights principles and ensured implementation of other key principles including participation, social transformation, inclusiveness, and empowerment. The evaluation ensured that the perspectives, views and voices of programme beneficiaries, that is adolescents and youth themselves, were captured. In total, 325 young people were engaged during the evaluation process.

The evaluation was shaped around seven evaluation questions, which guided data collection, data analysis and report writing, and covered seven evaluation criteria. The questions were grounded in a reconstructed theory of change emanating from UNFPA strategic plans and strategy documents related to support to adolescents and youth for the period under evaluation. Each evaluation question contained several assumptions and specific indicators to frame the questions and the analysis.

Evaluation components

The evaluation had six components and each component was a line of evidence that was used to inform the three levels of analysis (country, regional, global). Country, regional and global case studies were conducted, including nine country studies and three regional case studies.

Methods for data collection

Data collection methods included: document and literature reviews, a detailed financial analysis, interviews with key informants (both face-to-face and remotely conducted), group interviews, focus group discussions, survey of UNFPA country offices, direct observation in countries visited and an e-Roundtable. Based on stakeholder mapping at all levels, 670 stakeholders were consulted of which 325 were adolescents and youth.

Methods for data analysis

Different methods were utilised to analyse data including contribution analysis (applied through the use of the reconstructed theory of change and its pathways to assess UNFPA contribution to changes over the period), content analysis (applied to information from a document review, interviews, focus groups and responses from the e-Roundtable), context assessment (to evaluate the context in which UNFPA is working at country level) and descriptive statistics (applied to the results of the survey and financial analysis). An evaluation matrix guided the analysis of information at the global, regional and country levels under each evaluation question.

Methods to ensure reliability and validity

The evaluation team utilised triangulation at all levels to ensure the reliability and credibility of findings. Findings were internally and externally validated through a variety of mechanisms.

Conclusions

1. UNFPA is a recognised leader in the area of adolescents and youth sexual and reproductive health and is well-positioned to lead on a broader adolescents and youth development agenda in the context of the Sustainable Development Goals.

Efforts to advocate for investment in adolescents and youth (to harness the demographic dividend) coupled with an increasing focus, since 2012, on adolescent girls and youth leadership and participation, has helped to position UNFPA as a leader in defining and addressing the broader development priorities for adolescents and youth in the global development agenda.

UNFPA contributed to creating a more favourable environment for the prioritisation of adolescents and youth at global, regional and country levels. UNFPA has been effective in securing political commitments, at all levels, to advance the sexual and reproductive health of adolescents and youth through bold and skilled leadership, strategic advocacy and use of partnerships.

At the global level, adolescents and youth issues were elevated by UNFPA and partners' support to the inclusion of adolescents and youth within the new Secretary General's "Every Woman, Every Child, Every Adolescent Strategy", and to adolescents and youth indicators across multiple Sustainable Development Goals. UNFPA also contributed to increased investment in adolescents and youth and has supported the strengthening of adolescents and youth organisations and networks to advance their own priorities in national, regional and international political platforms.

2. There is a need to strengthen strategic clarity, consolidation, and coordination on UNFPA support to adolescents and youth.

The Strategic Plan 2014-2017 sharpened the focus on adolescents and youth by including an adolescents and youth-specific outcome with three dedicated outputs, and maintained mainstreaming of adolescents and youth across the other thematic outcomes. However, there were challenges with coherence between adolescents and youth outcomes, outputs and indicators within the strategic plan. While UNFPA support for adolescents and youth generally aligned with past and current UNFPA strategic plans and adolescents and youth strategies, insufficient clarity on certain aspects of the current Strategy on Adolescents and Youth 2012-2020 and the multiple entry points between mainstreamed and dedicated adolescents and youth programmes at all levels posed a challenge for coordination and synergy between programmatic activities.

Theories of change associated with the adolescents and youth outputs provided guidance to adolescents and youth programming within UNFPA, but were not generally utilised to inform programming at country level. As a result, adolescents and youth activities in some contexts have not been well aligned to UNFPA strategies or effective in addressing the holistic needs of adolescents and youth.

3. UNFPA has allocated adequate human and financial resources for adolescents and youth programming.

UNFPA put in place an appropriate number of human resources to implement adolescents and youth interventions at all levels who were highly valued by partners as technical counterparts. Adolescents and youth staff skills sets, particularly at country level, were not as strong in advocacy and policy dialogue to implement the full range of programming modalities or navigate complex contexts where skills in advocacy, diplomacy and negotiation were needed. At headquarters there was insufficient coordination across the different branches implementing adolescent and youth interventions. At country level, offices faced challenges in retaining skilled adolescents and youth staff due to contracting modalities.

There has been a 73 per cent increase in expenditure on adolescents and youth between 2008 and 2015, and an increase of adolescents and youth expenditure as a percentage of total UNFPA expenditure, reflecting the increased priority to supporting adolescents and youth. Implementation rates on aggregate improved during the evaluation period, reaching a high level of 90 per cent in 2015.

In terms of resource allocation, from 2014 to 2015, countries worked to realign their programming to the modes of engagement designated by their country contexts by addressing challenges, including competing demands, staff skill sets and contextual issues. Further guidance was needed on how to programmatically shift to new modes of engagement in support of adolescents and youth, coordinate with partners, and allocate financial and human resources accordingly.

4. UNFPA is a champion for adolescent girls and has sharpened its focus and attention on their diverse needs.

UNFPA provided significant and effective support for high quality interventions targeting adolescent girls, including through dedicated, joint and mainstreamed interventions. UNFPA supported large programmes on the prevention of adolescent pregnancy, child marriage and female genital mutilation. These efforts constituted a particularly effective way of working multisectorally, through the use of multi-stakeholder partnerships (including via joint programmes), and the systematic use of data to target those in greatest need. UNFPA is well-positioned to expand this holistic way of working to the broader adolescents and youth agenda as articulated in the Sustainable Development Goals.

5. UNFPA has been at the vanguard of calling for the respect, protection and fulfilment of the human rights of adolescents and youth and has made important gains for adolescents and youth, especially adolescent girls, through a human rights-based approach to programming that is both culturally and gender-sensitive. UNFPA contributed to changing laws, policies and social norms that discriminate against young people.

UNFPA supported regional and country commitments that recognise the rights of adolescents and youth to sexual and reproductive health education, information and services which serve to increase national ownership and commitment to creating an enabling environment and implementing human rights-based programmes for young people in countries. UNFPA has provided guidance to countries on human rights-based, and gender and culturally sensitive programming and on responding to cultural, social and political changes that affect adolescents and youth programming. However, in some contexts, country offices were not fully confident in terms of implementing this guidance.

6. UNFPA has a long-standing commitment to meeting the needs of marginalised and vulnerable adolescents. There has been a particular focus on adolescent girls and young populations at risk of HIV, with demonstrated strong results.

Adolescents and youth priority groups have generally been defined by UNFPA at country level without the consistent use of data to drive the prioritisation process. There were some notable exceptions, in particular targeted programming for adolescent girls. However, targeting very young adolescent girls (aged 10 to 14) has yet to be fully taken on board.

Needs-assessments were not systematically conducted nor used, hampering efforts to define and subsequently reach the most vulnerable young people. A lack of organisational clarity on how to define the social, cultural and economic dimensions of vulnerability and marginalisation continues to be a challenge, and is, in part, linked to gaps in data availability and use.

7. UNFPA has been at the forefront of supporting the availability and use of sexual and reproductive health service provision, education and information for adolescents and youth. Through long-term investments, UNFPA has made important contributions to increasing the availability and use of youth-friendly health services and sexual and reproductive health education and information, including life-skills programmes, for in- and out-of-school youth.

UNFPA did not fully exploit opportunities to support implementing partners to work multi-sectorally, holistically and synergistically in designing and implementing sexual and reproductive health services and education programmes. In many cases, the vertical nature of sexual and reproductive health service delivery and education interventions for adolescents and youth and a lack of cross-referral and linkages between programmes reduced quality, limited opportunities for integration of services and ultimately affected the use of services by adolescents and youth.

In many settings, particularly when UNFPA supported services were taken over by implementing partners and/or scaled up, inadequacy of resources adversely affected quality of service and education programmes. As a result, increased capacities of government and non-governmental partners to deliver health services and education programmes for adolescents and youth did not necessarily translate into quality and sustainable services.

8. UNFPA is a torchbearer in calling for the respect, protection and fulfillment of the human rights of adolescents and youth, and is widely recognised for its support for youth leadership and participation at all levels, through capacity building of individual youth leaders, youth-led organisations and the development of networks of youth organisations.

UNFPA has been successful in bringing youth voices into the International Conference on Population and Development review process at global and regional levels. This has created impetus for action and opportunities for adolescents and youth stakeholders to work with their governments to deliver on national commitments and deliver on sexual and reproductive health services and education. UNFPA support enabled young people, as individuals and through their organisations and networks, to bring forward their priorities in regional and international conferences and platforms and facilitate consensus on key issues of importance to them among Member States. Once these processes concluded, however, the momentum generated by youth leaders and their organisations did not readily translate into on-going policy and advocacy in countries and regions. This was, in part, due to funding challenges, but also a lack of predefined, long-term youth development agenda onto which on-going support by UNFPA for youth participation could be anchored.

Within UNFPA, adolescents and youth were consistently consulted on activities specifically related to them, such as the design of a youth survey, youth policy dialogue, and National Youth Day. However, a defined institutional mechanism for meaningful consultation wherein young people take an active, decision-making role on the planning, implementation and monitoring and evaluation of youth-related interventions has yet to be developed. Although many good practice examples were evident at all levels, such as the use of youth advisory panels, efforts to create a defined political "space" within UNFPA were not sustained.

9. UNFPA is a respected partner in the production and availability of adolescents and youth-related data and has a clear comparative advantage in this area. Overall, UNFPA has strengthened the capacity of national statistics offices to produce and disseminate disaggregated data on adolescents and youth, although data collection and analysis on younger adolescents (10 to 14 year olds) remains inadequate.

The analysis and use of data to inform evidence-based programming, advocacy and policy making was less evident, both within and beyond UNFPA. There were missed opportunities for more strategic use of data for advocacy efforts for increased priority on the most marginalised and vulnerable young people at country level. Except where additional support was provided by regional offices or UNFPA headquarters, such as through joint programming for adolescent girls, locally generated data has rarely been used to identify the most vulnerable young people and their specific needs, or to otherwise strategically target programming or address policy gaps.

10. UNFPA has made recent efforts to become a learning organisation. However, further effort is required to ensure that results-based management systems fully and accurately capture the breadth of adolescents and youth programming, and that country offices in particular prioritise reporting, monitoring and evaluation and lesson learning initiatives for adolescents and youth.

UNFPA has introduced a variety of measures including results-based management systems, learning platforms, a strengthened independent evaluation office, increased human resources for monitoring and evaluation at regional and country levels, and increased financial resources for evaluation. Further effort is required to embed and build on these measures.

South-South cooperation as a modality was not fully leveraged to support the sharing of experiences, knowledge and lessons learned. Since 2014, there has been a welcomed surge in activity at the global level of UNFPA in terms of strategic planning for South-South cooperation, but operationally, resources for South-South cooperation continue to remain insufficient to contribute to improve programming.

Recommendations

I. Strategic positioning of UNFPA support to adolescents and youth

1. UNFPA should consolidate and build on strong progress in UNFPA adolescent and youth programming.

UNFPA should consolidate and build on strong progress to date to ensure a coherent and synergistic approach that incorporates all UNFPA targeted and mainstreamed adolescents and youth programming within an overarching theory of change. Adolescent girl programming should be more fully reflected within the UNFPA Strategic Plan 2018-2021 and strategic frameworks addressing the needs of adolescents and youth.

UNFPA should conduct an internal portfolio mapping of all adolescents and youth programming to reprioritise and consolidate targeted and mainstreamed adolescents and youth interventions towards a coherent and synergistic whole, grounded in the Agenda for Sustainable Development. UNFPA should develop an overarching conceptual framework or theory of change for all adolescents and youth programming for the new Strategic Plan 2018-2021 to consolidate interventions under different outcomes and avoid fragmentation in programming. Strategic guidance and tools should be provided for country offices to adapt the global, overarching adolescents and youth theory of change for use in strategic planning at country level. UNFPA

should ensure adolescents and youth-specific output and outcome indicators are developed to appropriately capture and measure adolescents and youth support (targeted and mainstreamed) under the next strategic plan, including indicators to capture contributions at all levels to implement human rights-based approaches that are culturally and gender sensitive. UNFPA should improve coherence in guidance related to diverse thematic frameworks addressing adolescents and youth. Adolescent girl programming should be adequately captured in strategic plans and strategic frameworks.

2. UNFPA should continue to provide strong leadership on adolescents and youth issues within the framework of the 2030 Agenda for Sustainable Development.

UNFPA should continue to coordinate and deliver multi-sectoral, holistic support for adolescents and youth issues, ensuring the centrality of the needs of adolescent girls in particular. UNFPA should better reflect the priority and commitment on support to adolescents and youth within the organisation's management structure and should anchor its adolescents and youth interventions within the broader human rights-based youth agenda. At country level, UNFPA should use its leadership position on adolescents and youth to support national implementation of the Sustainable Development Goals related to adolescents and youth and support countries to monitor and report on progress on adolescents and youth-related goals and targets.

UNFPA should ensure its strategic vision for adolescents and youth programming at all levels is well articulated, and visible to the international development community. To this end, UNFPA should develop a position-paper analysing and outlining UNFPA comparative advantage in supporting the implementation of the Sustainable Development Goals related to adolescents and youth, update the Strategy on Adolescents and Youth 2012-2020 to ensure alignment with the new Strategic Plan 2018-2021 and the 2030 Agenda for Sustainable Development and strengthen oversight within UNFPA by establishing an inter-divisional working group on adolescents and youth with a dedicated senior manager overseeing coordination of support. UNFPA should position adolescents and youth programming squarely within a broader development framework and support governments to monitor progress on the implementation of the Sustainable Development Goals related to adolescents and youth.

3. UNFPA should review resource allocation for adolescents and youth, maximise efficiency, and ensure that staff implementing adolescents and youth interventions have the necessary skill set.

UNFPA should ensure that budget allocations for support to adolescents and youth interventions reflect

UNFPA strategic priorities. UNFPA should review the allocation of existing funding for adolescents and youth programming to accelerate efforts to attract new funds, and ensure the transition to appropriate modes of engagement in accordance with the UNFPA business model. UNFPA should also ensure that recruitment, training, and guidance for staff address the needs of adolescents and youth across all UNFPA programmatic areas.

UNFPA should conduct a study to review UNFPA investment and overall financial allocations for adolescents and youth-specific interventions (targeted and mainstreamed) so these are commensurate with the strategic priority given to adolescents and youth. UNFPA should ensure that training on adolescents and youth sexual and reproductive health includes efforts to build staff capacity in the area of policy and advocacy. This would equip programming staff with the necessary skills to ensure that the needs of adolescents and youth are met across all programmatic areas and modalities. UNFPA should identify new partnerships and funding opportunities for adolescents and youth interventions to support countries to meet their Sustainable Development Goals targets.

II. UNFPA programming to enhance relevance, efficiency and sustainability

4. UNFPA should improve efforts to target the most vulnerable and marginalised among adolescents and youth by strengthened analysis and use of data.

UNFPA should continue to strengthen the use of data for adolescents and youth programme design and to identify the most vulnerable and marginalised among them. UNFPA should clearly define, based upon sound evidence, the dimensions that constitute vulnerability and marginalisation among adolescents and youth.

UNFPA should develop clear operational definitions of people in marginalised and vulnerable situations setting out in which context priority groups such as adolescent girls should be targeted, alongside or in addition to other groups of young people. This will require country offices to institutionalise the systematic review of national adolescents and youth data with implementing partners to ensure that interventions are evidence-based and target the most marginalised and vulnerable. UNFPA should strengthen work with national statistical organisations in order to define adolescents and youth data needs based on specific country strategies. Technical assistance should include a focus on use and dissemination to ensure data is used to inform programmes and policy advocacy, including within UNFPA. In the context of the new Strategic Plan 2018-2021, UNFPA should establish indicators that measure the use of needs-assessments to target the most vulnerable and marginalised adolescents and youth within adolescents and youth programmes.

5. UNFPA should consistently use a human rights-based approach in adolescents and youth programming.

It is essential to fully operationalise UNFPA core commitments to respect, protect and fulfil the human rights of adolescents and youth, including gender equality. Transformative programming – programming that addresses and tackles the underlying structural and systemic factors, including social and cultural barriers – is needed and requires, inter alia, a long-term strategic vision, concerted leadership, robust funding, and accountability measures (at all levels). UNFPA should utilise multiple strategic approaches to improve the status of young people, including by continuing to use the demographic dividend in specific contexts to make the investment case for adolescents and youth.

UNFPA should continue to provide strong support at regional and country levels through enhanced partnerships with other United Nations organisations in order to provide effective leadership in countries working on adolescents and youth issues. UNFPA should develop practical guidance on how UNFPA should enhance advocacy efforts for the rights of adolescents and youth through programming that is human rights-based and gender-transformative, prioritising the most marginalised and vulnerable.

UNFPA should support country offices to expand their analysis of the universal periodic review to include specific adolescents and youth issues. Country offices should work with governments and civil society to support countries so they can report and respond to recommendations of the universal periodic review to inform the development of national strategies. UNFPA should support country offices to advocate for investment in youth at all levels, together with a human rights-based approach to adolescents and youth programming.

6. UNFPA should improve the quality and sustainability of sexual and reproductive health services, and education and information for adolescents and youth by ensuring systematic linkages across UNFPA-supported interventions in these areas.

To maximise efficiency and effectiveness, UNFPA support for sexual and reproductive health education and information for adolescents and youth and integrated sexual and reproductive health services should prioritise quality and sustainability and, wherever possible, avoid vertical, stand-alone programmes. To do this, UNFPA should strengthen connections and linkages across interventions, encouraging local ownership and multi-sectoral approaches.

UNFPA should support country offices to conduct a review of the quality of adolescents and youth programming for sexual and reproductive health education and information and services to ensure that programming aligns with national needs-assessments, international standards and evidence on what does and does not work. UNFPA should provide technical backstopping for country level adolescents and youth staff to implement robust monitoring of, and reporting on, their programmes. In the context of the Strategic Plan 2018-2021, UNFPA should consider the inclusion of additional indicators on sexual and reproductive health service quality. Indicators should also capture cross-referral between adolescents and youth interventions under different programmatic areas, so that interventions can contribute jointly to common indicators. UNFPA should consider developing other quality assurance mechanisms and indicators to capture the quality of both interventions and the processes used to implement them.

7. UNFPA should strengthen meaningful engagement of adolescents and youth at all levels of programming (national, regional and global).

UNFPA should build on recent good practice and promote systematic, transparent, constituency-based youth representation, participation and leadership in UNFPA adolescents and youth strategic dialogues, planning, implementation, monitoring and evaluation, as appropriate. Adolescents and youth programming for leadership and participation should emphasise interventions that help to institutionalise (for example through participatory platforms and accountability mechanisms) youth participation and voice in key processes. UNFPA should further clarify the current focus of its support for leadership and participation within the new Strategic Plan 2018-2021 and within the context of the Agenda for Sustainable Development.

UNFPA should develop and implement an institution-wide, transparent procedure for the selection of constituency based youth representatives to participate in UNFPA-supported advocacy platforms, events and conferences. UNFPA should establish a permanent Youth Advisory Board at all levels, with revolving participation, to take part in, and advise on, all adolescents and youth strategic discussions, portfolio reviews, and technical review committee meetings at UNFPA. UNFPA should continue to sponsor pre-conference training and capacity building (and support country offices to do so) in order to strengthen leadership, including of marginalised and vulnerable young people. The recent creation of the Youth Innovators Fellowship Programme is a welcome and an important step in this direction. UNFPA should use the opportunity of development of the Strategic Plan 2018-2021 to review and refine the aims of UNFPA support for adolescents and youth, and leadership- and participation-related support specifically. This should reflect upon how UNFPA support for adolescents and youth leadership and participation can be integrated and aligned with the efforts under the 2030 Agenda for Sustainable Development.

III. Reporting, monitoring, evaluation and lesson learning

8. UNFPA should strengthen research, monitoring, reporting and evaluation to generate evidence for organisational learning and programming and for accountability on adolescents and youth support.

UNFPA should continue to strengthen monitoring and reporting systems and allocate sufficient human and financial resources to generate evidence on adolescents and youth interventions. This should be accomplished through the testing of the adolescents and youth theory of change, use of appropriate adolescents and youth indicators, accurate tagging of adolescents and youth interventions, systematic results-based monitoring, accurate reporting and capturing good practices and successful implementation models. It should also include increased use of research and evaluative exercises on adolescents and youth for evidence-based programming to inform scale up and replication of good practice.

UNFPA should support staff implementing adolescent and youth interventions to work together with monitoring and evaluation staff to ensure adequate staff time and budget are allocated at all levels for the monitoring, reporting and evaluation of adolescents and youth interventions. UNFPA should also support country offices to conduct implementation research, commission adolescents and youth specific evaluation studies and generate evidence to inform programming and build a stronger evidence base on best practice in programming for adolescents and youth sexual and reproductive health.

South-South cooperation should be a key strategy for dialogue and exchange of knowledge and good practices on support to adolescents and youth. UNFPA should support country offices to utilise South-South cooperation in order to share knowledge and good practices for improved programming and implementation.
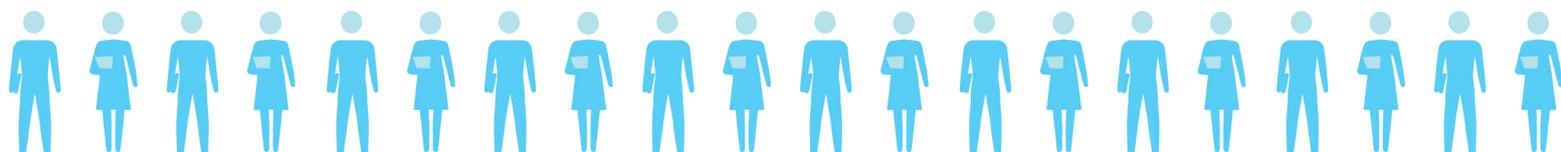
1. Objective, scope and methodological approach

1.1. Purpose and objectives of the evaluation

The purpose of the evaluation is to assess the performance of UNFPA in its support to adolescents and youth during the period 2008-2015, falling under UNFPA Framework for Action on Adolescents and Youth and UNFPA Strategic Plan 2008-2013 (including the midterm review).[2] The evaluation also provides key learning to contribute to the implementation of the current UNFPA Strategy on Adolescents and Youth 2012-2020 under the current UNFPA Strategic Plan 2014-2017 and to inform the development of the next Strategic Plan 2018-2021.

The primary objectives of the evaluation are:

► To assess how the frameworks, as set out in the UNFPA Strategic Plans 2008-2013 and 2014-2017, the UNFPA Framework for Action on Adolescents and Youth (implemented in 2007) and the UNFPA Strategy on Adolescents and Youth (2012), have guided the programming and implementation of UNFPA interventions in the field of adolescents and youth

► To facilitate learning, capture good practices and generate knowledge from UNFPA experience across a range of key programmatic interventions in adolescents and youth during the 2008-2015 period, in order to inform the implementation of relevant strategic plan outcomes and future interventions in the field of adolescents and youth.

The primary users of the evaluation are UNFPA staff at all levels, UNFPA public and private sector implementing partners, civil society organisations, policy makers and donors, as well as the end beneficiaries of UNFPA support. The results of the evaluation are also expected to be of interest and importance to other stakeholders and partners working on adolescents and youth in countries where UNFPA interventions are being implemented.

1.2. Scope of the evaluation

The evaluation covers the period 2008-2015,[3] which corresponds to three programmatic periods embedded in three strategic planning documents: UNFPA Strategic Plan 2008-2011, Mid-term Review of the Strategic Plan 2012-13 and UNFPA Strategic Plan 2014-2017 as well as two adolescents and youth strategies (2006 and 2012). It takes stock of the evolution of UNFPA support to adolescents and youth since the deployment of the first adolescents and youth framework (2006) and analyses changes in focus, approaches and resource allocation.

The evaluation addresses the global, regional and country levels and considers both targeted and mainstreamed interventions in all UNFPA regions of operation. Thematic areas assessed include:

► Evidence-based advocacy for development, investment and implementation
► Sexual and reproductive health education and information for adolescents and youth
► Sexual and reproductive health services for adolescents and youth (including contraception and HIV)
► Initiatives to reach marginalised and disadvantaged adolescents and youth, especially girls
► Youth leadership and participation in policy dialogue and programming.

Particular attention is paid to the integration of cross-cutting issues such as gender equity, culturally sensitive and rights-based approaches in UNFPA support to adolescents and youth.

The evaluation covers interventions directly relevant to adolescents and youth financed from core and non-core resources. It does not specifically focus on support to adolescents and youth in disaster, conflict or post-crisis settings.

1.3. Evaluation process and methodology

1.3.1. Overview of the evaluation process

The evaluation took place in five phases as shown in Figure 1. The design phase commenced in December 2014 with the design of the methodological approach for the evaluation and included a pilot case study in Egypt to test the overall methodological approach and tools. The data collection phase took place during 2015, from January to the end of October. Several workshops were conducted throughout the evaluation, including an analysis workshop to review evidence from the data collection phase and two workshops to discuss conclusions and recommendations.

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2   The evaluation terms of reference are presented in Volume II.

3   The Evaluation initially covered the period 2008-2014 as per the terms of reference, but the exercise started mid-December 2014 and data collection took place from January to the end of October 2015, therefore the temporal scope was adjusted to better reflect the period covered by the exercise.

Figure 1: Evaluation phases

Preparatory
•• initial research and the drafting of the evaluation term of reference
•• set up of the evaluation reference group
•• data and background information gathering
•• financial analysis of UNFPA support to adolescents and youth
•• the selection and recruiting of the evaluation team.

Inception
•• design of the methodological approach of the evaluation
•• construction of the theory of change
•• a two-week pilot field visit to Egypt to test the overall methodological approach and tools
•• inception report.

Data collection
•• in-depth document review
•• field visits to five countries and two regional offices
•• extended desk reviews of four countries, including virtual interviews with stakeholders in these countries
•• consultations with key stakeholders at global level
•• e-Roundtable with adolescents and youth and online survey targeting country offices.

Analysis and reporting
•• one analysis workshop on the evidence and preliminary findings from the data collection phase to launch the analysis and reporting phase of the evaluation
•• production of five country case study reports, a summary of findings at regional level and drafting of the final evaluation report
•• two workshops to discuss conclusions and recommendations.

Management reponse and dissemination
•• the recommendations of the final evaluation report will be circulated to the relevant units who will submit a management response
•• the evaluation report and the management response will be presented at the annual session of the UNFPA Executive Board on January 2017 and will be widely disseminated
•• dissemination events will be organised to present the results of the evaluation in different fora.

1.3.2. Overall evaluation approach

The evaluation utilised a theory-based approach involving analysis of UNFPA planning documents and other strategic frameworks, which reflect the conceptual and programmatic approach taken by UNFPA, including the most important implicit assumptions underpinning the change pathways. These documents constitute the aggregated results framework and contain the intervention logic and the strategy that have guided the goals of UNFPA support to adolescents and youth from 2008 to 2015. The theory of change of UNFPA support to adolescents and youth was reconstructed at the inception phase of the evaluation and tested during the field and data collection phase. A full overview of the revised theory of change is presented in Volume II.

The evaluation utilised a mixed-method approach combining qualitative and quantitative methods for data collection and analysis. Quantitative methods included compiling and analysing quantitative secondary data found in relevant reports, financial data, indicator data, and using descriptive statistics to quantify and assess the results of the on-line survey. Quantitative data was used to assess trends in programming, investment and outcomes at country, regional and global levels. Qualitative methods consisted of document review, interviews, focus group discussions and observations through case study visits. Qualitative methods for the analysis of the data included content analysis, validation techniques and testing of causal assumptions. Contribution analysis was used to assess causal links, and triangulation was applied to assure the reliability and robustness of findings and involved cross-referring different sources of data and data-collection methods.

In line with United Nations Evaluation Group (UNEG) guidance, the evaluation integrated both gender and human rights and worked to ensure implementation of other key principles including participation, social transformation, and inclusiveness.[4] Team composition, stakeholder groupings, data collection methods and analytical approach were all in line with and upheld human rights and gender equality principles as presented in Table 1. Both rights-holders

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4   UNEG 2011. Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance

and duty-bearers were included as informants with acknowledgement of their responsibilities and entitlements stated. Data was disaggregated by relevant criteria (wherever possible): age, gender, vulnerability, etc. Table 1 presents the integration of human rights and gender equality in the evaluation.

The evaluation followed a participatory approach, involving diverse stakeholders and adolescents and youth themselves throughout the evaluation process. This approach facilitated active and in-depth consultation and inputs to the design of the exercise from key stakeholders, improving access to and better understanding of data and information, as well as developing useful and appropriate recommendations.

Table 1: Integration of human rights and gender equality in the evaluation

Selected Aspect of Evaluation	Associated Questions (select sample)	Examples of how the evaluation addressed this dimension
Stakeholder Analysis	1. Was a diverse group of stakeholders identified from the stakeholder analysis, including women and men, as well as those who are most affected by rights-violations and groups who are not directly involved in the intervention? 2. How did the evaluation engage relevant stakeholders?	1. As a result of the document review, in consultation with headquarters, regional offices and country offices, stakeholders were identified, focusing especially on a good representation of adolescents and youth voices, disaggregated by gender and age. 2. Through the e-Roundtable, adolescents and youth from all UNFPA regions were asked to share their experiences and opinions on UNFPA support to adolescents and youth participation. In each case study, youth consultants were core team members.
Evaluation Questions	1. Were evaluation questions that specifically addressed human rights and gender equality included?	1. All evaluation questions integrate human rights and gender equality but evaluation question 2 specifically addresses human rights and gender equality marginalised groups.
Evaluation Team	1. Was an evaluation team with knowledge of and commitment to human rights and gender equality selected? 2. Is the evaluation team diverse, in terms of gender, types of expertise, age, geographical origin, etc.?	1. The evaluations teams had members that had worked for over 20 years on human rights and gender equality in the context of sexual and reproductive health programmes. 2. The selected evaluation team was diverse in type of expertise, age, geographic origin (Asia, Latin America, America, Europe) and gender.
Methodology	1. Does the evaluation methodology employ a mixed-method approach, appropriate to addressing human rights and gender equality? 2. Does the evaluation methodology favour stakeholders' rights to participation, including those most vulnerable? 3. Does the evaluation methodology favour triangulation of the information obtained?	1. A mixed-method approach is at the core of the evaluation 2. The methodology especially highlighted the active engagement of adolescents and youth at different stages of the evaluation (e-Roundtable, youth consultants) 3. Triangulation of information included cross checking of different sources of information and data and, cross checking evidence from different components.
Collection and Analysis of Data	1. Were all stakeholder groups consulted at the end of the data collection stage to discuss findings and to hear their views on the conclusions and recommendations of the evaluation?	1. The evaluation employed a participatory approach throughout the data collection, analysis and reporting and management response and dissemination phases.

Source: Adapted from "A summary checklist for a human rights and gender equality evaluation process" in UNEG (2012) "Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance" available at: http://www.uneval.org/document/detail/980

The evaluation captured the perspectives, views and voices of programme beneficiaries by:

► Integrating adolescents and youth into the global evaluation and case study teams (a youth leader for each field country case study)
► Conducting focus groups in all countries visited
► Conducting an e-Roundtable with adolescents and youth worldwide for validation purposes.

This approach facilitated a better contextual and cultural understanding, and proved valuable for validation of results.

The evaluation was transparent and featured clear communication with stakeholders throughout all stages.

1.3.3. Evaluation components

The evaluation had five components and each component was a line of evidence that was used to inform the three levels of analysis (country, regional and global) (see figure 2).

1.3.4. Evaluation questions and criteria

The scope of the evaluation is framed by seven evaluation criteria and seven questions (see Table 2) with certain criteria covered by more than one question.

Figure 2: The five components of the evaluation process
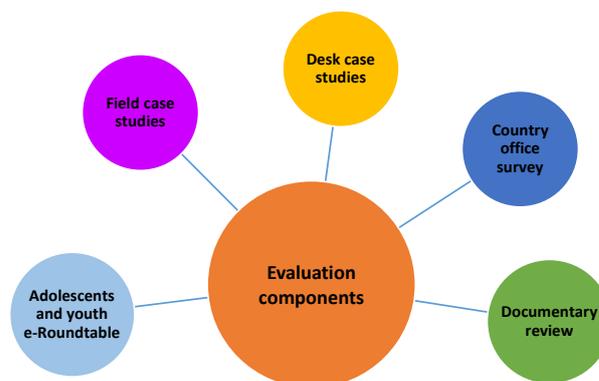
Table 2: Evaluation questions, evaluation criteria and level of analysis

EQ	Evaluation Question	Evaluation criterion	Level of analysis
EQ 1	To what extent was support to adolescents and youth, particularly the most marginalised and vulnerable, at global, regional and country levels, aligned with UNFPA policies and strategies, partner government priorities, plans and the needs of adolescents and youth and responsive to local contexts?	Relevance	National, regional and global
EQ 2	To what extent have human rights, gender responsive and culturally sensitive approaches been incorporated into programming in the area of adolescents and youth at global, regional and national level? To what extent has UNFPA prioritised the most marginalised and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?	Relevance	National, regional and global
EQ 3	To what extent has UNFPA contributed (or is likely to contribute) to an increase and sustainability of the availability of sexual and reproductive health education and information and integrated services (including contraceptives, HIV and gender-based violence) for adolescents and youth?	Effectiveness, sustainability	National
EQ 4	To what extent has UNFPA contributed to evidence-based policies and programmes that incorporate the needs and rights of adolescents and youth? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programmes?	Effectiveness, sustainability	National
EQ 5	To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalised and vulnerable adolescents and youth, particularly adolescent girls?	Effectiveness, sustainability	National
EQ 6	To what extent were resources (human, financial, administrative) available, optimised and utilised to achieve the expected results in relation to UNFPA support to adolescents and youth?	Efficiency	National, regional and global
EQ 7	To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance adolescents and youth issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA programme countries for advancing adolescents and youth policies and programmes?	Partnership, coordination, added value	National, regional and global

Each evaluation question contained several assumptions to further narrow the focus when answering the question.

The evaluation matrix (Volume II) is the central tool of the evaluation's analytical framework and contains all evaluation questions, assumptions underlying each question, indicators associated with these assumptions, sources of information and sources and tools for data collection. The evaluation matrix, which is aligned with the theory of change, was used as a framework for the collection and analysis of data, and covers all levels of analysis of UNFPA support (country, regional and global levels). The evaluation matrix was developed based on inputs received from the Evaluation Reference Group (ERG) and adjusted during the inception phase of the evaluation. The evaluation questions and the underpinning assumptions are the same for all case studies, but indicators varied, given the specificities of each country determined by the country context and the specific UNFPA modalities of support.

1.3.5. Methods for data collection

Stakeholder mapping

To ensure that different stakeholders were identified and consulted,[5] stakeholder maps were produced during the inception phase, based on a document review and consultation with the reference group and UNFPA units at all levels. In total, 670 stakeholders were consulted. Figure 3 illustrates the distribution of interviews by stakeholder type and level of analysis.

Document and financial data review

An extensive global document review was undertaken. It comprised strategic and planning documents, programme documents, adolescents and youth publications, including relevant literature related to adolescents and youth policy and programming globally, financial data, past evaluations and assessments (including thematic evaluations as well as country and regional programme evaluations) and reports.[6] The document review also included a financial data (Atlas)[7] analysis of UNFPA allocation of resources for adolescents and youth interventions at all levels over the period under evaluation.[8]

Country case studies

The purpose of the country case studies was to provide a more in-depth analysis of adolescents and youth support at country level, identify successes and challenges, and capture best practices. Country case studies illustrate the range and modalities of UNFPA support under the adolescents and youth component within a specific country context. Each case study included a two-week field visit by a team composed of at least four team members (including core evaluation team members, national consultants and youth leaders) and the production of a stand-alone country case study report.

Case study selection was purposeful and one country was selected for every region of UNFPA support.[9] The sampling was based on a multi-indicator needs-

Figure 3: Distribution of interviewed stakeholders by type and level of analysis

- A&Y beneficiaries
- UNFPA
- National NGOs, CSOs & academia
- Government partners
- International NGOs and CSOs
- UN
- Donors

43%
18%
14%
11%
7%
5% 2%

9%
14%
77%

- Global
- Regional
- National

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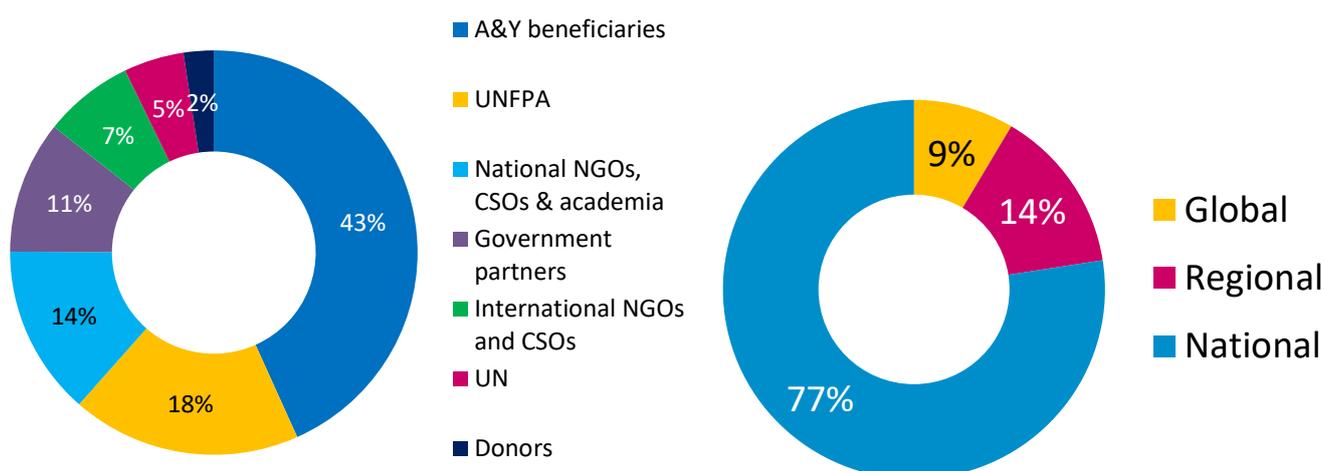
5   Volume II presents a detailed list of those interviewed.

6   Documents consulted are presented in Volume II.

7   Atlas is a programme and financial management tool that provides financial information on UNFPA interventions.

8   The methodology for the financial analysis is included in Volume II.

9   UNFPA support covers six regions of intervention, namely: Western and Central Africa; East and Southern Africa; Asia and the Pacific; Arab States; Eastern Europe and Central Asia and Latin America and the Caribbean.

Table 3: Multi-indicator needs analysis

Indicator
Gini Coefficient, 2003-2012
Proportion of population 15-24 years (%), 2010
Population of 15-24, both sexes, combined, 2010, estimates thousands
Adolescent birth rate (number of births per 1,000 girls 15-19 years, national
HIV prevalence (%), national, 2009
Contraceptive prevalence (%), national
Population with at least some secondary education (% aged 25 and above), female, 2005-2012
Population with at least some secondary education (% aged 25 and above), male, 2005-2012
Human Development Index, 2013
Gender Inequality Index, 2013
Government effectiveness, 2012, rank

assessment which included health and development indicators for all UNFPA programme countries (grouped by region) to provide a general overview of the status of development in the country and, specifically, the situation of adolescents and youth (see Table 3).

This data was combined with country office expenditure on adolescents and youth programming to provide a better insight into resource-allocation relative to country needs.

Additional criteria further informed the selection of country case studies, including:

► UNFPA country quadrant classification (see Tables below)
► Recent country programme evaluation in the country
► Identification of case study implementation risks or limitations
► Diversity of the programme, prongs or areas of the strategy implemented in the country
► Levels of programme implementation (national, regional and municipal level)
► Scale-up or intensification of support in certain areas of adolescents and youth support
► Level of government support in the area of adolescents and youth
► Implementation of Delivering as One modality in countries.

Case study selection assessed need (as per selected indicators) and counter-weighted this ranking with UNFPA investment in adolescents and youth interventions in each country. Countries with greatest need and highest investment by UNFPA ranked highest. Qualitative judgements were then made to select countries and regions that could offer a range of contexts, programmes and investment patterns (past versus present).

The selection of case studies also took into consideration UNFPA country quadrant classification

system which groups countries on the basis of their ability to finance their own interventions and level of need. As shown in Table 4, UNFPA programme countries are categorised into "colour quadrants" based on the combination of need and ability to finance.

The case studies selected are presented in Table 5, indicating also to which colour quadrant the selected country corresponds.

Field case studies (country and regional) used a mixed-method approach, consisting of the following data collection methods:

► Document review: A thorough document review was conducted. Key sources included relevant UNFPA strategies, country programme documents , country programme action plans, country office annual work plans and annual reports, mid-term reviews, evaluations and monitoring data. Further, UNFPA and partner documentation, such as training manuals and communication materials were analysed.
► Interviews: The evaluation team met with UNFPA staff members, representatives of the United Nations country team (UNCT), other international agencies and donors, non-governmental organisations, government representatives, and beneficiaries including adolescents and youth leaders. Those interviewed were selected purposely based on a stakeholder mapping at country level. Interviews were conducted using semi-structured in-depth methods. At the outset, stakeholders were informed about the evaluation and scope of interviewing and either written or oral consent was obtained. Interview guides are available in Volume II.
► Focus group discussions with adolescents and youth leaders.
► Direct observation: Programme sites were visited from a selection of services and implementing partners of UNFPA support, aiming to include both rural and urban locations.

Table 4: Modes of engagement by country needs and income

Modes of engagement by country needs and income				
Ability to finance	**Level of Need**			
	Highest	High	Medium	Low
Low income countries	A/P, KM, CD, SD	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM
Lower-middle income countries	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM	A/P
Upper-middle income countries	A/P, KM, CD	A/P, KM	A/P	A/P
High income countries	A/P	A/P	A/P	A/P

A/P = Advocacy and Policy Dialogue/Advice; KM = Knowledge Management; CD = Capacity Development; SD = Service Delivery

Table 5: Selected country case studies

Regions	Field Case Study Countries	Desk Case Study Countries	
West and Central Africa	Côte d'Ivoire	Niger	
East and Southern Africa	Ethiopia	Mozambique	
Asia and the Pacific	(Nepal)	Nepal	Lao PDR
Latin America and the Caribbean	**Nicaragua**	-	
Eastern Europe and Central Asia	**Kyrgyzstan**	-	
Arab States	**Egypt**	-	

Note: Nepal was originally selected as a field case study but the mission had to be cancelled after the earthquake. Nepal was converted to a desk case study.

Desk case studies

Data for desk case studies (country and regional) was collected by using two methods:

► Document review
► Interviews: The evaluation team conducted interviews, usually by skype or telephone, with the adolescents and youth country or regional officer. Interview guides are available in Volume II.

Country office survey

The aim of the online survey was to gain an overview of the status of adolescent and youth programmes across all UNFPA programme countries and to document key lessons learned. The content of the questionnaire covered all questions of the evaluation matrix, with a specific focus on the country setting. The response rate to the country office survey was extremely high with 86 per cent, which adds to the robustness of its evidence level (see Table 6).

e-Roundtable with adolescents and youth

An innovative virtual e-Roundtable with youth leaders from all UNFPA regions was conducted in October 2015 using the open-source platform Moodle. The e-Roundtable was designed to:

► Validate the assumptions as outlined in the evaluation matrix through the voices of youth and adolescents themselves
► Collect success stories and lessons learned
► Gather recommendations from youth leaders
► Share photos, videos and other documents illustrating their work in countries and regions supported by UNFPA.

The e-Roundtable served as a validation tool for the evidence from the document review, interviews and focus group discussions conducted for the case studies and the country office survey. For a full overview of the protocol and discussion guide, see Volume II.

A total of 190 youth leaders (with attention to gender balance) were contacted to participate in the e-Roundtable with all regions represented as seen in Figure 4. A total of 12 closed discussion fora were conducted, two per region, over a 24-hour period. Youth moderators from the respective region acted as facilitators for the fora, which were conducted in English, Arabic, French and Spanish. Each discussion forum was conducted over approximately three hours and a total of 81 youth leaders (with one additional leader via email) participated in the discussions, representing 63 different countries.

Table 6: Coverage of the country office survey

Concept	Value	Description
Total number of offices	121	Number of country offices worldwide, including two sub-regional offices
Target number of offices	121	Number of country offices that provided support to adolescents and youth
Coverage (response rate)	104 **(86%)**	Number of country offices that responded to the survey (86% of the target population responded)

Regional case study selection

The regional case studies provided insight into the work of regional offices, with emphasis on their intermediary role between headquarters and country offices within UNFPA. They provided a more in-depth analysis of adolescents and youth support at regional level and the identification of successes and challenges.

Regional case study selection was purposeful. The three UNFPA regional offices that were selected as case studies represent a range based on the priority and investment given to adolescents and youth programming in the region: Latin America and the Caribbean Regional Office has had considerable investment and programming in adolescents and youth until recently, Asia and the Pacific Regional Office has had a modest investment given the size of the region and the needs, while East and Southern Africa Regional Office currently has a large and growing adolescents and youth programme.

1.3.6. Methods for data analysis

The evaluation matrix guided the analysis of information at the global, regional and country levels. Data was structured under each evaluation question, assumption and indicator. Findings were formulated by triangulating evidence and organised under each assumption and question.

Different methods were utilised to analyse data:

► Contribution analysis was applied using the reconstructed theory of change (ToC) and its pathways to assess UNFPA contribution to changes over the period. Country case studies facilitated the testing of the theory of change for each pathway to understand influencing factors that contribute to changes. During the country case studies, assumptions were tested, influencing factors examined, and alternative assumptions identified for each pathway of change
► Data from the online survey of country offices were analysed, using content analysis and descriptive statistics using Excel graphics
► For the e-Roundtable, comments from participants were first compiled by region. A content analysis was then performed in a second stage and grouped according to evaluation questions and emerging themes

► Financial data was analysed separately for presentation in the final report, but was also considered as secondary data in the analysis of country and regional programme efficiency, effectiveness and sustainability. Current portfolio plans (quadrants) were reviewed to assess patterns of expenditure by modes of operation over the evaluation period. The financial analysis is separated into two distinct periods, 2008-2013 and 2014, given the changes in reporting since introduction of the GPS system in 2014. The analysis focused on:
  ► Budget and expenditure at activity and project levels
  ► Aggregated expenditure data by region, and globally
  ► Disaggregated funding data by source, including leveraged funds
  ► Comparison of countries and regions in, inter alia, thematic focus and expenditure
  ► Linkages between different variables in the Atlas data set and disaggregated coding of UNFPA investments by selected variables
  ► Analysis of patterns and trends where possible.

To evaluate the context in which UNFPA is working, an assessment was conducted with the UNFPA country office during field country case studies. External factors, ranging from political and economic upheaval to religious and cultural beliefs about sexuality, related to adolescents and youth, were scored on a scale ranging from restrictive to facilitative.

1.3.7. Methods to ensure reliability and validity

Triangulation (cross-checking) of data from different sources and across methods was utilised to ensure reliability and credibility of findings. It was applied at all levels and included:

► cross checking of different sources of information and data within and across evaluation components by comparing evidence generated through different stakeholder (UNFPA country office, ministries, civil society etc.)
► cross checking findings or evidence from different evaluation components by comparing findings from country case studies, regional reviews, the country office survey and the e-Roundtable.

The evaluation applied internal and external validation techniques. For each field case study, debriefing

Figure 4: Youth leaders who participated in the e-Roundtable per region
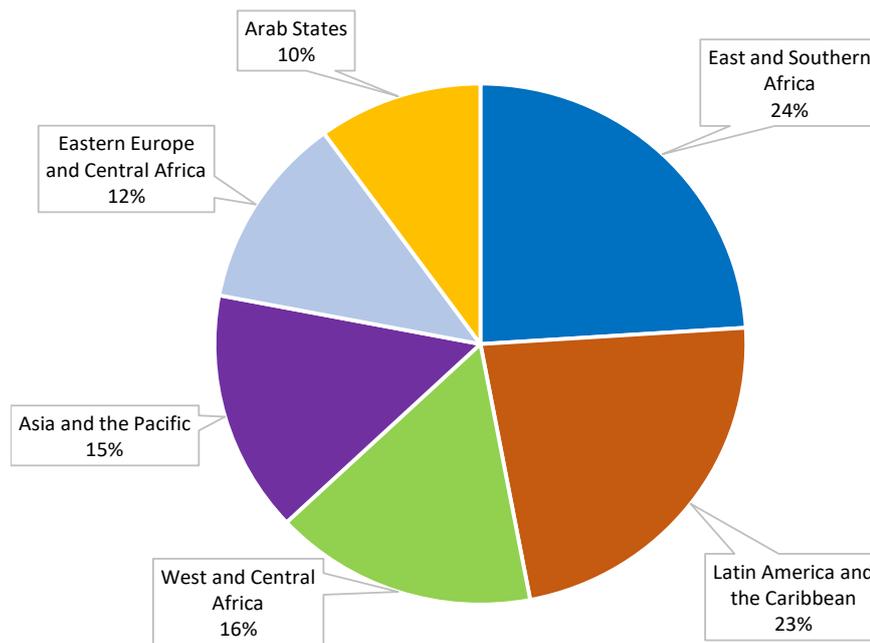
sessions were held with UNFPA country office staff at the conclusion of the field visit in order to validate preliminary findings. The evidence emanating from the regional visits and country case studies was validated in the e-Roundtables with adolescents and youth leaders to collect their interpretation on the evidence and issues that emerged within their region.

Internal validation took place through evaluation team workshops and external validation consisted of a preliminary debriefing meeting with the Evaluation Reference Group in New York in 2015 and debriefing meetings at the end of each country case study field visit with UNFPA country offices. External validation also included several Skype meetings, and presentations and discussions with the Evaluation Reference Group in 2016, to validate the relevance and feasibility of the recommendations.

1.3.8. Limitations and mitigation strategies

The main limitations related to data collection and relevant mitigation strategies are listed in Table 7.

Table 7: Limitations of data collection and mitigation strategies

Data Source	Limitations	Mitigation strategies
Document review	The quality and completeness of documentation provided at global and regional level varied. Country documentation was sometimes in local languages, making assessment difficult. Some country level activities, particularly those implemented years ago, have not been well documented or evaluated, leaving gaps in institutional knowledge.	A thorough review was conducted to assess the documentation available. Document review was conducted in French, Spanish and Russian, as necessary. The evaluation and country offices were requested to provide additional documentation or explanations when needed. Additional literature was sought external to UNFPA to provide alternative sources of information where data gaps exist or external validation was required.
Financial Analysis	Reporting codes for adolescents and youth interventions have changed several times over the evaluation period. Data on Atlas is self-reported data and thus may contain errors, and reporting is not standardised across all business units.	While Atlas data undoubtedly contains some errors, the volume of data is sufficient to provide trend data and patterns of expenditure. Atlas data was cross-checked for validity with country offices in field case studies.
Online survey	Responses to the survey by country offices were in some cases partially incomplete. Information provided depended on the experience of the adolescents and youth programme officer answering the survey questionnaire. Some country offices encountered technical problems in completing the survey online.	Country offices were followed up on an individual basis to maximise survey response rates. Where online responses were not possible, paper-based responses were collected and encoded into data collection and analysis software.
Case studies	One of the country case studies was cancelled due to an earthquake, which made it impossible for the country office to provide support for the conduct of the case study. This left the evaluation without a field case study for one of the regions of UNFPA support.	The planned field case study was converted to a desk case study. A total of two desk studies were undertaken for Asia and the Pacific Region.
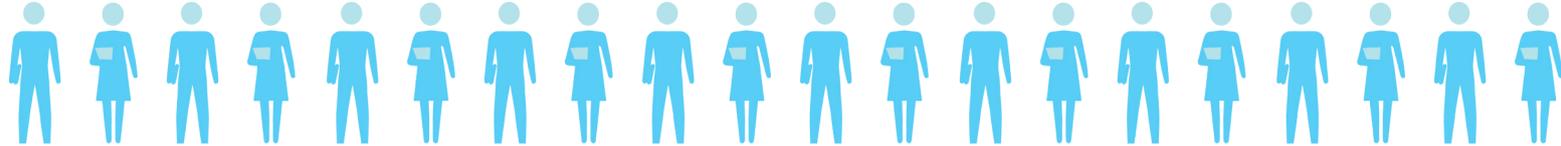
2. Global context of adolescents and youth and the UNFPA strategic framework and programmatic response

The world has more young people than ever before. There are about 1.8 billion people between the ages of 10 and 24 and this number is expected to increase until about 2070, according to moderate population projections. A large number of adolescents between the ages of 10 and 19 live in the least developed countries. Today's young women and men have growing aspirations and many strive for better education, good health care and jobs to support themselves and their families.

The main health issues faced by adolescents and youth include early pregnancy and childbirth, sexually transmitted infections, HIV and other infectious diseases, violence, mental health, harmful drinking, tobacco and drug use, malnutrition and obesity, and unintentional injuries. Young peoples' rights have advanced, but building on the achievements and safeguarding these rights, particularly reproductive health rights and the human rights of adolescent girls and young women, remain a major challenge.

Underlying social, economic and legal barriers affect young people's sexual and reproductive health, whereby gender norms and inequalities often put girls and young women and their sexual and reproductive health at a significant disadvantage.[10]

Definition: Adolescents and youth

The United Nations has defined youth since 1981 within a general age range of 15 to 24 years. While there are no universally accepted definitions, UNFPA, WHO, and UNICEF share a common, expanded definition which includes:

Adolescents: 10 to 19 years

Young People: 10 to 24 years

Youth: 15 to 24 years

To date, the terms "adolescents" and "youth" are often used interchangeably in both programme and policy; research is equally negligent in making clear distinctions between the age groups of the very young adolescents (10-14) and those slightly older (15-19), despite significant social, psychological, physiological, and developmental differences.

Source: http://undesadspd.org/Youth.aspx

Despite positive developments in some countries and regions there is still significant morbidity and mortality among adolescents. According to data published by World Health Organisation, an estimated 1.3 million adolescents died in 2012, largely from preventable or

Figure 5: Estimated number of AIDS-related deaths by five-year age groups, 2001-2014
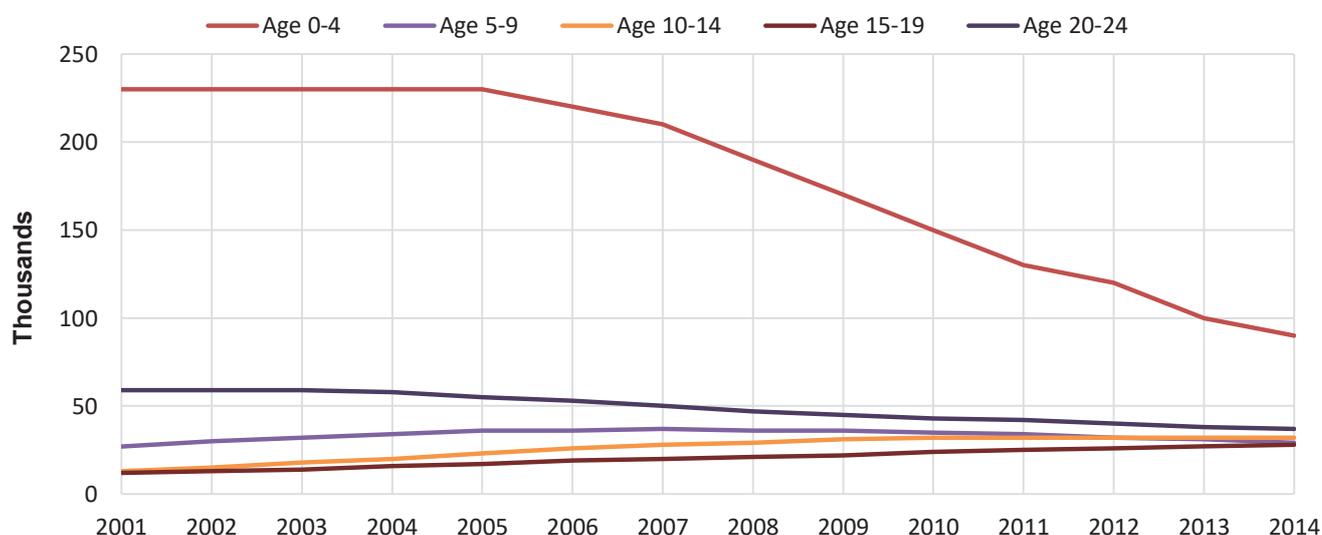
Source: UNAIDS 2014 HIV and AIDS estimates, July 2015.

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10   UNFPA, 2014. The state of world population: p 47.

Figure 6: Estimated percentage of adolescents aged 10 to 19 living with HIV by region, 2014
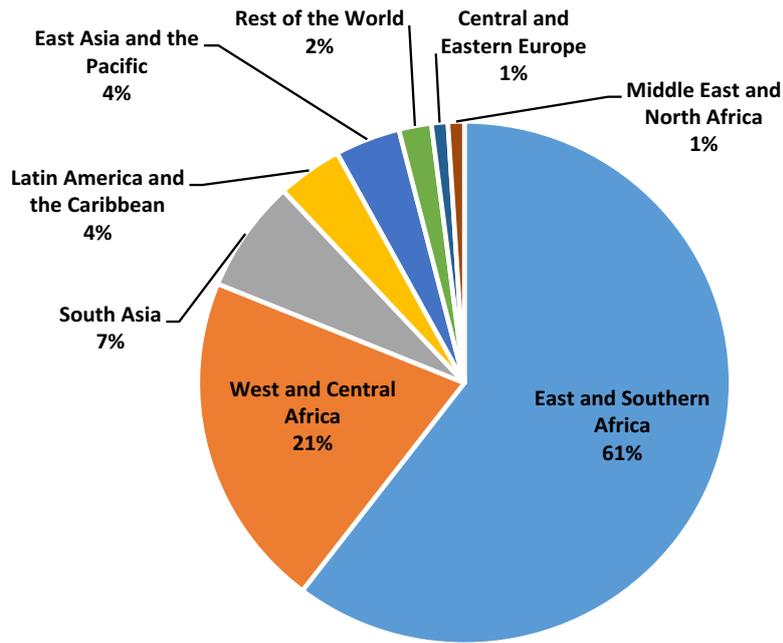
Source: UNAIDS 2014 HIV and AIDS estimates, July 2015.

Figure 7: Percentage of women (ages 20-24) married by 15 or 18
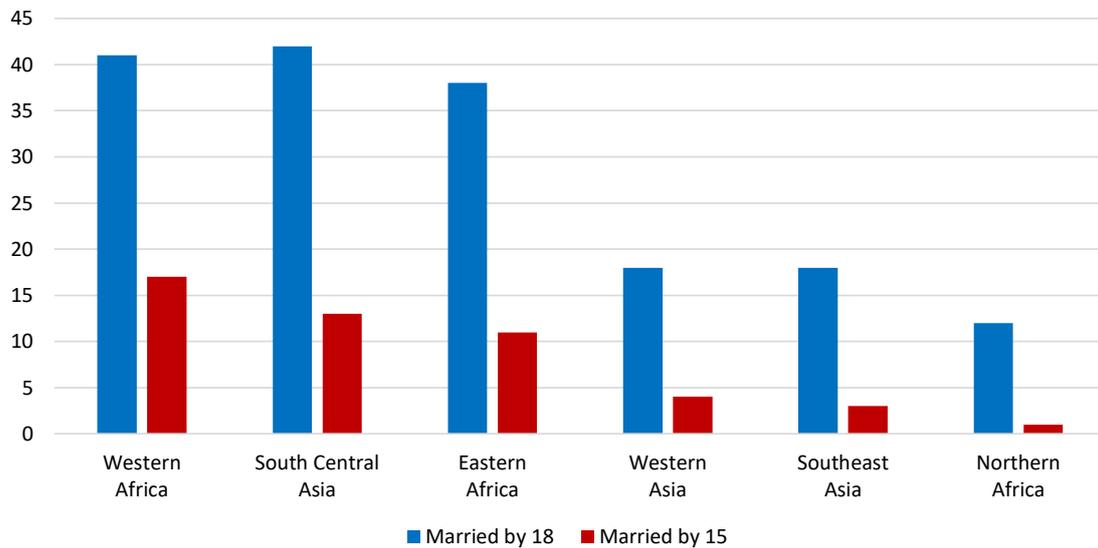
Source: Population Reference Bureau. http://www.prb.org

Figure 8: Adolescent fertility rates worldwide (live births per 1000 population)

Adolescent Fertility Rate
- Less than 50
- 50-99
- 100-149
- 150 or higher
- No data available
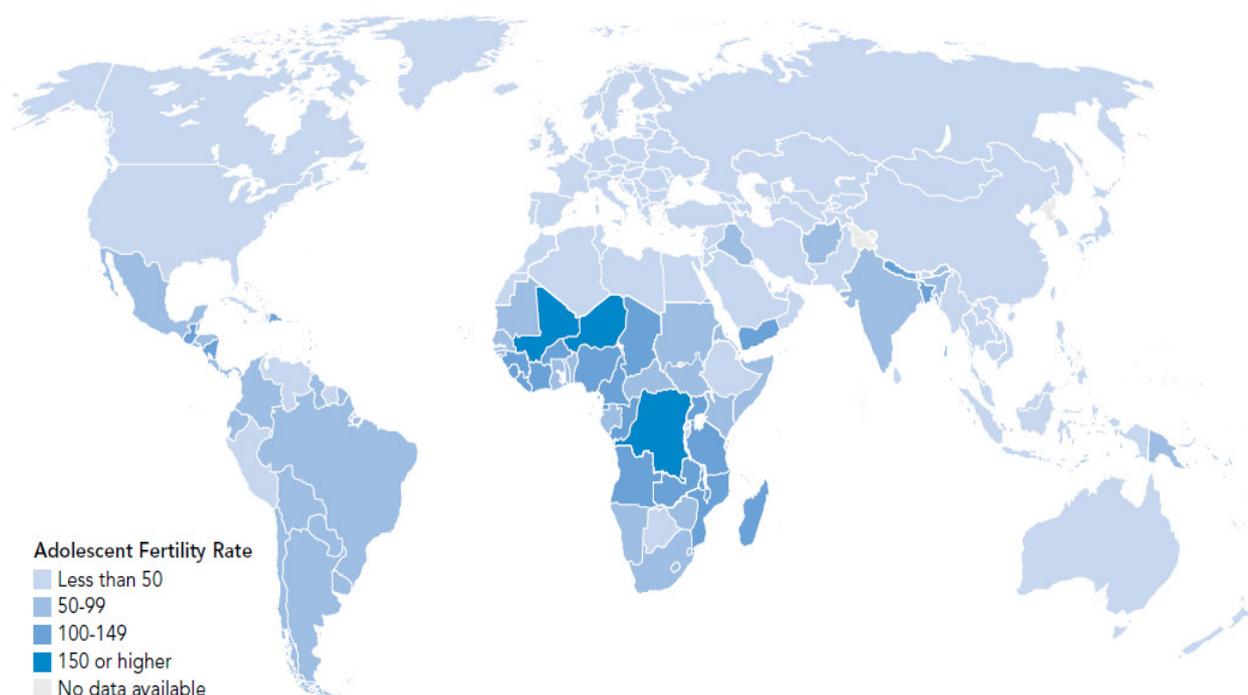
Source: United Nations Population Division, *World Population Prospects: The 2010 Revision* (2011).

treatable causes, including AIDS (a significant cause of adolescent death). While estimated AIDS-related deaths have declined in younger children, they did not for adolescents (see Figure 5).[11] The distribution of the burden of disease is also very uneven. Regions with the highest number of adolescents living with HIV are Sub-Saharan Africa and South Asia (see Figure 6).[12]

Early marriage is practiced in all regions of the world and threatens the health and wellbeing of adolescent girls. Nearly half of all women aged 20 to 24 in South Central Asia and Western Africa were married by age 18, putting them at a higher risk for early pregnancy and maternal disability and death, and limiting their access to education and employment. Both regions have some of the highest child marriage rates in the world with two out of five young girls married before the age of 18. (Figure 7).[13]

Figure 8 shows that although the number of births among adolescent girls is declining globally, adolescent childbearing remains common in many countries, particularly in Sub-Saharan Africa.[14]

According to data published by the World Health Organisation, an estimated 22 million unsafe abortions occur every year, including 3 million unsafe abortions among young women aged 15 to 19 (annual). Young women under the age of 25 account for approximately half of all abortion-related deaths.[15] The risk of maternal death for mothers under 18 in low- and middle-income countries is double that of older women, and girls under 14 years old are five times more likely to die from pregnancy-related complications.[16] Many health problems such as obstetric fistula are particularly associated with negative outcomes of pregnancy during adolescence. Up to 65 per cent of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.[17]

Globally, it is estimated that between 100 million and 140 million girls and women alive today have undergone some form of female genital mutilation (FGM).[18] Female genital mutilation is most common in 29 countries in Africa, and West and Central Africa is home to many high or medium prevalence countries, including several with some of the highest prevalence rates in the world. Projections show that around 15 million

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11   UNICEF, 2016. http://data.unicef.org/hiv-aids/adolescents-young-people.html

12   UNICEF, 2016. http://data.unicef.org/hiv-aids/adolescents-young-people.html

13   Population Reference Bureau. http://www.prb.org

14   Population Reference Bureau. http://www.prb.org

15   World Health Organisation, 2014.

16   Every Woman Every Child. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform.

17   http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/

18   A practice that involves altering or injuring the female genitalia for non-medical reasons. Female genital mutilation has been internationally recognised as an extreme form of violation of the rights, health and integrity of women and girls. In 2012, the United Nations General Assembly adopted the first-ever resolution against female genital mutilation (67/146), calling for intensified global efforts to eliminate it. The practice can cause short- and long-term health complications, including chronic pain, infections, increased risk of HIV transmission, anxiety and depression, birth complications, infertility and, in the worst cases, death.

more girls in 16 African countries are at risk of female genital mutilation between now and 2020 if prevalence remains unchanged, more than 4 million of whom live in West Africa. Female genital mutilation is a deeply entrenched social and cultural norm in many countries with devastating medical, social, emotional, legal and economic repercussions for young girls and women.[19]

Violence is also a leading cause of death. An estimated 180 adolescents die every day as a result of interpersonal violence and globally around 30 per cent of adolescent girls experience violence by a partner.[20]

Today, adolescents and youth are high on the global agenda, especially with regards to securing their sexual and reproductive health needs and rights. However, despite progress in some countries, most adolescents and youth are still unable to access youth-friendly sexual and reproductive health services, education and information especially through government-led initiatives. As the data presented above shows, there has been limited progress overall in reducing adolescent pregnancy, HIV infection in adolescents, child marriage, and the harmful practice of female genital mutilation.

The demographic dividend

Although many developed countries actually have shrinking populations of young people, the least developed countries have large and rapidly growing youth populations. Today, about 60 per cent of the population in the least developed countries is under age 24. These rising numbers of young people, when accompanied by falling fertility rates, offer a critical window of opportunity for developing countries to realise a demographic dividend of economic growth.

Developing countries are also confronted, however, by the significant challenge of the large gap between expectations placed on young people and the opportunities provided to them. To make the most of a demographic dividend, countries with falling fertility rates must undertake specific actions to empower young people to fulfil their potential.[21] This includes encouraging gainful employment, investing in education, and ensuring access to adequate nutrition and health, including unrestricted and universal access to sexual and reproductive health information, education and services.

Terms and definition: The demographic dividend

The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working share of the population (14 and younger, and 65 and older). Resources become available for investment in economic development, which offers an opportunity for rapid economic growth. The potential for economic gains can be enormous, provided the right policies are in place and investments in human capital, particularly among young people, are substantial and strategic. Without a solid economic and policy framework to back it up, the demographic dividend may not be fully realised.

Source: UNFPA State of World Population 2014

Global response to adolescents and youth

International Conference on Population and Development

The global response to adolescents and youth is driven by concerns related to public health, human rights and economic investment as well as concerns about the negative ramifications of not investing in adolescents and youth. At the 1994 International Conference on Population and Development (ICPD), commitments were made to young people to enable them to have a positive and responsible sexual life. The agreement was ground-breaking because of the number and breadth of stakeholders it brought together and, importantly, the progressive agenda put forward in the Programme of Action.

Urbanisation, widening gaps between first sexual debut and marriage, and delayed childbearing represent just a few of the global trends in adolescence that affect the type and scope of programmes necessary to address adolescent sexual and reproductive health needs.[22] Prior to the International Conference on Population and Development, most reproductive health services offered no specific focus on adolescents. In general, unmarried young women under 18 years old were viewed as "children" and referred to paediatric services while those 18 and above, married and unmarried, were referred to maternal and child health centres focused on perinatal care. Since the International Conference on Population and Development, a growing

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19   Demographic Perspectives on Female Genital Mutilation, UNFPA, 2015. http://www.unfpa.org/publications/demographic-perspectives-female-genital-mutilation

20   World Health Organisation, 2014.

21   State of the World Population 2014, UNFPA.org

22   Lancet "Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential, Bearinger et al., March 2007.

body of evidence has been generated on effective interventions and promising approaches to address the changing needs of adolescents and youth sexual and reproductive health. In the decade immediately following the International Conference on Population and Development, sexual and reproductive health education and information evolved from an emphasis on the biology of human reproduction towards a human rights and gender equity-focused curriculum. Simultaneously, a large investment of resources was made by non-governmental organisations and government bodies with support of UNFPA and other multilateral and bilateral donors as well as private foundations to create youth-friendly health services – stand alone or integrated into existing health services – to address young people's sexual and reproductive health needs. Equally important in the evolution of sexual and reproductive health programmes for adolescents has been the International Conference on Population and Development's recognition that young people do indeed have sexuality, which has legitimised and accelerated the demand for better information, education and services for youth

UNFPA has the unique mandate of monitoring progress on the implementation of the International Conference on Population and Development Programme of Action. In preparation for the 20-year review of ICPD Beyond 2014, UNFPA conducted a global review of progress on the implementation of the International Conference on Population and Development Programme of Action, and presented the gaps and challenges that remain. The global survey of 176 countries and the accompanying regional and thematic consultation reports, including the Bali Youth Summit Declaration, documented achievements from 1994-2014 and culminated in recommendations on what remains to be done.[23] This report, known as "ICPD Beyond 2014 Global Report," emphasises the priority on human rights, health and aspirations of young people, with girls underscored as a group requiring urgent action. The centrality of sexual and reproductive health and reproductive rights to health and development is addressed under one of its thematic pillars of population and development.[24]

UNFPA has used its role in monitoring the International Conference on Population and Development Programme of Action to promote the engagement of youth in high-level political forums: supporting youth members on government delegations as well as in the ICPD Beyond 2014 and the post-Millennium Development Goal agenda processes.[25]

Sustainable Development Goals

In September 2015, the United Nations General Assembly adopted the "2030 Agenda for Sustainable Development",[26] containing 17 Sustainable Development Goals and targets that constitute a framework for development for the next 15 years. The agenda builds on the Millennium Development Goals (MDGs) adopted 15 years before. Under the new agenda, gender equality and the empowerment of girls is a cross-cutting issue across all goals and targets. The empowerment of vulnerable people, including youth, is also a cross-cutting issue.

Box 1: Commission on Population and Development (CPD) agreement on adolescents and youth sexual and reproductive health and reproductive rights (2012)

Commission on Population and Development 2012 agreement on adolescents and youth sexual and reproductive health and reproductive rights

At the Commission on Population and Development in 2012, governments agreed, notably, "…with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality."

Source: Commission on Population and Development, 2012. Resolution 2012/1, Adolescents and Youth http://www.un.org/esa/population/cpd/ cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf

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23   UNFPA. The Bali Declaration in "The Global Youth Forum: Youth Rights at the Heart of Development." 2012)

24   United Nations. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development

25   Commission on Population and Development, 2012. Resolution 2012/1, Adolescents and Youth.

26   United Nations. Transforming our world: the 2030 Agenda for Sustainable Development A/RES/70/1: 2015.
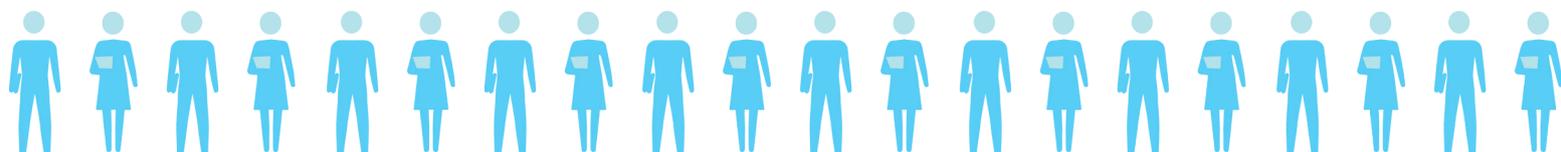
3. UNFPA support to adolescents and youth: strategic framework and programmatic response

3.1. Strategic focus on adolescents and youth

UNFPA is mandated to advance adolescents and youth sexual and reproductive health, participation and leadership, and wellbeing, which is referred to as the "adolescents and youth agenda" in this report, at global, regional and country levels through capacity building, service delivery, advocacy and policy, knowledge development and management, facilitation of partnerships and mainstreaming of adolescents and youth into other areas. The mandate of UNFPA for the support to adolescents and youth is anchored in UNFPA strategic plans and adolescents and youth frameworks (see Table 8).

Over the last 30 years, UNFPA has focused on adolescents and youth sexual and reproductive health education, information and services. Over this time, the increasing global emphasis on poverty reduction has gradually broadened the adolescents and youth development agenda. This more holistic view of adolescents and youth health and development became evident as early as 2002 when the UNFPA Strategic Direction Positioning Statement (2002) championed a life cycle approach for sexual and reproductive health including for adolescents and youth. In this document, the vulnerability of being young and facing social, economic and health challenges was highlighted as issues requiring strategic priority and investment. The position statement concluded that enhancing young people's capacities can yield larger returns during the course of their economically active lives and that investments in this group can have the most long-term, cost-effective impact, leading to serious poverty reduction. Since then, UNFPA has become increasingly dedicated to meeting the needs of adolescents and youth as a target group in their own right and, in 2006, UNFPA put forward its first strategic guidance document on adolescents and youth: the UNFPA Framework for Action on Adolescents and Youth.

Framework for Action on Adolescents and Youth (2006)

The framework called for a more comprehensive approach to support the development of adolescents and youth by considering the social and political environment in which young people negotiate their lives. The traditional focus of UNFPA on sexual and reproductive health education and services for adolescents and youth was expanded by emphasising policy engagement to support programme development. Through increased political dialogue at all levels, additional resources should be made available for adolescents and youth within existing thematic areas such as maternal health, HIV and education. The framework focused on achieving synergies, linkages and integration of programming for adolescents and youth, as well as calling for greater support for policy dialogue and partnerships. Programming was focused on ensuring an essential package of interventions (education, sexual and reproductive health, and livelihoods), building a strong evidence base, supporting families and society, increasing young people's participation, programme management

Table 8: Key UNFPA frameworks and strategic plans for the period under evaluation

UNFPA strategic plans and frameworks for the period under evaluation
UNFPA Framework for Action on Adolescents and Youth (2006)
UNFPA Strategic Plan 2008-2011
Mid-Term Review of the Strategic Plan 2012-2013
UNFPA Strategy on Adolescents and Youth 2012-2020
UNFPA Strategic Plan 2014-2017

Table 9: The four key areas of the UNFPA Framework for Action on Adolescents and Youth

The four key areas of the UNFPA Framework for Action on Adolescents and Youth	
Key 1	Supportive policy making that applies the lens of population structure and poverty dynamics
Key 2	Gender-sensitive, life skills-based sexual and reproductive health education
Key 3	Sexual and reproductive health services
Key 4	Young people's leadership and participation

Source: UNFPA Framework for Action on Adolescents and Youth (2006).

and coordination. The overarching principles in the framework were social equity (with special concern for the socially excluded), human rights protection, cultural sensitivity and gender. These principles, through policy and programmatic work, focused on four key areas of work, as detailed in Table 9.

UNFPA Strategy on Adolescents and Youth 2012-2020

The Framework for Action on Adolescents and Youth (2006) was succeeded by the UNFPA Strategy on Adolescents and Youth 2012-2020. The 2012 strategy adopted an integrated approach to policy and advocacy and programming that addresses the whole person. The strategy is based on four core principles that extend beyond the 2006 Framework on Adolescents and Youth in emphasis on rights, responsibilities and partnerships. The principles include:

► Accountability to key stakeholders, especially young people
► Delivery through partnerships
► Respecting diversity, focusing on the most disadvantaged
► Tailoring actions to national and local contexts.

The strategy sets out the contributions of UNFPA to the advancement of adolescents and youth in five strategic prongs as presented in Table 10.

The five prongs more explicitly define the four keys of the 2006 Framework on Adolescents and Youth. In 2006, reaching the most vulnerable was an overarching principle focusing on the socially excluded. In the Strategy on Adolescents and Youth 2012-2020, the issue was more clearly defined and gained a stronger focus by placing outreach to marginalised and disadvantaged adolescents and youth, particularly girls, as one of five strategic prongs of intervention. This highlights the increasing emphasis UNFPA is placing on access and equity for the underserved broadly from 2012 onwards compared to 2006.

The call for evidence-based policy and programme development, investment and implementation continues the emphasis on data collection, analysis and use for policy making. Gender-sensitive, life-skills-based sexual and reproductive health education evolved, and became comprehensive sexuality education. The 2012 Adolescents and Youth Strategy maintains the emphasis on capacity building for sexual and reproductive health service delivery that integrates HIV prevention, treatment and care, and the promotion of youth leadership and participation which was already

Table 10: The five prongs of the UNFPA Strategy on Adolescents and Youth 2012-2020

The five prongs of the UNFPA Strategy on Adolescents and Youth	
Prong I	Evidence-based advocacy for development, investment and implementation
Prong II	Promote comprehensive sexuality education
Prong III	Build capacity for sexual and reproductive health service delivery
Prong IV	Bold initiatives to reach the most vulnerable
Prong V	Youth leadership and participation

Source: UNFPA Strategy on Adolescents and Youth 2012-2020.

Figure 9: Evolution of UNFPA priorities in adolescent and youth programming

Support prior to 2007	UNFPA Framework for Action on A&Y Keys and Principles (2006)	UNFPA Strategy on A&Y Strategic Prongs (2012)

4 Keys

- Supportive policy making that applies the lens of population structure and poverty dynamics analyses → Evidence-Based Advocacy for Development, Investment and Implementation
- SRH education → Gender-Sensitive, Life-Skills-Based Sexual and Reproductive Health (SRH) Education → Promote Comprehensive Sexuality Education
- SRH services → Sexual & Reproductive Health Services → Build Capacity for Sexual and Reproductive Health Service Delivery (including HIV prevention, treatment and care)
- Young People's Leadership and Participation → Take Bold Initiatives to Reach Marginalized and Disadvantaged Adolescents and Youth, especially Girls
- Promote Youth Leadership and Participation

4 Principles

| Special attention to vulnerable and excluded |
| Rights-based approach |
| Culturally-sensitive approach |
| Gender perspective |

prominent in the 2006 Framework on Adolescents and Youth.

In terms of strategic plans, the evaluation period encompasses the UNFPA Strategic Plan 2008 – 2011, the Mid-Term Review 2012-2013, and the current Strategic Plan 2014-2017.

The UNFPA Strategic Plan 2008-2011 focused on adolescents and youth as a key cross-cutting issue mainstreamed and addressed in the three focus areas of UNFPA intervention: population and development, reproductive health and rights and gender equality. It advocated for increasing health, education and livelihood investments in young people and addressing the critical issues of sexual and reproductive health, HIV prevention, gender equality, and promoting the rights of young people to participate at all levels of policy development, implementation and monitoring. It also focused on utilising data and analysis to identify the most vulnerable and marginalised adolescents and youth, including adolescent girls, particularly their reproductive health needs.

In 2011, the midterm review of the UNFPA Strategic Plan presented a revised strategic direction and results framework for the years 2012-2013 to help strengthen the focus of the organisation and prioritise key issues. As a result of the review, adolescents and youth issues were addressed in four out of seven outcomes.[27]

Under outcome 6 ("Improved access to sexual and reproductive health services and sexuality education for young people (including adolescents") UNFPA would strengthen its support for access to essential sexual and reproductive health services for young people, with special emphasis on reaching adolescent girls. UNFPA would support sexual and reproductive health education and information for young people (including adolescents) and strengthen efforts to build national capacities to design and implement age-appropriate, policies and curricula. The issue of adolescents and youth was also mainstreamed across the other outcomes, namely focusing on advocating for increasing health, education and livelihood investments for young people, seizing demographic windows of opportunity, addressing the critical issues of sexual and reproductive health services, HIV prevention and gender equality, promoting the rights of young people to participate at all levels of policy development, implementation and monitoring. UNFPA would focus on the most vulnerable and marginalised, in particular, adolescent girls.

The Strategic Plan 2014-2017 reaffirms the refocusing presented under the midterm review, which places women, adolescents and youth as key beneficiaries of UNFPA support. The most vulnerable and marginalised, particularly adolescent girls, are prioritised under the plan with the objective of improving their health and their ability to participate in the decision-making

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27   UNFPA Midterm Review of the UNFPA Strategic Plan, 2008-2013 (DP/FPA/2011/11).

process on the issues that affect their lives. Of the four outcomes of the strategic plan, two have a strong focus on adolescents and youth. Outcome 2, in particular, calls for an "increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes", including "increased availability of sexual and reproductive health education information and sexual and reproductive health services". Outcome 3 addresses the need for "advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth".[28] Support to adolescents and youth is also addressed across outcomes 1 and 4 of the strategic plan and is specified under several outputs.

3.2. Financial support

This section aims to provide an overview of UNFPA financial support to adolescents and youth for the period 2008-2015. Data was generated from Atlas,[29] including from the Global Programming System[30] a module introduced in 2014. A specific methodology was developed for capturing the level of UNFPA investment on adolescents and youth from core and non-core resources for the entire period. Data was extracted from a "master" Atlas dataset which included all UNFPA interventions from 2008-2015.

UNFPA development results frameworks changed three times during the scope of the evaluation (2008-2011, 2012-2013 and 2014-2015) which added a level of complexity in comparing all the periods. For details on the methodology see Volume II of the report.

Expenditure on adolescents and youth

The total expenditure on support to adolescents and youth over the period 2008-2015 was USD 589 million (Figure 10). Expenditure increased in 2009 and 2010 after the second and third year of implementation of the Strategic Plan 2008-2011. It decreased in 2011 and reached its lowest level in 2012 but increased again in 2013 and reached its highest level in 2015 for a total of a 73 per cent increase in expenditure on supporting adolescents and youth from 2008 to 2015.

Figure 11 shows expenditure on adolescents and youth as a percentage of total UNFPA expenditure for 2008-2015. The figure indicates a fluctuation in the amount spent on adolescents and youth over the time period with a decrease in percentage particularly for the year 2012 and a substantial increase in 2014 and 2015 to the highest level in 2015 (13 per cent in 2015 from 8.7 per cent in 2008).

In terms of regional differences in expenditure trends from 2008-2015, Figure 12 depicts the trend in

Figure 10: Total adolescents and youth expenditure (USD) all levels, 2008–2015 (Atlas)

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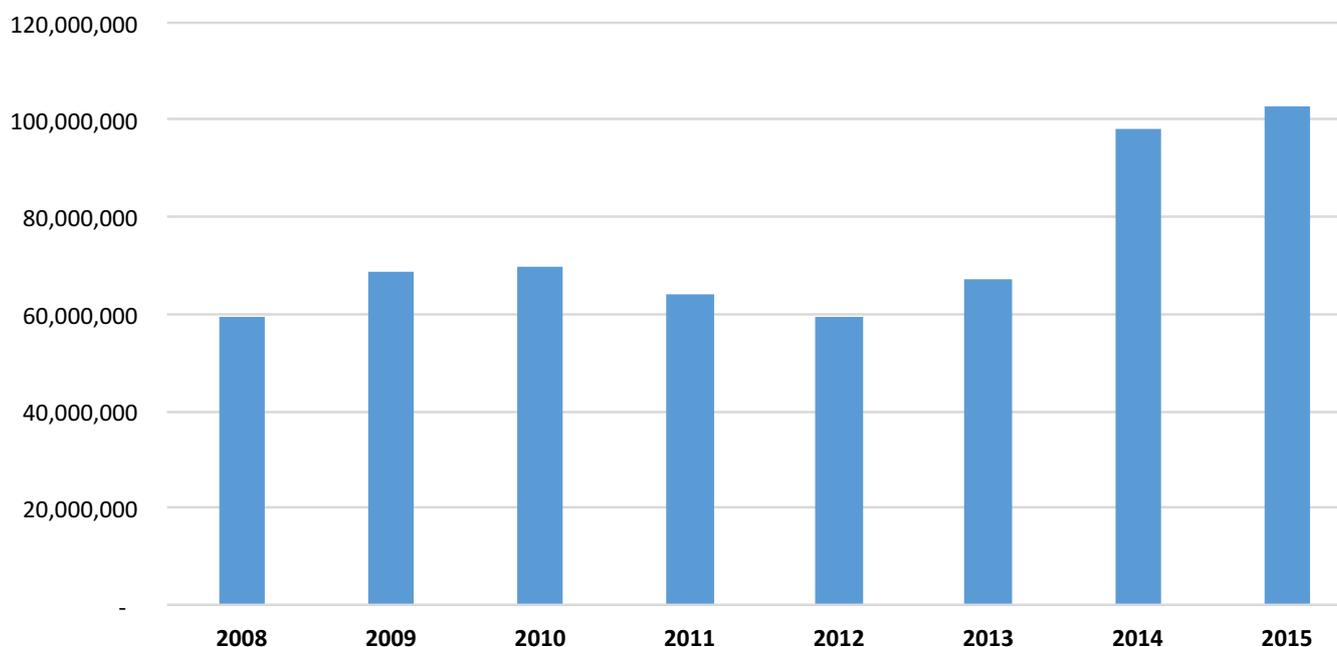
28   UNFPA Strategic Plan 2014 – 2017: Integrated Results Framework.

29   The Atlas platform, launched in 2004, is a financial and, to a lesser extent, programme management tool that provides basic data (mostly on budget, expenditure and implementation rates) on the work of UNFPA at country, regional and global level.

30   Standardised (and mandatory) activity tagging was introduced in the new Atlas module, significantly improving project management capabilities and the ability to track expenditure at a more granular level (activity rather than project).

Figure 11: Adolescents and youth expenditure as a percentage of total UNFPA expenditure for 2008-2015 (Atlas)
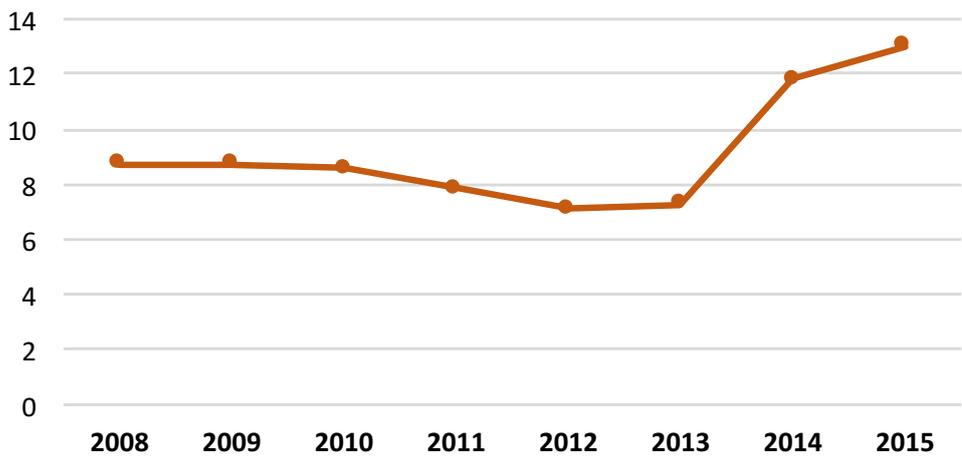
adolescents and youth expenditures from 2008-2015 at country level (grouped by region). Figure 13 shows trends in adolescents and youth expenditure at regional and sub-regional level

Trends in adolescents and youth expenditure core and non-core

Figure 14 shows the trend for core and non-core expenditure on adolescents and youth for 2018-2015. Core fund expenditure was higher throughout the period with some fluctuations, with an upward trend for the years 2013 to 2015.

Donor information

While the overall number of donors supporting adolescents and youth decreased slightly from 2008 to 2014 (see Figure 15), adolescents and youth non-core expenditures increased during this period at all levels. The top donors for adolescents and youth at country level were primarily bilateral donors: Norway, Spain, Finland, Luxembourg, and Sweden, and several multi-donor funds (see Figure 16).[31] Multi-Partner Trust Funds (MPTFs) represent important mechanisms for the delivery of UNFPA programmes at country, regional and global level. The Thematic Trust Fund Multi-Donor is comprised of three thematic funding sources - a fund for reproductive health commodity security, a fund for maternal health and one for obstetric fistula.

Figure 12: Country level adolescents and youth expenditures by region (USD), 2008–2015 (Atlas)

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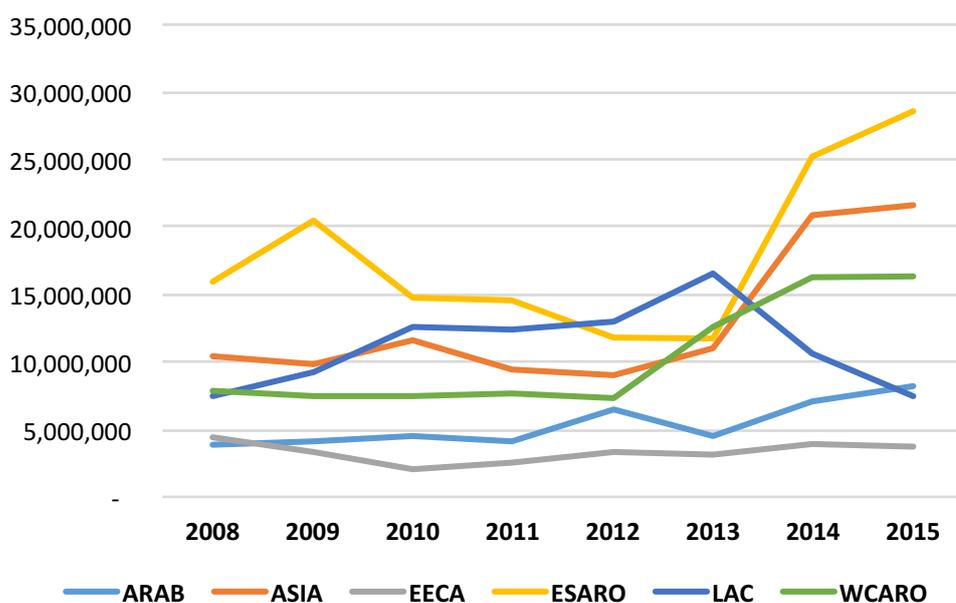
31   As the Atlas dataset does not indicate donor contributions for core funding, it is only possible to get a breakdown of donors for non-core expenditures.

Figure 13: Total adolescents and youth expenditures by regional and sub-regional offices (USD), 2008-2015 (Atlas)
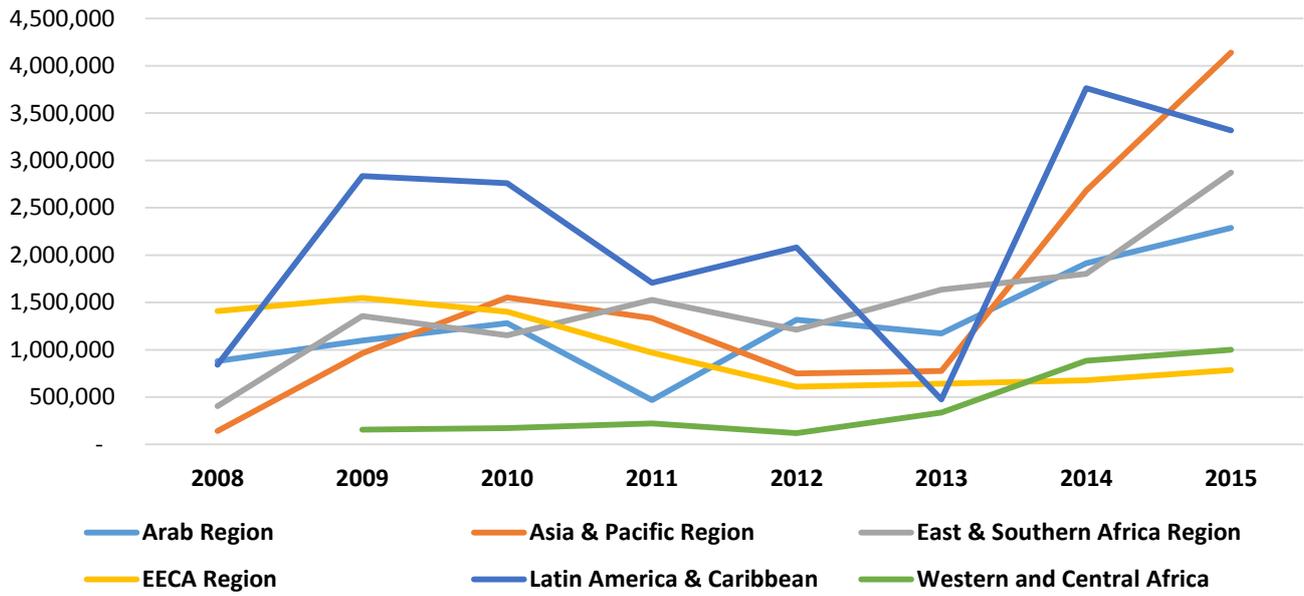
Figure 14: Trends in adolescents and youth expenditure core and non-core at all levels 2008-2015
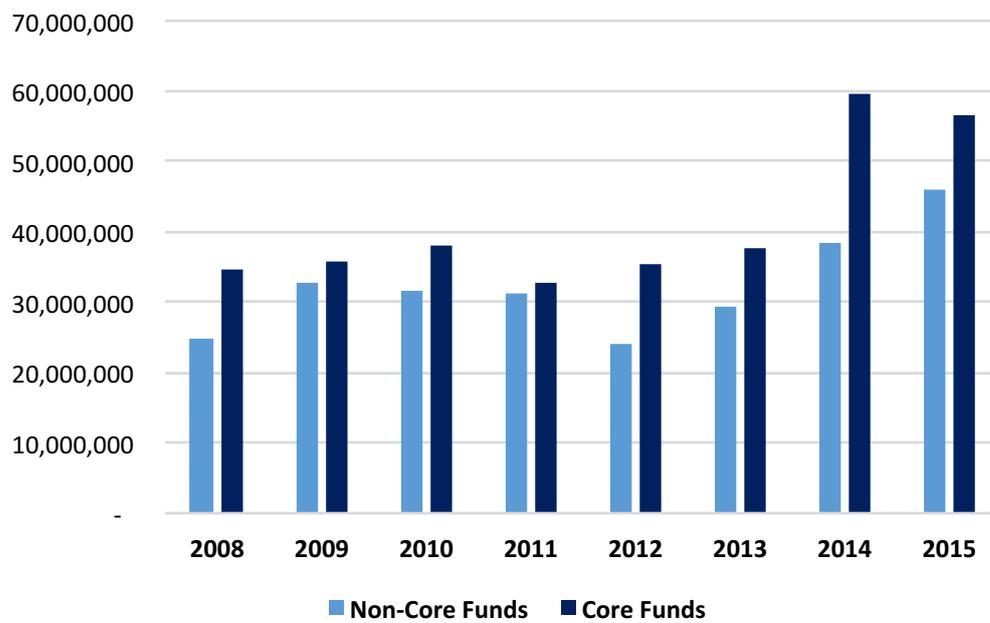
Figure 15: Number of donors for adolescents and youth activities, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
Global	9	9	7	8	6	7	8
Regional	8	7	11	11	8	8	10
Country	50	47	47	43	46	40	47
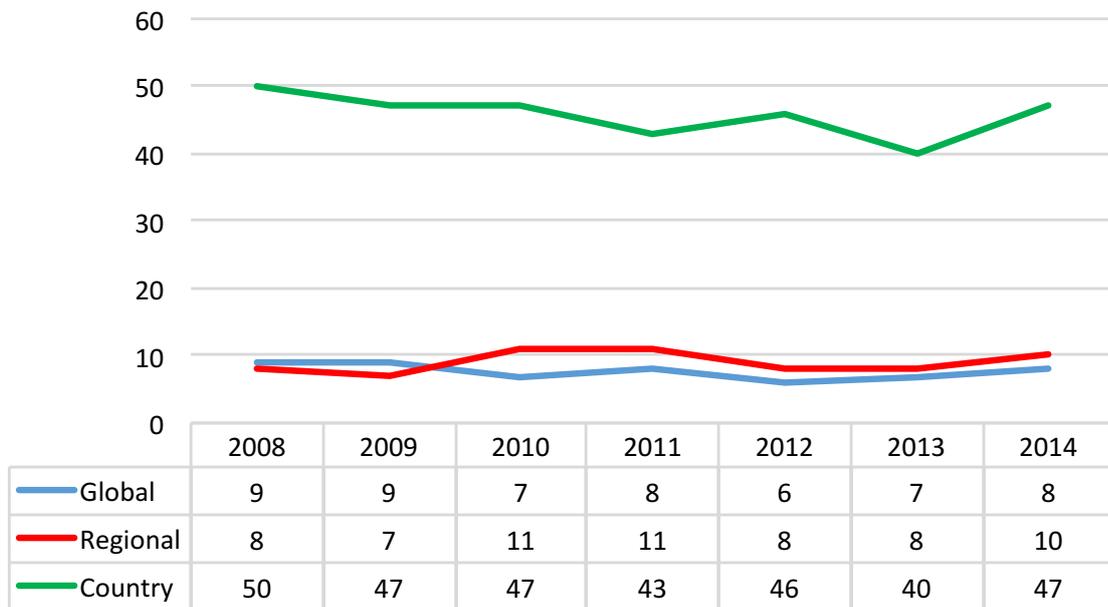
Figure 16: Top ten adolescents and youth non-core donors at country level, 2008-2014 (Atlas)

	UNDP - MPTF	TTF - MULTIDO NOR	NORWAY	JP-UNFPA AS AA	SPAIN	UNAIDS	FINLAND	LUXEMBO URG	SWEDEN	COLOMBIA
Total	$38,246,48	$24,485,22	$22,088,79	$19,514,67	$20,545,38	$18,713,08	$15,680,54	$14,423,62	$12,328,20	$9,590,761
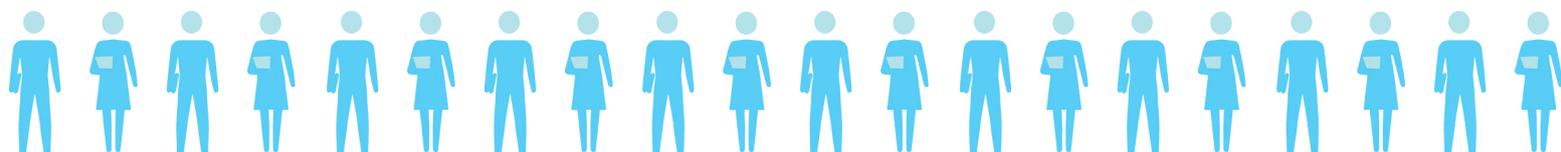
4. Main findings and analysis

4.1. Alignment and responsiveness

EVALUATION QUESTION 1

To what extent was support to adolescents and youth, particularly the most marginalised and vulnerable, at global, regional and country levels, aligned with UNFPA policies and strategies, national priorities and plans, and the needs of adolescents and youth, and able to appropriately respond and address changing contexts while maintaining the coherence of programmes?

Summary of findings   **Relevance**

Over the evaluation period there was evidence of a growing recognition of the importance of adolescents and youth in UNFPA strategic plans and policies. There was also an increase in support to, and funding for, adolescents and youth issues at country, regional and global levels. UNFPA support at country and regional level was particularly well aligned with UNFPA strategies on adolescents and youth over the evaluation period (2008 and 2015).

Significant efforts have been made to improve internal alignment within UNFPA, particularly since 2014, following the adoption of the current strategic plan. A review of country programme documents by the Programme Review Committee demonstrates that country offices have begun to recalibrate and align programming to the business model of the Strategic Plan 2014-2017.

UNFPA support was found to be generally well-aligned with relevant government plans, strategies and policies on adolescents and youth and UNFPA supported governments to develop national policies and strategies that reflected adolescents and youth needs. At the regional level, evidence demonstrates that regional programmes were aligned with regional commitments on adolescents and youth sexual and reproductive health, HIV and youth issues. Globally, UNFPA aligns its support with other adolescents and youth stakeholders committed to adolescents and youth sexual and reproductive health, including other United Nations organisations and, more generally, with internationally agreed development goals, as defined in the International Conference on Population and Development (ICPD) Plan of Action and the Millennium Development Goals

UNFPA has made significant efforts to ensure that support corresponded to the needs of adolescents and youth (as articulated by civil society and adolescents and youth organisations themselves and informed by evidence). However, many of these efforts were limited to specific initiatives and relatively few examples were identified of systematic efforts to engage with adolescents and youth leaders or civil society organisations to develop a shared understanding of adolescents and youth needs and priorities to plan, coordinate and facilitate programming. Adolescents and youth needs-assessments were not consistently carried out or used. The Action for Adolescent Girl initiative was a notable exception, demonstrating the capacity of UNFPA to conduct and use needs-assessments effectively for targeted programming to reach the most vulnerable, including very young adolescent girls.

UNFPA was found to have responded appropriately to changing contexts while maintaining the coherence of programmes. Skilled and courageous leadership and the capacity to navigate increasing complexity at country level to maintain adolescents and youth programmes were identified as key factors to successfully respond to change and to emerging challenges.

Internal alignment between adolescents and youth programming and UNFPA strategic plans and adolescents and youth strategies

There was increasing recognition of the importance of adolescents and youth in UNFPA strategic plans and policies, increased support to, and funding for, adolescents and youth issues at the country, regional and global level over the evaluation period. This was evidenced in country and regional programming documents, regional level involvement in working groups focusing on adolescent and youth issues and, in 2014 with the inclusion of an outcome specific to adolescents and youth, in the UNFPA Strategic Plan 2014-2017 (outcome 2).[32] UNFPA country and regional programming aimed to implement the adolescent and youth-focused strategic priorities, and support was generally well-aligned with UNFPA strategies in the area of adolescents and youth from 2008 and 2015.

Up until 2012, the focus was on access to sexual and reproductive health and HIV services and information for adolescents and youth,[33] while the current Strategic Plan 2014-2017 focuses on increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, and increased national capacity to design and implement community and school-based sexual and reproductive health education and information programmes that promote human rights and gender equality.[34]

Each strategic plan included both youth-specific outputs and indicators mainstreamed across the non-adolescents and youth-specific outcome areas. There is evidence that, in comparison to targeted adolescents and youth programmes, mainstreamed programmes covering adolescents and youth issues (e.g. support to reproductive health) did not align as well to the UNFPA Strategy on Adolescents and Youth 2012-2020 and the preceding Framework for Action on Adolescents and Youth (2007). This appeared to be, in part, because diverse oversight and programme "ownership" in relation to multiple thematic entry points (i.e. child marriage, adolescent pregnancy, HIV, maternal mortality, etc.) posed challenges within UNFPA

for coordination and alignment among programmatic activities. The resulting risk of fragmented programming is recognised by UNFPA, but has not, as yet been fully resolved.[35]

Country case studies demonstrated that, while country and regional adolescents and youth programming was, on the whole, strongly aligned with prongs II and III of the UNFPA Strategy on Adolescents and Youth 2012-2020, there was a general lack of understanding of prong I (evidence-based advocacy for development, investment and implementation) and V (how UNFPA should engage with and support youth leadership and participation). This led to a wide range of activities implemented at country level under these areas.[36,37] Focus on reaching the most marginalised and disadvantaged young people (prong IV of the 2012 UNFPA Strategy on Adolescents and Youth), beyond adolescent girls, was also less apparent in country and regional case studies, with stakeholders expressing the need for further guidance on developing interventions in this area.

Significant efforts have been made to enhance internal alignment over the evaluation period, particularly since 2014. The current strategic plan has cemented the increasing priority given to adolescents and youth by including an adolescents and youth-specific outcome (outcome 2) with three outputs (6, 7, 8) and corresponding indicators. This is supported by the development of output level theories of change to guide programming across the organisation. These identified many important hypotheses, assumptions and risks between prioritised activities, outputs and objectives relevant to adolescents and youth programming and created a common basis for programming at the conceptual level. However, these have not yet been fully utilised by regions and countries or reflected in programming.[38]

Despite the improved strategic focus and clarity provided by the current strategic plan, evidence suggests that UNFPA still requires a clear and comprehensive unifying operational framework to guide both targeted and mainstreamed interventions

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32   Country case studies: Egypt, Ethiopia, Niger. Regional reviews: ESARO, LACRO. Interviews: UNFPA Staff. Documents: UNFPA strategic planning documents (UNFPA Framework for Action on Adolescents and Youth (2007), UNFPA Strategy on Adolescents and Youth 2012 – 2020, UNFPA Strategic Plan (2014 – 2017)).

33   Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. Documents: UNFPA strategic planning documents (UNFPA SP 2014 – 2017).

34   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA staff.

35   Documents: UNFPA Programming Documents (UNFPA. UNFPA Action for Adolescent Girls Programme Document, 2014), UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual Report 2011; Annual report 2012, p 30;; UNFPA Annual Report 2013, p 25; UNFPA Annual Report 2014, p 46;; Executive Director's Report 2014, Annex 7, p 4).

36   Prong I) Evidence-based advocacy for development, investment and implementation; Prong II) Promote comprehensive sexuality education; Prong III) Build capacity for sexual and reproductive health service delivery, including HIV prevention, treatment and care. Documents: UNFPA strategic planning documents (UNFPA Strategy on Adolescents and Youth 2012 – 2020).

37   Country case studies: Mozambique, Nepal, Nicaragua, Niger. Regional reviews: LACRO. Documents: UNFPA programming document: Action Brief for Executive Committee- Adolescents and youth projects (14.4.2015); Evaluations, reviews and assessments (CPE Zimbabwe).

38   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff.

in support of adolescents and youth across the organisation. Differences in the primary objectives of interventions,[39] organisational reporting structures, and a diversity of constituencies, partners, and processes[40] with which programmes work and to which they are accountable, all contributed to challenges in securing full alignment.[41] Inadequacies in results frameworks, particularly at output indicator level in the results framework did not facilitate collaboration and synergies across intervention areas.[42]

The business model introduced under the current Strategic Plan 2014-2017 aimed to streamline UNFPA programming and reflect changing global economic trends, new programmatic thinking, and shifts in donor funding.[43] Indeed, it was widely recognised by senior staff across UNFPA, as well as donors, that recalibration to the business model was needed if UNFPA was to remain relevant in the adolescents and youth programming domain in light of changing funding patterns.[44]

Recalibration to align with modes of engagement, as expected under the current strategic plan and business model, was found to be on-going.[45] At the time of data collection, country programmes were still working to fully operationalise this shift. In Nicaragua, the need to shift programming upstream towards knowledge management and advocacy resulted in ending support for capacity building related to sexual and reproductive health education and information for adolescents and youth in vocational schools. This occurred without the concomitant shift to increased advocacy, policy or knowledge management work on materials and tools for example to support the continuation of such programmes under national ownership.[46] Further,

country case studies showed that despite guidance calling shifts away from approaches that have been shown to be less effective in the international literature (e.g. peer education; support for youth centres; standalone services), some offices have been slow to change course. Competing demands and difficult choices about new programme directions can lead to tensions with partners.[47]

However, the Programme Review Committee, formed in 2012, to provide oversight of country programmes and improve results-based management and evidence-based programming,[48] notes, from a review of 22 country programme documents (CPDs) developed in 2014 and approved in 2015, that adolescents and youth country programming is increasingly well-aligned with the UNFPA Strategic Plan 2014-2017 and the UNFPA Strategy on Adolescents and Youth 2012-2020.[49] The majority of recent country programme documents include a specific outcome on adolescents and youth and adolescents and youth programming is also mainstreamed into other thematic areas.[50]

External alignment between adolescents and youth programming, national priorities and adolescents and youth needs

UNFPA support in general aligned with relevant government plans, strategies and policies on adolescents and youth.[51] All country case studies confirmed that support at country level was explicitly aligned to central and local government policies, plans and strategies, including those on youth, reproductive health, gender based violence, development and poverty reduction.[52] In several case study countries, UNFPA supported governments to develop national policies and strategies that reflected adolescents and

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39   For example, the inclusion of KYP, the reduction of maternal mortality, and strengthening the human rights system to address the reproductive rights of young people.

40   Working with the HIV community and working with human rights processes, for example.

41   Regional reviews: APRO, LACRO. Interviews: UNFPA Staff, Other UN Staff, Donors, adolescents and youth Stakeholders.

42   Regional reviews: APRO, LACRO. Interviews: UNFPA Staff, Other UN Staff, Donors, adolescents and youth Stakeholders.

43   Interviews: UNFPA staff, other UN Staff, Donors. Documents: UNFPA Strategic Planning documents: (UNFPA Strategic Plan 2014 - 2017).

44   Country case studies: Egypt, Nicaragua. Regional reviews: LACRO. Interviews: UNFPA Staff, Donors.

45   A new business model was introduced under the UNFPA Strategic Plan 2014–2017. Countries were re-classified according to their needs and ability to finance programmes into four colour quadrants: red, orange, yellow, and pink. In pink countries (lowest needs and greatest ability to finance), country programmes are expected to focus on advocacy and policy dialogue / advice; in yellow countries, on advocacy and policy dialogue / advice as well as on knowledge management; in orange countries, the country programme should add capacity development to these modes of engagement; and in red countries (highest needs and lowest ability to finance), UNFPA should offer a full package of interventions including service delivery. Documents: UNFPA strategic planning documents (Annex 4, SP 2014 – 2017, Annex 3, SP 2014 – 2017).

46   Country Case study: Nicaragua

47   Country case studies: Egypt, Nicaragua, Kyrgyzstan. Interviews: UNFPA Staff, UN Staff, international non governmental organisations. Documents: Partner and relevant thematic documents (Chandra-Mouli et al. "What does not work in adolescent sexual and reproductive health" Global Health: Science and Practice, 2015).

48   Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (ExDR 2012, p6), UNFPA Programming Documents (PRC reviewer's summary sheet; UNFPA GRP Proposal for Review and Approval of GRP Action Plans 2014 – 2017).

49   Evaluation review of Country Programme Documents: This includes those approved at the first and second sessions of the Executive Board in 2015, namely Azerbaijan, Belarus, Cambodia, Colombia, China, El Salvador, Georgia, Guinea-Bissau, Indonesia, Kazakhstan, Macedonia, Madagascar, Maldives, Mali, Panama, Serbia, Swaziland, Tajikistan, Turkey, Uzbekistan, Zambia and Zimbabwe.

50   Evaluation review of Country Programme Documents: This includes those approved at the first and second sessions of the Executive Board in 2015, namely Azerbaijan, Belarus, Cambodia, Colombia, China, El Salvador, Georgia, Guinea-Bissau, Indonesia, Kazakhstan, Macedonia, Madagascar, Maldives, Mali, Panama, Serbia, Swaziland, Tajikistan, Turkey, Uzbekistan, Zambia and Zimbabwe.

51   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, LACRO, ESARO. Documents: Evaluations, reviews and assessments (Country programme evaluations for Azerbaijan, Jordan, Turkmenistan, Swaziland, Bosnia & Herzegovina, El Salvador, Madagascar).

52   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Documents: Partner and Relevant Thematic Documents (United Nations Development Assistance Framework 2010. Guidance Not).

youth needs, primarily in the health sector, and in some cases, policies and strategies specific to adolescents and/or youth.[53] In settings where government positions on adolescents and youth did not fully align with that of UNFPA, country offices navigated carefully to deliver on the organisation's mandate.[54]

At the regional level, evidence demonstrates that regional programmes were aligned with regional commitments on adolescents and youth sexual and reproductive health, HIV and youth issues. For example, in the East and Southern Africa and the West and Central African regions, programming was specifically aligned to the Maputo Plan of Action, the African Youth Charter, and the East and Southern Africa commitment on sexual and reproductive health education and information, along with other regional and global plans, strategies and commitments.[55]

Globally, UNFPA aligns its support with other adolescents and youth stakeholders committed to adolescents and youth sexual and reproductive health (SRH), including other United Nations organisations and, more generally, with internationally agreed development goals, as defined in the International Conference on Population and Development (ICPD) Plan of Action and the Millennium Development Goals.[56]

At country level, alignment with other United Nations organisations was facilitated by mechanisms such as "Delivering as One" and joint development of UNDAF.[57] UNFPA programming was also developed with consideration to the priorities and perceptions of adolescents and youth, including adolescents and youth networks and organisations.

At the global level, adolescents and youth leaders reported that UNFPA had consulted adolescents and youth networks and organisations in determining priorities, and that while alignment between the goals of UNFPA and adolescents and youth organisations was generally strong, there was an expressed desire for more systematic mechanisms to engage with young

people and their organisations.[58] Adolescents and youth leaders globally participating in an e-Roundtable designed and conducted for the evaluation expressed positive views about how well UNFPA was addressing adolescents and youth needs and interests in their country. For example, some participants mentioned the establishment of youth panels, councils and advisory boards by UNFPA as an important means to capture adolescents and youth needs and interests.[59]

At country level, UNFPA support reflected available evidence on certain adolescents and youth needs and issues in countries. This included an understanding of needs identified by non-governmental and civil society organisations and community-led organisations and underscored the positive perception that UNFPA is focused on locally-defined needs of adolescents and youth. UNFPA coordinated multi-country efforts for adolescents and youth with key non-governmental organisations, reflecting shared understanding of adolescents and youth needs in specific programmatic areas, such as adolescent girls. One example of this is the Action for Adolescent Girls initiative, a comprehensive asset-building programme launched in 12 countries in 2014 with the Population Council.[60] Similarly, regional programme reviews revealed that partnerships with international non-governmental organisations, such as the International Planned Parenthood Foundation (IPPF), facilitated UNFPA adolescents and youth advocacy and policy work, as did collaboration with inter-governmental bodies such as the African Union.[61]

Additionally, many country programmes had processes in place to consult adolescents and youth leaders and their organisations.[62] For example, in Egypt, adolescents and youth leaders were included in a "task force" to participate in the planning of youth-friendly health centres, while in Nepal, youth-led organisations were involved in the development of the National Youth Policy.[63] Many of these efforts were limited to

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53   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO. Documents: UNFPA Annual Reports (Annual Report 2009, p 20 (Republic of the Congo), UNFPA Annual Report 2010 p 4 (Bangladesh), UNFPA Annual Report 2010, p19; (Papua New Guinea, Bolivia); UNFPA Annual Report 2013, p 41 (Peru, Ecuador, Bolivia, the Caribbean), UNFPA Annual Report 2014, p28 (India) and p40 (Georgia).

54   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Nicaragua.

55   Regional reviews: ESARO

56   Regional reviews: ESARO, LACRO. Interviews: UNFPA Staff, Governments, Donors. Documents: Evaluations, Reviews and Assessments (UN Millennium Development Goals and Beyond 2015; ICPD Beyond 2014 Review and Follow Up, 2013).

57   Country case studies: Ethiopia, Lao PDR, Nicaragua, Niger. Regional reviews: LACRO. Also based on review and comparison of United Nations Development Assistance Frameworks, UNFPA Country Programme Documents, UNESCO Country Programme Documents, UNDP Country Programme Documents and UNICEF Country Programme Documents for all country case studies.

58   Interviews: International Non-Governmental Organisations, Adolescents and Youth Stakeholders, Adolescents and Youth Beneficiaries.

59   As noted, for example, by e-Roundtable participants from Bangladesh, Cambodia, Indonesia, Kenya, Nepal, Sierra Leone, and Uganda, the majority of the e-Roundtable participants were UNFPA beneficiaries. Interviews: Adolescents and Youth Beneficiaries.

60   Documents: UNFPA Programming Documents (UNFPA. UNFPA's Action for Adolescent Girls Programme Document, 2014); UNFPA Annual Reports (Executive Director Report 2014, p 15, UNFPA Annual Report, 2011).

61   Regional case studies: APRO, ESARO, LACRO. Interviews: UNFPA Staff, Governments.

62   Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Nepal, Nicaragua. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluations of Armenia,BiH, Mongolia, Tanzania, and Thailand).

63   Country case studies: Egypt, Nepal.

specific initiatives or programmatic areas,[64] rather than systematic engagement with adolescents and youth to set priorities and integrate adolescents and youth needs in programme design and planning.[65]

UNFPA did not, however, have a systematic approach to conducting needs-assessment for adolescents and youth during the evaluation period.[66] According to the country office survey results, only 35 per cent of country offices that conducted needs-assessments as well as the areas in which adolescents and youth needs-assessments were conducted. Where needs-assessments were conducted the needs of marginalised and vulnerable young people, including adolescent girls, were rarely taken into account, and the results of needs-assessments were not consistently used to inform programming. Studies of adolescent girls tended to relate to specific programming on child marriage and adolescent pregnancy,[67] despite recognition that the wider needs of adolescent girls are often ignored.[68] Given the UNFPA comparative advantage in supporting data collection and use, the absence of a structured approach to assessing the needs of adolescents and youth represents a missed opportunity to make programmes as relevant as possible to those UNFPA seeks to support.

The evaluation did identify some notable examples of good practice. An anthropological study on young indigenous populations in the autonomous regions of Nicaragua was conducted, and a regional diagnostic report on education and services for adolescent sexual and reproductive health was produced with UNESCO in East and Southern Africa in 2013.[69]

There were also specific examples of well-utilised adolescents and youth needs-assessments: in Nepal, a study on barriers to youth-friendly health services was used to inform evidence-based planning to improve these services and in Lao People's Democratic Republic, a situation analysis of adolescents and youth conducted

in 2014 was used to inform priority interventions in the eighth National Socio-Economic Development Plan.[70]

Responsiveness to changing contexts while maintaining the coherence of programmes

Country and regional case studies and country office survey data demonstrated that shifts in national priorities due to major political, economic or social changes were common and required UNFPA to be highly responsive (see Figure 17).[71] Comparing the youth development index (as a proxy for the status of youth in countries (y-axis) to the types of situations encountered in 96 country offices, reveals that changes in adolescents and youth programmatic response were often necessary during the evaluation period, for diverse reasons, across all development contexts.[72]

Evidence suggests that UNFPA was most responsive in a flexible, appropriate, and timely manner when UNFPA country representatives provided politically-skilled, courageous leadership and showed creativity in strategic thinking to advance the UNFPA mandate and maintain programme coherence.[73] In 2011, the priorities of young people in Egypt shifted towards political engagement, unemployment and civil liberties, requiring UNFPA to re-orient adolescents and youth interventions to maintain engagement. The UNFPA representative and staff showed leadership and responsiveness by successfully refocusing adolescents and youth programming to better respond to political and social demands by using social media, for example, and by working judiciously through government-approved local non-governmental organisations to reach adolescents and youth.[74] In Kyrgyzstan, UNFPA adapted its strategies to improve its effectiveness through increasing partnerships with faith-based organisations to maintain a broad base for programming in response to changing attitudes towards adolescents and youth in the country.[75] In Nicaragua, UNFPA responded to changes in context by working with new partners in the area of adolescents and youth in

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64 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Nepal.

65 Documents: Evaluations, reviews and assessments (Country programme evaluations for Armenia, Azerbaijan, Bosnia and Herzegovina, Cameroon, and DPRK).

66 Country case studies: Nepal, Nicaragua. Regional review: ESARO.

67 Country case studies: Ethiopia, Kyrgyzstan, Mozambique. Regional review: APRO. Interviews: UNFPA staff, donors, adolescents and youth beneficiaries.

68 Documents: UNFPA Annual Reports (UNFPA Annual Report 2009, p 2), Relevant UNFPA Thematic Documents (UNFPA ,the Population Council. The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People, 2009; UNFPA. From Childhood to Womanhood: Meeting the Sexual and Reproductive Health Needs of Adolescent Girls. 2012).

69 Country case studies: Kyrgyzstan, Niger. Regional review: ESARO.

70 Country case study: Lao PDR. Other youth studies and surveys were supported in Costa Rica, Egypt, and Venezuela. Documents: UNFPA annual reports (Executive Director Report 2009, p9, p11; Executive Director Report 2008, p 11).

71 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Nepal, Nicaragua. Regional case studies: LACRO. Interviews: UNFPA staff.

72 Country office survey (indicators): Country offices were asked if they had needed to change programmatic responses in the area of A&Y during the evaluation period, and if so, what type of situation led to the change in response. Figure 11 uses this data to show the type of situations encountered by 96 country offices that reported a change in adolescent and youth programming between 2008-2014 (x-axis). Comparison is made (y-axis) to the Youth Development Index (YDI) score of each country to give a sense of the contextual factors affecting adolescents and youth in the countries where changes in approach were necessary. The YDI aggregates youth-specific data across five domains (education, health and wellbeing, employment, political participation, and civic participation) in order to measure overall progress on youth development.

73 Country case studies: Côte d'Ivoire, Egypt, Nicaragua.

74 The Government of Egypt established a law that required all non-governmental organisations and international non-governmental organisations to be officially registered to receive funds from international sources. Many local non-governmental organisations were not approved for registration, which cut off their capacity to receive external financial support, curtailing non-governmental organisation activity in Egypt. Country case study: Egypt.

75 Country case studies: Kyrgyzstan, Nicaragua

Figure 17: Type of situation leading to change in programmatic response, compared to youth development index, 2008-2014

● Change in government priorities ○ Change in need of adolescents and youth population ● Humanitarian crisis

● Political change ○ Other
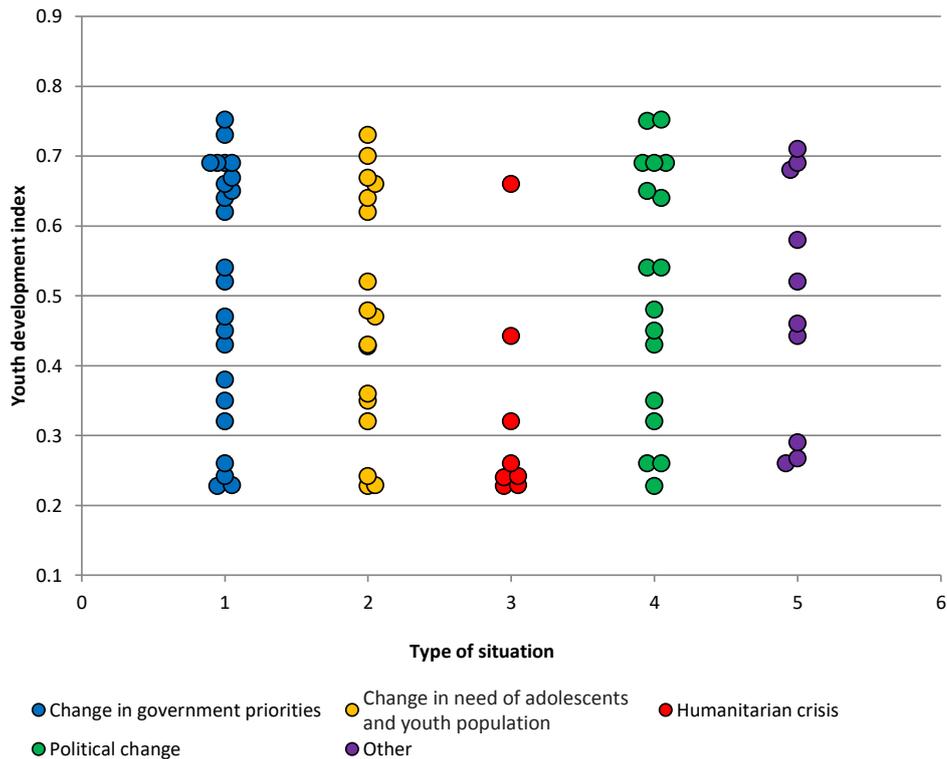
Source: Country office survey, Youth Development Index Results Report, 2013. See youthdevelopmentindex.org for more information

order to maintain adolescents and youth programmes.[76] Similarly, in Latin America, UNFPA was challenged in some countries to sustain successful programmes for youth-friendly health services and sexual and reproductive health education and information interventions for adolescents and youth in the face of policy shifts, despite past partnerships and success of such programmes.

The cases above underscore the need for skilled senior leadership and support from regional and headquarter levels to sustain implementation of the UNFPA adolescents and youth mandate. In some country case studies, there did not appear to be a

strategic or comprehensive approach to responding to changes in social, cultural and/or political contexts at country level.[77] In others, UNFPA was found to provide an appropriate response to changes in context, demonstrating effective diplomatic, advocacy and managerial skills of senior management (particularly country representatives).[78] In light of these increased demands on senior staff, UNFPA staff highlighted the need for institutionalised approaches, including guidance and training on advocacy and negotiation skills, to meet such demands.[79]

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76 Country case studies: Kyrgyzstan, Nicaragua

77 Country case studies: Ethiopia, Kyrgyzstan, Nepal, Niger.

78 Country case studies: Egypt, Kyrgyzstan, Nicaragua. Regional reviews: ESARO, LACRO. Interviews: UNFPA staff, Inon-governmental organisations.

79 Country case studies: Kyrgyzstan. Regional Review: LACRO. Interviews: UNFPA Staff, Other United Natioins Staff, Donors.

4.2. Cross-cutting issues

EVALUATION QUESTION 2

To what extent have human rights, gender responsive and culturally sensitive approaches been incorporated into programming in the area of adolescents and youth at global, regional and national level? To what extent has UNFPA prioritised the most marginalised and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?

Summary of findings	Relevance

UNFPA has consistently incorporated human rights, gender responsiveness, and culturally sensitive approaches into programming for adolescents and youth at all levels, with approaches varying in depth and quality by context and capacity of the country office. At the global level, UNFPA played a leadership role in advancing international recognition of, and commitment to, the human rights of adolescents and youth, including through United Nations global monitoring and accountability platforms. Some country and regional offices clearly addressed the sexual and reproductive health of adolescents and youth from a human rights-based approach, while others faced greater challenges in doing so.

All UNFPA country offices reviewed, routinely implemented numerous activities to address gender-related barriers in both mainstreamed and targeted gender-focused programming (for example female genital mutilation, adolescent pregnancy and child marriage prevention). Joint programmes in particular, including those addressing female genital mutilation and child marriage, showed promise in broadly addressing gender-related barriers and working more holistically to change gender norms that limit opportunities for adolescent girls. Gender, as an analytical lens, was not systematically applied in the design, monitoring or implementation of adolescents and youth programmes. UNFPA clearly promoted the use of culturally sensitive approaches to adolescents and youth programming at all levels. Country and regional offices designed and adapted programme materials involving young people using local languages and cultural images for the express purpose of communicating adolescent sexual and reproductive health more effectively.

UNFPA efforts to incorporate the most marginalised and vulnerable adolescents and youth, particularly adolescent girls, have increased since 2008. In this area, UNFPA programming has been largely focused on young populations at risk of, or affected by, HIV and adolescent girl programming related to child marriage. Other marginalised and vulnerable adolescents and youth have received more limited systematic attention based on identified needs at country level. This resulted from insufficient institutional clarity on how to identify and target priority groups. Vertical programming for adolescents and youth across thematic areas at all levels has hindered capacity to deliver holistic, comprehensive programmes and focus its work on the most marginalised and vulnerable young people.

Human rights-based approach to adolescents and youth programming

UNFPA has consistently incorporated human rights in its programming for adolescents and youth, with a special emphasis on the rights of adolescent girls as a critical target group of programming since 2008. In the current UNFPA Strategic Plan 2014-2017, regional offices have been charged with supporting reviews of national laws and policies that perpetuate gender inequality, including, for example, laws around the minimum age of consent for marriage or those requiring parental or spousal consent for access to sexual and reproductive health services. Over the evaluation period, UNFPA increased its influence and effectiveness in institutionalising human rights in national laws, plans and policies through partnerships with inter-governmental bodies and parliamentarians.[80]

Country case studies showed that some countries and regional offices addressed the sexual and reproductive health of adolescents and youth from a human rights-based approach.[81] The Nicaragua country office, for example, was recognised by all partners as a pioneer and leader in advocating for the human rights of adolescents and youth through capacity building of

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80 Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan 2008-2011, UNFPA Midterm Review of the Strategic Plan 2012-2013, UNFPA Strategic Plan 2014-2017, UNFPA Framework for Action on Adolescents and Youth, UNFPA Strategy on Adolescents and Youth).

81 Country case studies: Mozambique, Nepal, Nicaragua. Regional reviews: APRO, ESARO, LACRO.

Definition: Human rights-based approach[82]

The agreed, common understanding among United Nations organisations:

1. All programmes …. should further the realisation of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.

2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all phases of the programming process.

3. Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.

young people for meaningful participation in local and national political processes.[83] In Nepal, training manuals on gender based violence (GBV) and reproductive health explicitly incorporated human rights principles to help mobilise girls to become active agents of change.[84] In both examples, UNFPA developed the capacities of adolescents and youth to claim their rights as rights-holders. UNFPA has also worked to support country reporting and responses to recommendations from the Convention on the Elimination of all Forms of Discrimination Against Women and the Universal Periodic Review on issues related to adolescents and youth.

In contrast, some UNFPA country offices experienced challenges in incorporating a human rights-based approach due to changes in social and legal environments. This was especially the case when addressing the human rights of adolescents and youth, and more specifically, unmarried adolescents and other marginalised and vulnerable young people. In some contexts, where discussion of adolescents and youth sexual and reproductive health and reproductive rights was necessarily limited, country offices developed alternative, culturally appropriate, and mostly implicit strategies to foster support for the sexual and reproductive health and reproductive rights of adolescents and youth, avoiding open discussion

of controversial issues (such as premarital adolescent sexuality).[85] Implicit (rather than explicit) reference to human rights of adolescents and youth was used in information, education and communications materials in many case study countries as a successful strategy to advance respect for the human rights of young people.[86]

All UNFPA country and regional offices reviewed invested resources to raise awareness and support partners to integrate the human rights of adolescents, including adolescent girls, into the design and implementation of interventions.[87] Other approaches included supporting the participation of young people in policy development and other decision-making processes, empowering adolescents and youth more generally, and supporting partners (government and non-government) to integrate human rights for adolescents and youth through project and programme activities.[88] In several contexts, the review and monitoring of legal, policy and regulatory barriers raised attention, political commitment, and ultimately willingness to change laws and policies.[89] For example, in Kyrgyzstan, UNFPA worked with partners to advocate for the sexual and reproductive health rights of adolescents and youth to be incorporated into the national youth policy and a revision of a reproductive rights law.[90]

At the global level, UNFPA played a significant leadership role in advancing international recognition and commitment to adolescents and youth human rights. Efforts focused on advocacy to bring attention to the sexual and reproductive health and broader needs of adolescents and youth through United Nations global monitoring and accountability platforms (e.g. Commission on Population and Development (CPD), Commission on the Status of Women, and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), among others). A recent UNFPA review of the implications of the Universal Periodic Review for sexual and reproductive rights identified key achievements and their enabling factors and drew attention to the importance of policy dialogue and support to governments to protect sexual and reproductive health and reproductive rights, including for adolescents and youth: the review also showed, however, how relatively little is being reported on adolescents and youth-specific sexual and reproductive rights. This could be an area for further engagement by UNFPA in the future[91] As the United Nations organisation responsible for the

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82   Document: Partner and Other Thematic Documents (HRBA Portal, 2016).

83   Country case study: Nicaragua.

84   Country case study: Nepal.

85   Country case studies: Egypt, Ethiopia, Kyrgyzstan.

86   Country case study: Kyrgyzstan.

87   Country case studies: Cote d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Niger. Regional reviews: APRO, ESARO, LACRO.

88   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger.

89   Such as laws requiring young people to have parental consent for access to contraceptives or routine expulsion from school in cases of adolescent pregnancy, or increasing minimum marital age. Country case studies: Kyrgyzstan, Mozambique, Nicaragua, Niger. Documents: UNFPA Relevant Thematic Documents (UNFPA. Lessons from the First Cycle of the Universal Periodic Review, 2014).

90   Country case study: Kyrgyzstan

91   Documents: UNFPA Relevant Thematic Documents (Lessons from the First Cycle of the Universal Periodic Review, 2014).

review of the International Conference on Population and Development (ICPD) Beyond 2014, UNFPA showed particularly effective leadership to advance the recognition of the needs of adolescents and youth. At the 45th Session of the Conference on Population and Development in 2012, UNFPA helped secure a landmark resolution on the sexual and reproductive health and reproductive rights of adolescents and youth,[92] which included recognition of the rights of adolescents to sexual and reproductive information and services.[93] UNFPA global leadership for adolescents and youth issues is further discussed in section 4.7.

Incorporating gender responsiveness into adolescents and youth programming

UNFPA routinely supported the incorporation of gender-sensitive approaches and activities to reduce gender-related barriers faced by adolescents and youth throughout the period under evaluation, through both targeted and mainstreamed programming.

Between 2008 and 2015, UNFPA gender programming for adolescents and youth was most apparent in programmes focused on the elimination of harmful practices such as female genital mutilation (FGM) and child marriage. The UNFPA approach to working towards the elimination of female genital mutilation shifted from a focus on women and girls alone to a broader mainstreamed focus which can be considered good practice in planning. Empowering women and girls was a standalone output in the UNFPA Strategic Plan 2008-2011 and an outcome in the current strategic plan. Female genital mutilation captured within a broader gender-based violence (GBV) output in the midterm review (2012-2013) and continued to be so in the current Strategic Plan 2014-2017. In doing so, UNFPA firmly established the issue as a matter of human rights, rather than as an issue pertaining solely to cultural values and practices. This shift is in keeping with international human rights conventions and covenants to respect, protect and fulfil the rights of children and youth.[94]

Since 2012, UNFPA has placed increasing efforts on preventing child marriage and has expanded its efforts to work on gender barriers faced by adolescents and youth, by engaging with men and boys to change gendered social norms.[95]

In many adolescents and youth programmes UNFPA has focused on consideration of gender barriers in relation to: 1) limiting access to sexual and reproductive health information and services; 2) limiting the decision making ability of adolescent girls and young women in relationships, families, and community; and 3) limiting adolescents and youth participation and leadership. UNFPA sought to address these barriers within programmes related to adolescents and youth, particularly through the adolescent girl-focused programmes and, to a lesser extent, adolescent boys and youth generally.[96] In Nicaragua, the gender programme supported a series of campaigns focused on changing perceptions of masculinity to improve gender dynamics between young men and women.[97]

Country case studies revealed that, while specific gender-focused campaigns related to addressing gendered male stereotypes were implemented, adolescents and youth-specific programmes were often not designed to specifically address gender norms.[98] While all adolescents and youth programmes observed during the case studies were conscious d barriers to access to services, inclusion of gender transformative programming as a specific strategy was not well articulated by staff and implementing partners.[99] Nonetheless, country case studies and the country office survey demonstrated that UNFPA had a strong focus on reducing gender inequalities through both targeted and mainstreamed programming.[100] Country and regional case studies provided evidence of initiatives to change gender norms, particularly related to issues faced by adolescent girls.[101] In Niger, for example, UNFPA successfully developed a dialogue with traditional and religious community leaders to change gender norms on girls'education and prevent child

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92   Documents: Partner and Other Thematic Documents (Commission on Population and Development, 2012. Resolution 2012/1, Adolescents and Youth).

93   Interviews: UNFPA Staff, Other UN Staff, Governments, Donors, International Non-Governmental Organisations, Adolescents and Youth Beneficiaries. Documents: Partner and Other Thematic Documents (Commission on Population and Development, 2012. Resolution 2012/1, Adolescents and Youth).

94   Documents: UNFPA Relevant Thematic Documents (Center for Reproductive Rights and UNFPA. ICPD and Human Rights, 2013).

95   Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan 2008-2011, UNFPA Midterm Review of the Strategic Plan 2012-2013, UNFPA Strategic Plan 2014-2017, UNFPA Framework for Action on Adolescents and Youth, UNFPA Strategy on Adolescents and Youth.

96   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff.

97   Country case study: Nicaragua

98   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff.

99   County case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger

100   According to the country office survey, 89 per cent of responding country offices strongly agreed or agreed that UNFPA addressed gender norms affecting adolescents and youth through sexual and reproductive health programming, and 85 per cent vis-à-vis policy and advocacy. Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger. Interviews: UNFPA Staff.

101   Country case studies: Mozambique, Nepal, Nicaragua, Niger. Regional case study: LACRO.

Definition: Gender and gender-related barriers

Gender[102] refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, that changes over time and that varies widely within and across cultures. Gender is relational and refers not simply to women or men but to the relationship between them.

Gender-related barriers[103] are barriers that exist because of socially constructed gender roles and which hinder social equality.

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marriage.[104] Similarly, in Ethiopia, where UNFPA has a long tradition of working successfully on child marriage, involvement of decision-makers and gate-keepers, such as parents, local political authorities, the police, teachers and other community leaders, contributed to changed gender-based norms in favour of child rights.[105]

Adolescents and youth were often a primary target group of gender and reproductive health programmes.[106] Differences were observed in the focus of gender programmes that included adolescents and youth in programming (i.e. mainstreamed adolescents and youth programming) from adolescents and youth programmes that incorporated a gender transformative aim within targeted programmes, such as those providing sexual and reproductive health education and information for adolescents and youth. In Nicaragua, a gender programme targeting young people challenged traditional gender norms and stereotypes and created "safe spaces" for marginalised and vulnerable populations, who did not feel like they belonged to traditionally-gendered youth groups,[107] demonstrating the potential positive value of mainstreaming

adolescents and youth as a target group in interventions falling under other thematic areas. Many country offices highlighted the importance of mainstreaming adolescents and youth, particularly within gender programmes as a critical pathway to securing sexual and reproductive health and reproductive rights outcomes.[108]

UNFPA worked extensively to address gender-related barriers through targeted programmes on female genital mutilation and child marriage at global, regional and country levels. Document review and country case studies revealed that there were at least five large joint programmes addressing gender-related barriers that specifically targeted adolescent girls through holistic, multi-sectoral approaches. Within these joint programmes, the focus has largely been on preventing child marriage and female genital mutilation by changing gendered norms around harmful practices through education and information interventions, legal and policy reviews, multi-sectoral engagement, and support for alternative pathways for girls to fulfil their aspirations.[109] Evaluations have shown the effectiveness of focusing on the needs of adolescents and youth by broadly addressing gender-related barriers and transforming social norms.[110]

All country case studies and two regional reviews recognised UNFPA support for building the capacity of adolescents and youth implementing partners to identify gender-related barriers, reduce gender inequality and address gender norms.[111] In addition, several countries conducted advocacy to transform laws and policy on gender-related issues.[112] In Egypt, UNFPA and partners supported a law on sexual harassment, and in Nicaragua UNFPA and partners supported a comprehensive law on gender based violence. A common approach was the formation of national working groups to address gender inequality, though their attention to adolescents and youth concerns specifically was not discernible.[113] Many of the case study countries and regional offices also included some form

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102 Document: UNFPA Relevant Thematic Documents (UNFPA. The UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment. 2011).

103 Document: UNFPA Relevant Thematic Documents (UNFPA. A Human rights-based approach to programming: practical implementation manual and training materials. 2010).

104 Country case study: Niger

105 Country case study: Ethiopia

106 Country case studies: Ethiopia, Lao PDR, Nepal, Niger. Regional review: APRO. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation Swaziland, Country Programme Evaluation Madagascar).

107 County case studies: Nicaragua.

108 Country case studies: Ethiopia, Lao PDR, Nepal, Niger. Regional review: APRO. Documents: UNFPA Strategic Planning Documents (UNFPA Strategy on Adolescents and Youth, 2012–2020. UNFPA Strategic Plan, 2014–2017).

109 Country case studies: Ethiopia, Niger. Documents: UNFPA Programming Documents (Joint Programme on Improving Access and Quality of Education for Girls in Malawi (2014–2016); UN Joint Programme on Adolescent Girls, Malawi, 2011-2014; Action for Adolescent Girls Initiative, 12 countries, 2013-2017; Joint Programme on Female Genital Mutilation, Phase I and II, 15 countries, 2008–2017; UN Women. Leave No Woman Behind Joint Programme, Ethiopia.2013). List of UNFPA joint programmes available at, http://www.unfpa.org/admin-resource/detailed-list-joint-programmes-0).

110 Documents: Evaluations, Reviews and Assessments (Niger: Elimination of Female Genital Mutilation, UNFPA, 2013. Joint Evaluation of Joint Gender Programmes in the UN System, 2013; UNFPA's Action for Adolescent Girls, 2014;UN Women. Leave No Woman Behind Joint Programme, Ethiopia, 2013).

111 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: ESARO, LACRO. By way of illustration, Civil Society Organisations in 34 Sub-Saharan countries received UNFPA support to engage men and boys in promoting gender equality, according to the UNFPA Annual Report, 2012, p 18.

112 Country case studies: Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Nicaragua, Niger. Regional review: ESARO.

113 Country case studies: Egypt, Mozambique, Nepal.

Box 2: Good practice example: Choose Your Future programme, Nepal

Good practice example: Choose Your Future Programme in Nepal

UNFPA reaches out-of-school adolescent girls through life skills education

Context: In 2008, UNFPA initiated the Choose Your Future programme in Nepal, aiming to empower vulnerable and marginalised out-of-school adolescent girls to make their own choices and determine their future through a life skills-based education programme.

UNFPA Strategy: The programme provided a literacy course and training on sexual and reproductive health and reproductive rights, HIV, life skills, gender-based violence, gender equality, child marriage, traditional health beliefs and other issues, with a specific focus on out-of-school girls.

Results: The programme proved effective, with some girls re-entering school and others linked to a skills training programme. As a result, the Ministry of Women, Children and Social Welfare allocated regular funds to scale-up the programme, renamed *Kishori Bikash Karyakram*, in all 75 districts in Nepal.

Follow up: The programme has been cited as an example of the potential of education and empowerment of adolescent girls to serve as a starting point for girls to stand together and act as agents of change in addressing social problems that affect their wellbeing.

Source: Nepal country case study, A video on CYF/KBK can be accessed here: https://www.youtube.com/watch?v=Ejd8qC-Qwe0

of male involvement programme or media campaign to address negative gender norms and promote positive gender roles.[114]

The country office survey found that 89 per cent strongly agreed or agreed that UNFPA "addressed gender norms affecting adolescents and youth through sexual and reproductive health programming" with 85 per cent responding the same vis-à-vis "policy and advocacy".[115] In contrast, case studies demonstrated how adolescents and youth programme activities to address gender and human rights, as cross cutting issues, were not always predicated upon a thorough, evidence-based situation analysis. Gender and rights programming could be strengthened through more systematic cooperation between the technical division and in-country adolescents and youth programmes.

Cultural sensitivity to adolescents and youth programming

A number of UNFPA country offices effectively used culturally sensitive approaches as a means to communicate more effectively on the sexual and reproductive health and reproductive rights of adolescents and youth. In the country office survey, 70 per cent of country offices reported that their adaptation to local cultural norms was effective in advancing the adolescents and youth agenda.[116]

However, in some instances country offices applied used approaches which resulted in the avoidance of adolescent sexual and reproductive health issues considered too sensitive (i.e. pre-marital sexuality, family planning for unmarried adolescents and youth).

There were numerous examples of UNFPA country offices adapting messages, images, programming and texts, including religious ones, to communicate with greater relevance and efficiency.[117] In Côte d'Ivoire, for example, an innovative campaign to address early pregnancy among adolescents actively engaged young people to design culturally relevant messages, as well as to reach out to parents and traditional leaders to discuss both early pregnancy and child marriage.[118] The campaign focused on positive statements from influential community members and religious leaders, rather than using fear tactics or placing the burden of pregnancy prevention on adolescent girls.[119] UNFPA country offices also supported the study of cultural views related to sexual and reproductive health and reproductive rights among indigenous populations (including young people) in the Asia Pacific, Central Americaand the Andean regions to better design and implement programmes to reach these marginalised adolescents and youth populations.[120]

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114   Country case studies: Egypt, Ethiopia, Mozambique, Nicaragua, Niger. Regional reviews: ESARO, LACRO. Interviews: Adolescents and Youth Beneficiaries

115   Country office survey (indicator: 2.2.1). Interviews: UNFPA Staff.

116   Country office survey (indicators: 2.2.1). Interviews: UNFPA Staff. Documents: UNFPA Monitoring Reports (Executive Director's Report 2014, Annex 8, p 8).

117   Country case studies: Côte d'Ivoire, Lao PDR, Nicaragua.

118   Country case studies: Côte d'Ivoire

119   Country case studies: Côte d'Ivoire

120   Country case studies: Côte d'Ivoire, Egypt. Regional review: APRO.

Country case studies demonstrated how training and guidelines were developed or adapted for religious and/or traditional leaders, citing the Koran or biblical scriptures to address adolescents and youth sexual and reproductive health concerns.[122] In Ethiopia in 2009, UNFPA, the Population Council and the Ethiopian Orthodox Church created the "Developmental Bible" to address highly sensitive youth issues such as child marriage, HIV voluntary testing and counselling, gender based violence, and female genital mutilation, based on interpretations of and with reference to biblical scriptures.[123] Globally, the joint programme to accelerate the abandonment of female genital mutilation (FGM) combined a human rights-based and culturally sensitive approach to promote behaviour change in 17 countries.[124] As a result, according to the programme evaluation,[125] 20,000 religious leaders disavowed religious requirements for female genital mutilation, demonstrating the power of working with cultural beliefs and values to transform gender norms.

Document analysis suggested that the use of culturally sensitive approaches in some circumstances may limit the comprehensiveness of sexual and reproductive health education and information and its alignment with UNFPA and international guidelines, demonstrating the risks of using such approaches without adequate attention to local context.[126] Indeed, the country case studies demonstrated that while culturally sensitive approaches can positively communicate certain messages related to adolescent and youth sexual and reproductive health and the reproductive rights of young people, they can at times limit the ability of UNFPA to advance its adolescents and youth mandate, especially with respect to traditional values rooted in religious belief systems.[127] Failure to situate social and cultural norms within a broader strategy to advance adolescents and youth-specific gender and rights was seen as a potential risk to the relevance and

effectiveness of UNFPA programming. While UNFPA has guidance on how to adapt and programme in culturally sensitive ways it does not address the associated risks to programme effectiveness

Attention to marginalised and vulnerable young people

UNFPA increased priority on reaching the most marginalised and vulnerable young people, particularly young adolescent girls, in its interventions during the period under evaluation. While the 2007 Framework for Action on adolescents and youth called for poverty diagnostic studies to map social vulnerability profiles of young people within one "key"[128] the 2012 UNFPA Strategy on Adolescents and Youth 2012-2020 has an entire prong (prong IV) entitled "bold initiatives to reach the most marginalised." Within this prong, the Strategy on Adolescents and Youth 2012-2020 specifically refers to adolescent girls and young populations at risk of HIV as priority groups. There is consistent and increasing institutional recognition of the most marginalised and vulnerable young people in the strategic plans and adolescents and youth strategies, including of the importance of needs-assessments to identify and target the most marginalised and vulnerable adolescents and youth. Despite this, it appears that country offices have not consistently conducted needs-assessments or used available data to inform the design and content of their adolescents and youth programmes.[129] In the absence of a well-defined process and guidance from headquarter and regional offices, inconsistent approaches were used at country level to identify and prioritise marginalised and vulnerable young people. Moreover, many UNFPA country offices seemed to struggle conceptually with how to identify and prioritise vulnerable and marginalised population groups.[130] Many country offices used government (76 per cent) and/or self-determined (74 per cent) definitions of vulnerability and marginalisation.[131] Figure 18 shows the different groups of young people identified and supported by UNFPA country offices, as reported in the country office survey. While some examples of needs-analyses or evidence reviews to determine priority groups of adolescents and youth in the local context were identified, UNFPA did not take a consistent approach.[132] Identifying at-risk adolescents and youth appeared especially challenging

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121 Source: UNFPA 2010. A Human rights-based approach to programming: practical implementation manual and training materials.

122 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique.

123 Interviews: UNFPA Staff, Other United Nations Staff, Donors, Non-Governmental Organisations.

124 Country case studies: Ethiopia, Niger. Regional review: ESARO. Documents: UNFPA Annual Report (UNFPA Annual Report 2009)

125 Documents: UNFPA Annual Report (Annual Report 2011), Evaluations, Reviews and Assessments (UNFPA and UNICEF. Joint Evaluation: UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting: Accelerating Change 2008 - 2012 (Volume I) - Evaluation Report. 2013).

126 Country case study: Ethiopia, Egypt, Kyrgyzstan.

127 Country case studies: Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Nepal.

128 Key 1: Supportive policy making that applies the lens of population structure and poverty dynamics analyses. Documents, UNFPA Strategic Planning Documents (Framework for Action on Adolescents and Youth, 2007).

129 Interviews: UNFPA Staff, Donors, International Non-Governmental Organisation, Adolescents and Youth Stakeholders.

130 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation for Armenia, DPRK, South Africa, Swaziland, Tanzania, and Thailand).

131 Country office survey: (indicator: 4.2.1, 4.2.2, 4.2.3). Interviews: UNFPA Staff.

132 Country case studies: Côte d'Ivoire, Lao PDR, Nicaragua, Niger.

when considering multiple vulnerabilities: for example, the intersections between HIV status/risk, poverty, and school attendance, and it was unclear how this complexity has been considered and addressed by UNFPA. The lack of emphasis on the use of data to bring clarity on who the most vulnerable and marginalised are (even within key UNFPA priority groups such as adolescent girls) contributed to a less strategic and targeted allocation of UNFPA financial support. Overall, only 40 per cent of country offices either agreed or strongly agreed that the most vulnerable and marginalised adolescents and youth were sufficiently targeted under their current programme.[133]

HIV programmes were exemplary in their prioritisation of marginalised and vulnerable adolescents and youth, in part because of the well-developed evidence base for which groups of young people are most at risk of HIV. Since 2008, the UNFPA HIV Programme has partnered with UNAIDS, the International Planned Parenthood Federation (IPPF), the Population Council, the European Union, donor partners and national governments, among others, to support integration of human rights-based sexual and reproductive health and HIV services to increase prevention, testing and treatment and to better meet the needs of people living with, or at risk of, HIV. UNFPA support targeted young populations at risk of, or affected by, HIV with rapid assessment tools, training materials for providers and numerous guidance documents on how to work for and with these young people.[134]

Documentary evidence suggested that UNFPA efforts to meet the needs of young people affected by HIV in countries, including through sexual and reproductive health and HIV integration projects, were comprehensive.[135]

In addition to the HIV programme, there were other notable exceptions where country offices used evidence-informed methods to identify and facilitate the meaningful participation of adolescents and youth, particularly the most marginalised and vulnerable, in programme design and implementation at country and regional level.[136] For instance, in Nicaragua and Latin America and the Caribbean more widely, reaching the most vulnerable and marginalised indigenous and afro-descendant populations was identified as a priority based on available evidence, particularly in rural areas,[137] and the Nicaragua country office commissioned an anthropological study in 2014 to better understand the needs, expectations, behaviours and risk factors of indigenous youth in the Costa Caribe region.[138] In Nepal, the country office worked within a very broad and inclusive understanding of vulnerability and marginalisation, which included, inter alia, out-of-school adolescent girls, Dalit girls, boys and girls with HIV, sex workers, drug users, among others.[139] Despite these important country level examples, there was limited evidence of a UNFPA-wide, systematic approach to identifying and facilitating the meaningful participation of marginalised and vulnerable young people in programme design and implementation. Youth participation and leadership, including the representation of marginalised and vulnerable young people, is further discussed in section 4.5.

UNFPA support for adolescent girls, as a distinct marginalised and vulnerable group of young people, demonstrated better use of data, evidence and needs-assessments to inform and target programming than support for other groups. Adolescent girl programmes that benefited from joint programme resources and additional technical support from headquarter and regional offices demonstrated that available data can be successfully used to target particularly vulnerable subgroups (within the identified priority group of adolescent girls).[140] For example, technical assistance from monitoring and evaluation experts in the technical division in headquarters helped the Zambia country office to conduct needs-assessments to inform the design of the country programme for adolescents and youth.[141] UNFPA efforts to address the needs of adolescent girls specifically are discussed in further detail in section 4.4.[142]

133   Interviews: UNFPA Staff.

134   Documents: UNFPA Annual Report (Executive Director's Report 2014, Annex 8, p 6.), Partner and Relevant Thematic Documents (Technical briefs, UNFPA, 2014).

135   Country case studies: Cote d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Nicaragua. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff; Adolescents and Youth Stakeholders; Adolescents and Youth Beneficiaries.

136   Country case studies: Egypt, Mozambique, Nepal, Nicaragua. Regional reviews: APRO, ESARO, LACRO.

137   Country case study: Nicaragua. Regional review: LACRO.

138   Country case study: Nicaragua.

139   Country case study: Nepal.

140   Country case studies: Cote d'Ivoire, Ethiopia, Mozambique, Niger. Regional review: ESARO. Interviews: UNFPA Staff.

141   Interviews: UNFPA Staff, Donors, International Non-Governmental Organisations.

142   Interviews: UNFPA Staff. Documents: UNFPA Annual Report (Executive Director's Report 2014, Annex 8, p 6.), UNFPA Programming Documents (Strategy on Adolescents and Youth 2012-2020; UNFPA Guidance brief: HIV interventions for young people in the health sector, 2008), Partner and Relevant Thematic Documents (UNFPA s. Technical briefs, 2014).

Figure 18: Marginalised and vulnerable categories of adolescents and youth supported by UNFPA country offices, 2008-2014 [143]

N=104 responding country offices
N=694 (total number of responses for all categories)

A&Y with a disability
3%

A&Y living in poverty (homeless, etc.)
3%

Adolescent girls (15-19 yrs.)
13%

Very young adolescent boys (10-14 yrs.)
5%

Other
5%

Married adolescents
5%

A&Y from ethnic minorities
5%

Unmarried A&Y
5%

A&Y having experienced interpersonal or gender based violence
6%

Very young adolescent girls (10-14 yrs.)
6%

A&Y living with HIV/AIDS
6%

Pregnant adolescent girls
8%

Adolescent boys (15-19 yrs.)
11%

Out-of-school young people (15-24 yrs.)
10%

A&Y from specific disadvantaged geographic locations (rural, urban, isolated communities, migrant/displaced)
9%

Source: Country office survey.

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143 In this survey question, it was possible for country offices to select more than one group of marginalised and vulnerable young people. Each country office selected, on average, almost seven categories of adolescents and youth in marginalised and vulnerable situations - reflecting the lack of clarity about where support should be targeted.

4.3. Services, education and information

To what extent has UNFPA contributed (or is likely to contribute) to an increase and sustainability of the availability of sexual and reproductive health education and integrated services (including contraceptives, HIV and gender-based violence) for adolescents and youth?

Summary of findings   **Effectiveness**

UNFPA contributed to an increase in the availability and use of sexual and reproductive health services (including HIV) for adolescents and youth primarily by building national capacities to deliver youth-friendly health services (YFHS) based on international standards, assuring integration of HIV services, and the availability of contraceptives. Integration of gender based violence services was not regularly part of youth-friendly health service packages. Available evidence from this and previous evaluations suggests that the scope, quality and integration of services for adolescents and youth was variable. Government run facilities with low resource settings generally offered services of lower quality, to predominately urban and peri-urban youth as a result of health system and resource constraints. UNFPA-supported, non-governmental organisation-run services tended to be of better quality, including in terms of integration of services. In many countries, good practice examples were scaled up by government and national partners, but it is evident that due to health system weaknesses and resource constraints, partners faced significant obstacles to sustaining quality programmes. Socio-cultural and legal barriers posed significant obstacles to uptake of services by adolescents and youth. UNFPA has supported efforts to reduce legal and policy barriers to sexual and reproductive health services for adolescents and youth, including through regional declarations and commitments and global development processes, and this has helped to increase national investments in services. Multi-sectoral and mainstreamed service programmes that engaged communities were more successful in making services more comprehensive and accessible to young people.

UNFPA contributed to an increase in the availability of sexual and reproductive health education and information programmes for adolescents and youth between 2008 and 2014 by building national capacities, advocating and providing policy advice, and creating the knowledge and tools to support implementation. UNFPA engagement in sexual and reproductive health education and information provision increased and became more strategic over the evaluation period, especially at the regional level, and appears to have resulted in increased national capacity to design and implement community and school-based education and information interventions that promote human rights and gender equality. UNFPA supported regional intergovernmental organisations in Africa, Latin America and the Pacific, that made regional and country commitments in support of youth-friendly health service and sexual and reproductive health education and information for young people. Capacity in countries to implement sexual and reproductive health education and information showed more variable results in terms of delivering interventions that were comprehensive and meet international standards. Country programmes adapted the international standards-based curricula to local cultural and political sensitivities, often called life skills education. However the quality of these programmes varied and, as with services, sustainability presents a considerable challenge. Although UNFPA regional offices and partners have increasingly conducted curricula evaluations and assessments in recent years, there is still limited evidence on the effectiveness of UNFPA-supported sexual and reproductive health education and information initiatives.

UNFPA worked effectively with regional and national partners to recognise the rights of adolescents and youth to sexual and reproductive health education and information. This resulted in greater commitment by government to implement programmes and, with UNFPA support, remove socio-cultural and legal barriers to access for young people.

UNFPA contributed to an increase in the availability of sexual and reproductive health services (including HIV services) for adolescents and youth in all country case study countries during the period under evaluation, primarily by building national capacities to deliver youth-friendly health services (YFHS) based on international standards, assuring integration of HIV services, and the availability of contraceptives.

An increase in the use of UNFPA-supported youth-friendly health service was evident from facility data and programme reports in UNFPA-supported, non-government clinics in Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, and Nicaragua. UNFPA-supported services for adolescents and youth were of variable quality, and sustaining services after UNFPA support ended proved challenging.

UNFPA support to strengthen national capacity to make sexual and reproductive health services available for adolescents and youth

UNFPA effectively supported countries in all regions to put in place youth-friendly sexual and reproductive health services, including HIV/AIDS testing and counselling services and in some countries gender based violence (GBV) counselling and referral services.[144] This was done by building the capacity of local providers and health system managers through technical assistance and training on youth-friendly health service provision.[145] In Egypt and Kyrgyzstan, for example, UNFPA supported local non-governmental organisations, in partnership with the Ministry of Health, to train service providers on how to deliver youth-friendly health service to international standards, which were then implemented in local clinics. In both cases, UNFPA also supported the Ministry of Health to put in place youth-friendly health services directly via government-run clinics.

UNFPA effectively supported service delivery by providing contraceptives for youth-friendly health service and generating demand through information and social and behavioural change communication campaigns (BCC), most notably in the Zero Pregnancy Campaign (Côte d'Ivoire), the Geração Biz programme (Mozambique), and adolescent pregnancy prevention activities (Nicaragua).[146] Support included the provision of information, education and communication materials for young people as well as commodities and other direct service needs. In countries with a lesser ability to finance services,[147] UNFPA supported governments by providing contraceptives directly (as seen in Côte d'Ivoire, Ethiopia, and Mozambique). In countries more able to self-fund services, UNFPA has worked to facilitate purchase of contraceptives and improve commodity security.[148]

UNFPA developed and/or adapted existing guidelines, protocols and standards to support the delivery of high quality adolescents and youth health services throughout the period under evaluation. Examples were identified from many countries across all regions, including Benin, Cambodia, Egypt, Ethiopia, Kyrgyzstan,

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Definition: Youth Friendly Health Services

To be considered adolescent friendly, health services should be accessible, acceptable, equitable, appropriate and effective. Fundamental characteristics of youth friendly services include provider characteristics, facility characteristics and aspects of programme design. Characteristics often mentioned as necessities include:

► staff that are specially trained to meet the needs of young people
► staff that respect the privacy and confidentiality of the services rendered
► staff that spend adequate time to attend to the client
► clinics where peer educators are available to young people
► separate space and time for young people
► hours that are convenient to young people
► convenient location of services
► youth involvement in services
► short waiting time
► affordable or free services and
► a wide range of available services with limited need to refer.

Source: WHO, Making health services adolescent friendly Developing national quality standards for adolescent friendly health services, 2012, Geneva

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Lesotho, Myanmar, Nepal, Nicaragua, Niger, and Togo.[149] UNFPA conducted training for youth-friendly health service providers on a wide range of topics, from values clarification exercises, aimed at reducing stigma and discrimination by providers towards young people, to increasing knowledge of providers on social behaviour-change communications.

UNFPA effectively supported knowledge management through the development of training materials, guidelines, manuals for providers and peer educators, and a monitoring and evaluation guide to support quality services[150] for the implementation of youth-friendly health service.[151] For example, in Nepal, UNFPA

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144   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Lao PDR, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger.

145   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Lao PDR, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger. Documents: UNFPA Annual Reports (ExDr 2014, p 8, p 14; ExDR 2013, p 19; ExDR 2012, p 18, p 30; ExDR 2010, p 20; ExDR 2014, Annex 8, p 6; ExDR 2013, Annex 7, p 3; ExDR 2011, p 12-13; AR 2014, p 52; AR 2013, p 12-13; AR 2012, p 9, p 30; AR 2011, p 18, p 20, p 21; AR 2010, p19), UNFPA Programming Documents (Making reproductive rights and sexual and reproductive health a reality for all, UNFPA, 2008; Guidance brief: HIV interventions for young people in the health sector; Community pathways to improved adolescent sexual and reproductive health: a conceptual framework and suggested outcome indicators, 2007).

146   Country case studies: Côte d'Ivoire, Mozambique, Nicaragua.

147   Documents: UNFPA Strategic Planning Documents (Annex 4 to the UNFPA Strategic Plan 2014-2017).

148   Country Case Studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nicaragua

149   Country case studies: Egypt, Ethiopia, Kyrgyzstan, Nicaragua, Nepal, Niger. Interviews: UNFPA staff, adolescents and youth beneficiaries. Documents: UNFPA Programming Documents (Draft concept note ESARO 2014, National Service Standards and Guidelines, Myanmar, 2013), UNFPA Annual Reports (ESARO ROAR 2014, ExDR 2014, Annex 9, p 5; ExDR 2014 Annex 8, p 6; ExDR 2008, p18), UNFPA Relevant Thematic Documents (Training manual for the providers of youth-friendly health service, UNFPA with FHI and EFPA, 2008), UNFPA Partner and Relevant Thematic Documents (Making health services adolescent-friendly: developing national quality standards for adolescent-friendly health services, WHO, 2012; Quality assessment guidebook, WHO, 2012; Providing adolescent SRH services: what we know, IHWC, 2015; Keys to youth-friendly health service, IPPF, 2012; Provide: strengthening youth-friendly health service, IPPF, 2008).

150   Country case study: Egypt

151   Country case studies: Egypt, Ethiopia. Nepal. Regional reviews: APRO, ESARO, LACRO

facilitated the development of the Youth-Friendly Service Implementation Guide in partnership with the Family Health Division of the Nepal Department of Health Service in 2008 as a national document governing the adolescent sexual and reproductive health youth-friendly services activities in Nepal, and then subsequently improved upon them through the development of an adolescent sexual and reproductive health training packages per National Health Training Centre Standard in 2014.[152] In Ethiopia, UNFPA supported the development of tools and guidelines to enable implementation of the National Minimum Standards for Youth-friendly Services, which include a minimum HIV/ sexual and reproductive health intervention package to guide service providers on standards of service for young people.[153] Regional offices also supported knowledge management and tools development to build national capacities to deliver youth-friendly health services. The Asia and the Pacific regional office, for example, convened a meeting of country offices to review the latest tools that were available and share lessons learned.[154] Similarly, in Latin America and the Caribbean regional office, guidelines were developed from best practices.[155] In the East and Southern Africa regional office, a comprehensive review of the quality of service promoted the development of tools such as a pocket-guide on youth-friendly health service for service providers in Botswana (2008).[156] All country case studies demonstrated that UNFPA created the knowledge base and tools to build capacities of national partners and used those materials and training efforts to improve the quality of services delivered towards alignment with international standards.[157]

UNFPA contributed to broad policy and advocacy efforts to reinforce the importance of sexual and reproductive health services for young people and, in some settings, this led to increased government commitment to implement youth-friendly health services.[158] In Kyrgyzstan for example, UNFPA and partners supported the development and successful adoption of a reproductive rights law that mandates the provision of youth-friendly health service.[159] In East and Southern Africa, UNFPA worked with UNAIDS and other regional organisations to support the creation of a framework ("Young People Today") that aims to increase government commitments and accountability for the provision of youth-friendly health services and sexual and reproductive health education and information for adolescent and youth.[160]

Country case studies and the document review did not reveal an overarching, coherent approach to building the capacities of multi-sectoral partners to facilitate increasing availability of sexual and reproductive health services for adolescents and youth. Since 2012, however, UNFPA has utilised multisectoral initiatives and partnerships with the private sector and non-governmental organisations to expand access to family planning for marginalised and vulnerable young people

Box 3: Love Life? Ziba HIV!

Good practice example: Love Life? Ziba HIV! Provides linkages between programmes to increase use of services

Context: In response to the high prevalence rate of HIV among young people in Lusaka province, Zambia,

UNFPA Strategy: UNFPA developed a novel campaign linking community mobilisation, information and education provision, HIV counselling and treatment services, and broader youth-friendly health services.

Key Findings: This project reached adolescents and youth with critical sexual and reproductive health and HIV services using peer-to-peer mobilisation, media campaigns, male involvement and existing community networks. The project successfully launched the Love Life? Ziba HIV! HIV Testing and Counselling Campaign targeting both in- and out-of school youth in Lusaka province, Zambia. The campaign, which used both traditional media and an SMS platform to share information and resources, reached an estimated 23,000 adolescents and youth from 20 high schools and 500 out-of-school youth with sexual and reproductive health and HIV information and services, including HIV testing and counselling and referrals for anti-retroviral therapy.

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152   Country case study: Nepal

153   Country case study: Ethiopia

154   Documents: Partner and Relevant Thematic Documents (Southeast Asia Regional Office. Scaling up adolescent health in South-East Asia: Report of Regional Programme Managers' meeting , 2012).

155   Interviews: UNFPA Staff, Government. Regional review: LACRO

156   Regional review: ESARO

157   Country case studies: Egypt, Ethiopia. Nepal. Regional reviews: APRO, ESARO, LACRO.

158   Regional case studies: APRO, ESARO, LACRO. Documents: Partner and Relevant Thematic Documents (Comisión Económica para América Latina y el Caribe. , Consenso de Montevideo 2014).

159   Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Mozambique, Nepal, Nicaragua. Review reviews: ESARO, LACRO

160   Regional review: ESARO. Interviews: UNFPA Staff, Other United Nations Staff, Donors.

in 16 countries.[161] UNFPA worked to mainstream services for adolescents and youth into other UNFPA-supported programmatic areas, particularly reproductive health, gender and HIV. Adolescent pregnancy prevention activities in Latin America and the Caribbean, new joint programming focusing on child marriage, and HIV programmes implemented in most case study countries provided examples of mainstreamed programmes.[162] While UNFPA partnered with government and national non-governmental organisations to deliver services for adolescents and youth, the services supported were either vertically implemented as standalone programmes with little integration with other services, or as youth-friendly health services embedded within broader primary healthcare facilities, which often posed considerable challenges to meeting youth-friendly health service standards.[163] This finding was supported by evidence from past country programme evaluations: insufficient attention to multi-sectoral partnerships and mainstreaming of youth-friendly health service into other services was a barrier to maintaining the quality of youth-friendly health service implementation in some countries.[164] Almost 50 per cent of country offices reported that they would benefit from additional guidance and support on building multisectoral partnerships to increase the availability and use of integrated and sustainable sexual and reproductive health services for adolescents and youth.[165]

Strengthened national capacities contributed to increasing availability and use of integrated sexual and reproductive health services for adolescents and youth

UNFPA effectively supported advocacy, research, and policy dialogue to identify and remove legal and policy barriers to sexual and reproductive health services for young people at the country and regional level. For example, UNFPA partnered with the International Planned Parenthood Federation (IPPF) to develop an interactive resource for advocacy to overcome legal barriers in 2014, and supported reviews of laws and policies in three regions.[166] At the country level, UNFPA worked with governments and other partners to develop national laws, strategies and plans that addressed the sexual and reproductive health and reproductive rights of adolescents and youth.[167] UNFPA also called attention to laws and policies limiting access to sexual and reproductive health services for young people within the International Conference on Population and Development global review process.[168] There is significant work remaining, however, with almost 50 per cent of country offices reporting on-going legal barriers on adolescents and youth access to sexual and reproductive health services.[169]

UNFPA leadership to identify and remove legal and policy barriers has not been matched by similar efforts to address socio-cultural and gender barriers to services, especially for marginalised and vulnerable young people. For example, while culturally appropriate, gender-sensitive information and training materials for sexual and reproductive health education and information were widely developed and used in countries,[170] there was less evidence that these approaches were also used by youth-friendly health services to increase demand for information or services among adolescents and youth.[171] Lack of multi-sectoral engagement beyond the health sector and a shortfall of sustained funding and investment in this area were documented across the case studies, indicating a programmatic gap in making services more accessible to adolescents and youth.[172] UNFPA work to reduce cultural and gender barriers for adolescents and youth is further discussed in Section 4.2.

During the period under evaluation, UNFPA was found to be more effective when strengthening multi-sectoral action for the integration of adolescents and youth services, particularly related to HIV testing, counselling and treatment, with over 95 per cent of country offices

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161 Documents: UNFPA Programming Documents (UNFPA. Partnership in Action: Driving innovation to deliver family planning to the most vulnerable, 2014), UNFPA Annual Reports (Executive Director's Report 2014, Annex 9, p5).

162 Country cases studies: Côte d'Ivoire, Ethiopia, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, LACRO, ESARO. Documents: UNFPA Programming Documents (UNFPA HIV interventions for young people in the health sector: Global Guidance Brief2008; Inter-Agency Working Group on the Role of Community Involvement in ASRH. Community Pathways to Improved Adolescent Sexual and Reproductive Health, 2007); Partner and Relevant Thematic Documents (Denno et al. 2015); Other Documents (UNFPA and UNICEF: Press release. New Multi-country Initiative will protect millions of girls from child marriage, 2016).

163 Country case studies: Egypt, Ethiopia, Kyrgyzstan, Nepal.

164 Documents: Evaluations, Reviews and Assessments (Country Programme Evaluations of Armenia, Zimbabwe, and Madagascar).

165 Interviews: UNFPA Staff.

166 Documents: UNFPA Programming Documents (Programming to Address Violence Against Women, 2008), UNFPA Relevant Thematic Documents (Young People and the Law in Asia and the Pacific: A review of laws and policies affecting young people's access to SRH and HIV services, 2013).

167 Country case studies: Ethiopia, Kyrgyzstan, Mozambique. Documents: UNFPA Annual Reports (Annual Report 2013, p 25; UNFPA Annual Report 2012, p 19; Executive Director's Report 2012, p 18; UNFPA Annual Report2010, p 19; UNFPA Annual Report2010, p 11).

168 Documents: Other Documents (International Council for Adult Education. Ocho Rios Declaration, 2012; Arab-states-youth-coalition-for-population-and-development. Call to Action of the Arab Youth Coalition at the Arab States Regional Conference on Population and Development, 2013; United Nations Economic and Social Commission for Asia and the Pacific. Report of the Asia Pacific Regional ICPD conference: Sustaining Progress on Population and Development in Asia and the Pacific: 20 years after ICPD, 2013; UNFPA. Conference report of the ICPD Beyond 2014 International Conference on Human Rights, 2013; UNFPA.The Bali Declaration, 2012).).

169 Interviews: UNFPA Staff.

170 Country case studies: Egypt, Ethiopia, Lao PDR, Kyrgyzstan, Nicaragua, Niger. Interviews: UNFPA Staff, Donors, International Non-Governmental Organisations.

171 Country case studies: Egypt, Kyrgyzstan, Cote d'Ivoire. Interviews: UNFPA Staff, Other United Nations Staff, Donors, International Non-Governmental Organisations.

172 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique

reporting the integration of these services.[173] This reflects UNFPA and partners efforts to create linkages between services related to sexual and reproductive health and HIV particularly, which was a core focus throughout the period under evaluation. Case studies revealed however that while HIV counselling and testing were generally available for adolescents and youth, treatment was more rarely provided within youth-friendly health service settings.[174] UNFPA and partners are currently working to overcome barriers to strengthening linkages between sexual and reproductive health and reproductive rights and HIV policies, programmes and services, by developing new models of integration through a joint UNAIDS/UNFPA sexual and reproductive health and reproductive rights and HIV linkages project in Southern Africa.[175]

UNFPA support for the integration of gender based violence (GBV) services within sexual and reproductive health services (both youth-friendly and other services) for adolescents and youth was less effective. There was evidence from some countries that capacity building of service providers to support survivors of gender based violence had taken place,[176] and/or that counselling and referral systems were established,[177] but such efforts were not systematically prioritised, in part because of the lack of recognition of the prevalence of gender based violence on adolescents and youth specifically. Notably, attention to gender based violence has been strengthened in Latin America and the Caribbean since 2010, where UNFPA has built the knowledge and capacity of both service providers and implementing partners on gender-based violence issues through trainings on evidence-based advocacy.[178] Other country specific efforts to document the prevalence of gender based violence on adolescents and youth and use that

data to increase national commitment and investment to address the issue were noted.[179]

Although a range of UNFPA and partner guidance documents has been produced on programming for gender based violence, including, for example, attention to sexual violence in the Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, few specifically focus on adolescents and youth or on the integration of gender based violence services into adolescents and youth sexual and reproductive health services.[180] However, there has been a strong focus on working with service providers to address female genital mutilation (FGM) through joint programming with UNICEF since 2008,[181] and an essential services package for women and girls subject to violence was recently developed as part of a four-year joint programme with United Nations Women.[182]

The availability of UNFPA-supported services increased use substantially in some cases (Ethiopia, Mozambique), while in others, use of services increased, though not to the full potential envisioned,[183] according to project reports. In 2015 alone, UNFPA reported that over 11.2 million adolescents had access to sexual and reproductive health services.[184] However, UNFPA-supported youth-friendly health services often did not reach marginalised and vulnerable adolescents and youth successfully, reflecting the particular challenges in targeting these sub-populations, which are harder to reach and thus require additional outreach.[185] Success in this area was seen in programmes that were specifically designed to engage with young populations at risk of HIV.[186, 187, 188] UNFPA interventions targeting young people in marginalised and vulnerable situations, specifically adolescent girls, are discussed in Section 4.2 and 4.4.

173   Interviews: UNFPA Staff. Documents: UNFPA Relevant Thematic Documents (UNFPA / UNAIDS. Linking sexual and RHR and HIV in Southern Africa,2015).

174   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Lao PDR, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger. Regional Case study: APRO, ESARO, LACRO.

175   Documents: UNFPA Relevant Thematic Documents (UNAIDS/UNFPA. SRHR and HIV Linkages project in Southern Africa, 2015).

176   Country case studies: Côte d'Ivoire, Nepal.

177   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique.

178   Regional review: LACRO. Documents: UNFPA Relevant Thematic Documents (Contreras et al., Sexual Violence in Latin America and the Caribbean: A desk review. 2010; UNFPA et al. Breaking the Silence on Violence Against Indigenous Girls, Adolescents and Young Women, 2013).

179   Country case study: Nepal.

180   Documents: UNFPA Strategic Planning Documents (UNFPA Strategy and Framework for Action to Address GBV, 2008 – 2011), UNFPA Programming Documents (The Interagency Task Force on Violence Against Women. Initiating the Multi-Stakeholder Joint Programme on Violence Against Women: A Review of the Processes and Some Key Interim Lessons Learned, 2011; UNFPA. Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, 2009), Partner and Relevant Thematic Documents (Shepard et al.. Addressing violence against women and girls in sexual and reproductive health services: A review of knowledge assets. 2010).

181   Documents: UNFPA Programming Documents (UNFPA –UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change, summary report of phase I, 2008 – 2013), UNFPA Annual Reports (Executive Director's Report 2014, p 15; Executive Director's Report 2010 p 23).

182   Documents: UNFPA Programming Documents (UNFPA, UN Women et al..Essential Services Package for Women and Girls Subject to Violence, 2015).

183   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Niger

184   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Niger. Documents: UNFPA Annual Reports (UNFPA. Topline messaging 2016).

185   Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Mozambique. Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Annual Report 2012, p35), Evaluations, Reviews and Assessments (Country Programme Evaluation Armenia, South Africa), Partner and Relevant Thematic Documents (Denno et al. Effective Strategies to provide adolescent sexual and reproductive health services to increase demand and community support. 2015).

186   Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisations, Adolescents and Youth Stakeholders.

187   Documents: UNFPA Programming Documents (UNFPA. UNFPA's Action for Adolescent Girls. 2014), UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual Report, 2011), UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual report, 2012, p 30; UNFPA Annual Report 2014, p 46; UNFPA Annual Report, 2011; UNFPA Annual Report 2013, p 25; UNFPA annual report, 2012, p 30; Executive Director's Report 2014, Annex 7, p 4).

188   Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Mozambique. Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Annual Report 2012, p35), Evaluations, Reviews and Assessments (Country Programme Evaluation Armenia and South Africa).

In the country office survey, over 85 per cent of country offices reported that adolescents and youth services were aligned with international guidelines and standards, and 78 per cent reported that services were in line with national guidelines and standards.[189] However, stakeholders reported that available evidence and guidance on youth-friendly health services have, in many contexts, not been fully implemented to ensure services are truly youth-friendly.[190] This was confirmed by country case studies and document review.[191] For example, a lack of essential medical supplies was noted in Côte d'Ivoire and Ethiopia; and in Egypt, key quality indicators were not met, such as assurance of privacy and confidentiality, the range of contraceptives offered, acceptable waiting times, and affordability.[192]

National partners were supported to implement youth-friendly health services through a variety of service delivery models and approaches including standalone youth-friendly health service clinics,[193] clinics attached to tertiary hospitals and other health facilities,[194] services within youth centres,[195] community outreach[196] and school-based services.[197] However not all were as effective in increasing the availability and use of sexual and reproductive health services.[198] In Lao PDR, for example, UNFPA-supported youth-friendly health services based in Vientiane offered a comprehensive range of integrated services (clinic, free telephone hotline, and outreach activities) in a dedicated centre, and saw an increase in the number of young people seeking sexual and reproductive health advice and contraception.[199] Despite available evidence indicating that services situated in locations that do not facilitate access and anonymity (primary concerns of adolescents and youth) were neither feasible nor effective, support for such service programmes was often continued.[200]

UNFPA partnered primarily with government and, to a lesser extent, with non-governmental organisations to make comprehensive sexual and reproductive health services available for adolescents and youth.[201] It was found that non-governmental organisation-run youth-friendly health services generally provide more integrated and higher quality services than government-run services, particularly in contexts with weak and under-resourced health systems.[202] In Egypt, Kyrgyzstan and Nicaragua, UNFPA supported youth-friendly health services delivered by non-governmental organisations affiliated with the International Planned Parenthood Federation, which led to increased use by young people and higher quality of services (e.g. separate entrance and exits to their clinics, varied opening hours, more time allocated per patient).[203]

Some UNFPA-supported government partners demonstrated commitment and increased prioritisation for youth-friendly health services by supporting the replication and scale-up of best practice examples in countries.[204] In 2014, a number of UNFPA-supported programmes evaluated to be successful during their implementation have been scaled up by government partners, demonstrating national ownership, commitment and investment for the provision of youth-friendly health services. In 2014, for instance, the number of youth-friendly health services supported by UNFPA in Nepal more than doubled,[205] while in Botswana UNFPA supported the development of the first-ever costed national plan for scaling up sexual and reproductive health and HIV services.[206] In East and Southern Africa, the Safeguard Young People programme, which commenced in 2014, aims to scale up youth-friendly health services across the region, yet the provision of sustainable financial support from countries remains a challenge.[207]

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189   Interviews: UNFPA Staff.

190   Interviews: Other United Nations Staff, Governments, Donors.

191   The tools used for assessing the quality of SRH services for adolescents and youth can be found in Volume II. Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique. Documents: UNFPA Annual Reports (Executive Director's Report 2010, p 20-21) Evaluations, Reviews, and Assessments (Country Programme Evaluation Jordan and the Pacific Island countries; Evidence 2 Action. Evaluation of youth-friendly health service in Malawi, Evaluation Summary, 2014), Partner and Relevant Thematic Documents: (Global Health Action. Evaluating youth-friendly health service: Young people's perspectives from a simulated client study in urban South Africa, , 2014).

192   Country case studies: Côte d'Ivoire, Egypt, Ethiopia.

193   Country case studies: Egypt, Kyrgyzstan.

194   Country case studies: Egypt, Ethiopia, Mozambique, Nepal, Niger.

195   Country case studies: Côte d'Ivoire, Lao PDR, Nicaragua, Niger.

196   Country case study: Lao PDR.

197   Country case studies: Côte d'Ivoire. Documents: Reviews, Evaluations and Assessments (Country Programme Evaluation Thailand).

198   Documents: Partner and Relevant Thematic Documents (Denno et al, Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support, 2015).

199   Country case study: Lao PDR.

200   Country case study: Egypt, Mozambique. Interviews: UNFPA Staff, Donors. Documents: Reviews, Evaluations and Assessments (Country Programme Evaluation Egypt).

201   Country case studies: Egypt, Kyrgyzstan, Mozambique, Nicaragua.

202   Country case studies: Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nicaragua. Interviews: UNFPA Staff, Non-Governmental Organisations.

203   Country case studies: Egypt, Nicaragua. Interviews: UNFPA Staff.

204   Country case studies: Ethiopia, Mozambique, Nepal. Regional reviews: ESARO, LACRO.

205   Country case study: Nepal.

206   Documents: UNFPA Annual Reports (Annual Report 2014).

207   Document: Partner and Relevant Thematic Documents (Chandra-Mouli et al. What does not work in Adolescent SRH: Global health: Science and Practice 2015).

UNFPA consistently partnered with governments to facilitate sustainability of public sector youth-friendly health services, but high government staff turnover and insufficient funding often disrupted such efforts.[208] UNFPA-supported model programmes, such as the countrywide scale up of youth-friendly health services in Southern Africa, unravelled due to inadequate political commitment, weak implementation capacities, lack of funding, and insufficient accountability mechanisms.[209] In both Kyrgyzstan and Mozambique, well-designed programmes with government and non-governmental support declined when funding limitations compromised plans for the government to take over youth-friendly health services.[210] In both cases, services are still available today, but not at the scale and quality envisaged.[211] Non-governmental organisation-run youth-friendly health services in case study countries appeared to have greater potential for sustainability, usually due to user fees,[212] insurance coverage for specific services,[213] and/or external funding received from donors.[214] Limited UNFPA guidance on how to achieve sustainability of youth-friendly health services was identified, and progress on building national capacities to sustain adolescent sexual and reproductive health remains a significant challenge.[215]

There was limited specific evidence that UNFPA worked through communities and gatekeepers to build support for the availability and use of services for adolescents and youth, despite many good examples of working to overcome social and cultural barriers to education and information, particularly through partnerships with religious leaders (see 4.3). UNFPA support for engaging with communities was often not specifically focused on adolescents and youth service acceptability or to change specific barriers to access for young people but rather, more broadly, to increase public awareness of sexual and reproductive health needs more generally through behaviour change communication campaigns or mobilisation activities (e.g. World Health Day). The exceptions were the dedicated programmes that included interventions with parents and communities to specifically address social norms relating to the rights and opportunities of girls such as in the child marriage and female genital mutilation programmes.[216]

UNFPA built capacities to produce data on adolescents and youth generally (see evaluation question 4), but aside from a small number of coverage exercises,[217] few formal assessments of the quality and youth-friendliness of UNFPA-supported health services have been carried out to inform policies and programmes.[218] A notable exception was an East and Southern Africa region-wide assessment of alignment of youth-friendly health services (including UNFPA-supported services) to World Health Organisation guidelines, which was being conducted at the time of the evaluation by UNFPA in partnership with the International Planned Parenthood Federation.[219]

Considerable evidence exists on effective approaches in delivering youth-friendly health services,[220] however country case studies indicated that many UNFPA-supported youth-friendly health service programmes did not fully adopt such evidence-based approaches to maximise the effectiveness of programming.[221] Nor did country programmes fully take into account important contextual factors that contribute to low uptake of services by adolescents and youth, such as lack of community sensitisation, poor knowledge on sexual and reproductive health and reproductive rights and patterns of adolescents and youth sexual behaviour.[222]

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208 Country case studies: Egypt, Mozambique, Nicaragua. Documents: Partner and Relevant Thematic Documents (Haberland and Rogow, Sexuality Education: Emerging Trends in Evidence and Practice. 2015).

209 Document: Partner and Relevant Thematic Documents (Presentation at the WHO 4-6 April 2016 Global consultation to draw out lessons learned from the first generation of scaled up Adolescent SRH programmes on the National Adolescent Friendly Clinic Initiative of South Africa by RHI.)

210 Country case studies: Kyrgyzstan, Mozambique. Regional review: ESARO. Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisation. Documents: UNFPA Programming Documents (Programma Geração Biz), Partner and Relevant Thematic Documents (Chandra-Mouli et al. Twenty Years After ICPD: Where are we with adolescent SRHR?.JRH, 2015).

211 Country case studies: Kyrgyzstan, Mozambique.

212 Country case studies: Egypt, Kyrgyzstan, Nicaragua. Interviews: UNFPA Staff, Donors, International Non-Governmental Organisations.

213 Country case studies: Kyrgyzstan, Nicaragua. Interviews: International Non-Governmental Organisations.

214 Country case studies: Egypt, Kyrgyzstan, Mozambique, Nicaragua, Nepal.

215 Documents: UNFPA Annual Reports (Executive Director's Report 2010; UNFPA Annual Report 2012), UNFPA Relevant Thematic Documents (Making reproductive rights and SRH a reality for all, 2008).

216 Country case studies: Ethiopia, Mozambique, Nepal, Niger. Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisations

217 Regional review: ESARO, LACRO. Interviews: UNFPA Staff, International Non-Governmental Organisations

218 Regional review: ESARO.

219 Another exception was an assessment report of youth-friendliness of health services in Belize conducted in 2009. Documents: UNFPA Programming Documents (Draft concept note ESARO 2014), UNFPA Annual Reports (ESA ROAR 2014). Interview: UNFPA Staff.

220 Documents: Partner and Relevant Thematic Documents (Denno et al., Effective Strategies to Providing Adolescent Sexual and Reproductive Health Services and to Increasing Demand and Community Support 2015; Chandra-Mouli et al. What does not work in Adolescent SRH 2015; Jejeebhoy et al. Meeting the Commitments of ICPD for young people. 2013; Chandra-Mouli et al. Do efforts to standardize, assess and improve the quality of health service provision to adolescents by government-run health services in low and middle income countries, lead to improvements in service-quality and service-utilisation by adolescents? 2016).

221 Country Case Studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Mozambique, LAO PDR, Nicaragua. Interviews: UNFPA Staff, Donors.

222 Regional review: ESARO. Interviews: UNFPA Staff, Donors, International Non-Governmental Organisations. Documents: UNFPA Programming Documents (UNFPA. UNFPA's Action for Adolescent Girls Programme Document. 2014), UNFPA Relevant Thematic Documents (Singh, S., Darroch, JE., and Ashford L. Adding it up: The costs and benefits of investing in sexual and reproductive health, 2014).

Availability and sustainability of sexual and reproductive health education and information

UNFPA activities increased national capacity for community and school-based sexual and reproductive health education and information that promoted human rights and gender equality.

Evidence from case studies demonstrated that UNFPA effectively developed the capacities of implementing partners in countries and across regions to design and implement community and school-based comprehensive sexual and reproductive health education and information programmes that promoted human rights and gender equality.[223]

In Kyrgzstan, UNFPA developed the capacity of stakeholders, such as local non-governmental organisations, peer educators, trainers and religious leaders for the delivery of sexual and reproductive health education and information to in- and out-of-school adolescents and youth through implementation of a Healthy Lifestyles curricula.[224] UNFPA regional offices effectively provided training workshops for country offices to support development of educational curricula adapted for cultural sensitivities, for example,

in the Asia and Pacific regional office. In the East and Southern Africa regional office the most noteworthy initiative was a partnership between UNFPA East and Southern Africa regional office, UNESCO, UNICEF and the Southern African Development Community (SADC) to implement a regional initiative aimed at improving and scaling up effective education, information and services for adolescents and youth in line with United Nations guidelines (2010-ongoing).[225] The Latin America and the Caribbean regional office also participated and supported the on-going efforts of UNESCO, the Pan American Health Organisation and regional networks (such as the Latin American and Caribbean Committee for the Defence of Women's Rights) to build the capacities of partners in countries to design and implement community and school-based programmes on sexual and reproductive health and reproductive rights,[226] with 87 per cent of countries in the region reporting that they promote comprehensive sexual and reproductive health education and information programmes in their country.[227]

Advocacy and policy advice went hand in hand with capacity building. UNFPA often used capacity building as a tool to advocate for the need for comprehensive

Figure 19: Nine essential sexual and reproductive health education and information components implemented in UNFPA countries
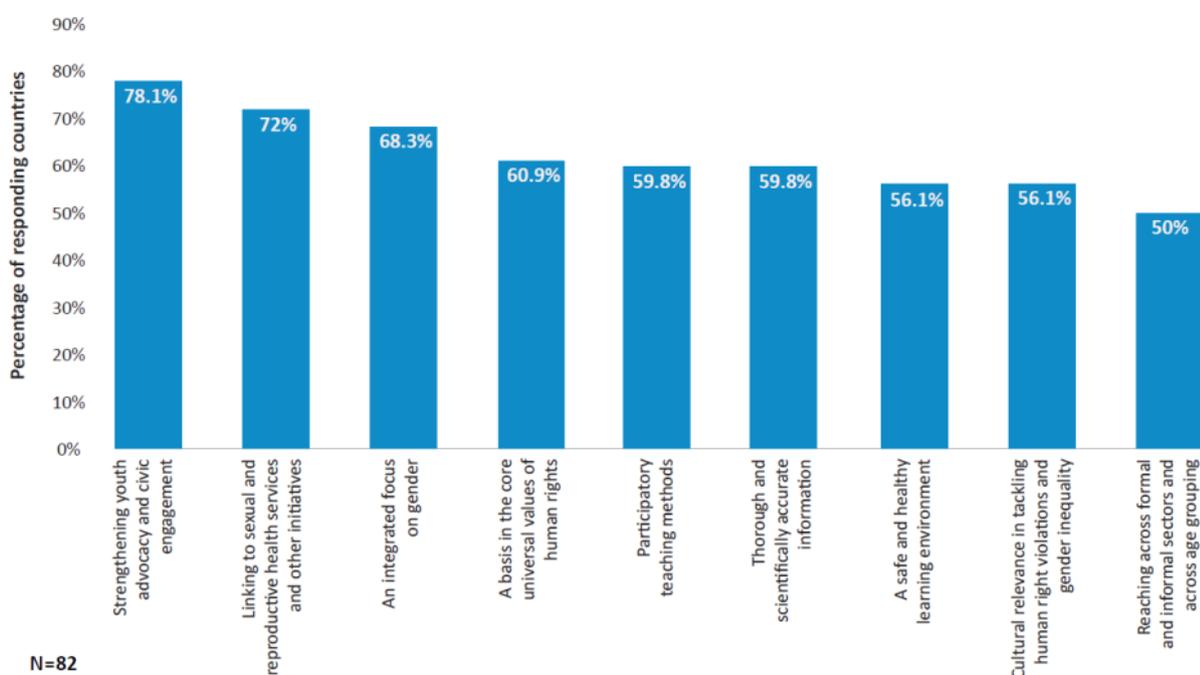
Source: Country office survey

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223 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff. Documents: Partner and Relevant Thematic Documents (UNESCO International Technical Guidance on Sexuality Education, 2009).

224 Country case study: Kyrgyzstan. Interviews: Non-Governmental Organisation, Adolescents and Youth Beneficiaries. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation Kyrgyzstan 2011)

225 Regional Review: LACRO

226 Documents: Partner and Relevant Thematic Documents (UNESCO The Ministerial Declaration "Preventing through Education", 1st Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean, 2010).

227 Country office survey, Q 37.

Figure 20: Providers supported by UNFPA to deliver youth-friendly health services and sexual and reproductive health education and information.
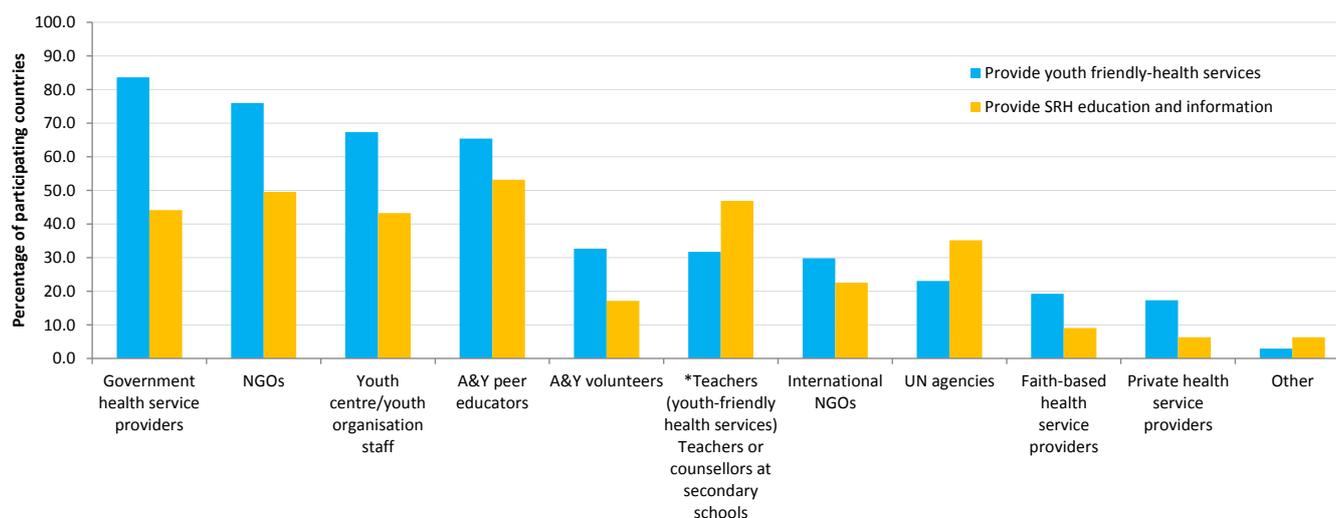
education and information related to sexual and reproductive health and reproductive rights for adolescents and youth among national stakeholders. UNFPA also built capacity through advocacy workshops for YPeer and other partners, and UNFPA increased capacities of national implementing partners and stakeholders to call for and deliver sexual and reproductive health and reproductive rights education and information. UNFPA East and Southern Africa regional office, in collaboration with the Regional Economic Communities (East African Community (EAC) and SADC), United Nations partners and civil society partners (including adolescents and youth organisations), supported a regional level inter-ministerial declaration by 20 countries, on sexual and reproductive health education and information from Ministries of Youth and Health, a strategy modelled after the Latin America region.[228]

UNFPA engaged in multiple multisectoral partnerships and, to a lesser degree, South-South collaboration activities to develop national capacities in sexual and reproductive health and reproductive rights education and information programmes. In Kyrgyzstan, UNFPA effectively supported the capacity building of stakeholders, including peer educators, teachers and service providers, as well as religious leaders of Muslim communities, ensuring sexual and reproductive health

and reproductive rights education and information support to be multisectoral and thus enhancing acceptability and commitment for its implementation.[229] UNFPA provided substantial support for services and behaviour change communications interventions to integrate HIV prevention into out-of-school youth education programmes and campaigns where broader adolescents and youth sexual and reproductive health and reproductive rights issues were typically included. In Kyrgyzstan, for example, UNFPA prioritised making contraceptives (including condoms) available to young people through support for an improved supply chain management system, and innovative strategies to facilitate young people to access condoms and the oral contraceptive pill. Subsequently, knowledge and use of contraceptives improved.[230] UNFPA also produced new knowledge, and materials and tools to ensure the delivery of high quality sexual and reproductive health education and information activities. UNFPA regional offices and partners have also increasingly engaged in sexual and reproductive health and reproductive rights education and information curricula evaluations and assessments,[231] which have led to curriculum revisions and improvements at country level.[232] In 2011, for example, UNFPA carried out a 14 country review as part of a thematic assessment of the Framework for Action on Adolescent and Youth, which found that countries had made some progress in developing high quality,

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228 Including UNESCO, UNICEF, and WHO.

229 Country case study: Kyrgyzstan

230 Country case study: Kyrgyzstan

231 Regional reviews: APRO, ESARO, LACRO. Document: Partner and Relevant Thematic Documents (UNESCO. Comprehensive Sexuality Education Global Overview (unpublished), 2015).

232 Specifically, curricula are being revised to better include gender and rights issues in several countries. Document: Partner and Relevant Thematic Documents (Rogow D., et al. Integrating gender and rights into sexuality education, 2013).

Box 4: Andean plan on adolescent pregnancy prevention

Good practice example: Andean plan on adolescent pregnancy prevention (Estrategia Regional de UNFPA sobre Adolescencia y Juventud para América Latina y el Caribe)[233]

UNFPA partnered with governments, intergovernmental actors and donors such the Economic Commission of Latin America, the Iberoamerican Organisation for Youth and Spanish Cooperation (AECID) to create a multisectoral committee for adolescents and youth sexual and reproductive health education and services in the region

Context: High adolescent pregnancy rates in the region.

UNFPA Strategy: The Latin America and the Caribbean regional office partnered to support the creation of Andean plan for pregnancy prevention together with Colombia, Bolivia, Chile, Ecuador, Peru and Venezuela.

Results: The Andean plan fostered through national commitment with clear policies and implementation guidelines. Current evidence, lessons learned and best practices were shared in the region which supported the implementation of quality sexual and reproductive health services and education for adolescents and youth. Programmes were encouraged to scale up with the multisectoral support of institutional leaders and champions as well as youth leaders and organisations.

Follow up: This commitment has since been used by adolescents and youth advocates in countries, with support from UNFPA, to advance key issues such as sexual and reproductive health education and information and access to health services.

large scale programmes.[234] However, a subsequent ten country review in East and Southern Africa region, found that sexual and reproductive health and reproductive rights education and information programmes often missed critical sexual and reproductive health information, including information related to HIV prevention.[235] The reflection of gender equality and human rights-based approaches varied in line with cultural sensitivities, and this may potentially limit the overall effectiveness of the education and information messages. International literature has shown that inclusion of gender, human rights and empowerment themes in educational curricula improves young people sexual and reproductive health-specific knowledge and management of risk behaviours.[236]

Increased national capacity to design and implement, and increase the availability, education and information on sexual and reproductive health and reproductive rights for adolescents and youth

The evaluation found that UNFPA-supported activities (capacity development, service delivery, advocacy and policy, knowledge development and partnership facilitation) resulted in countries having built national capacities which helped design and implement community and school-based sexual and reproductive health education and information programmes promoting human rights and gender.

This was undertaken in collaboration and partnership with non-governmental organisations, UNICEF and UNESCO.[237] All country case studies demonstrated that while countries recognise that adolescents and youth have the right to access age-appropriate education and information related to sexual and reproductive health, many significant social, cultural and legal barriers continue to impede sharing sexual and reproductive health information, particularly in relation to unmarried adolescents, limiting their access to a full-range of contraceptive information (and services). In Ethiopia, the culturally sensitive mode in which UNFPA has approached sexual and reproductive health education is well regarded by government and religious leaders, particularly for its direct engagement of religious and community leaders, but it does not fully encompass international standards for sexual and reproductive health and reproductive rights curricula for adolescents and youth.[238]

With respect to legal barriers, regional offices supported countries to conduct reviews of laws and policies limiting access to sexual and reproductive health and reproductive rights education and information. Strong efforts were made in the Latin America and the Caribbean, East and Southern Africa, the Pacific Islands sub-region, and more recently, West and Central Africa region. Strategies included assuring the availability of sexual and reproductive health and

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233 Interviews with UNFPA Staff, Document: Partner and Relevant Thematic Documents (Huaynoca et. al, Good Practices in Building Life Skills with Adolescents and youth in Peru, 2015).

234 Documents: Other Documents (Kaidbey, Mona 2011. Sexuality Education Review, Executive Summary. International UNFPA review document, unpublished; cited in Haberland and Rogow, 2015).

235 Documents: UNFPA Relevant Thematic Documents (UNFPA. Sexuality education: A 10-country review of school curricula in East and Southern Africa, 2012).

236 Document: Partner and relevant thematic documents (Haberland and Rogow, Sexuality Education: Emerging Trends in Evidence and Practice. 2015; UNESCO. International Technical Guidance on Sexuality Education, 2009)

237 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO

238 Interviews: UNFPA Staff, International Non-Governmental Organisation, Non-Governmental Organisations.

reproductive rights education and information, including mandating changes in curricula, teacher training and the inclusion of sexual and reproductive health and reproductive rights education and information as an examinable subject (as was done in some middle income countries that had the resources available to make such revisions).[239] UNFPA Latin America and the Caribbean Regional Office contributed to reductions in socio-cultural, legal, and gender barriers through its support for regional reviews of laws and policies related to adolescents and youth access to information and services. The country office survey indicated that a third (33 per cent) of countries in the region, however, still have legal and policy barriers to delivering sexual and reproductive health and reproductive rights education and information, highlighting the need for continuous effort on policy change and dialogue.[240]

UNFPA supported national partners in some country case studies to use multi-sectoral platforms to engage community leaders and parents as a way to build support for institutionalising sexual and reproductive health education and information interventions for in-school youth,[241] and even through broader linkages as demonstrated in Andean plan on adolescent pregnancy prevention (see Box 4). In Kyrgzstan, UNFPA has actively supported the capacity building of stakeholders, including peer educators, teachers and service providers, as well as religious leaders of Muslim communities, ensuring the Healthy Lifestyle curricula received multi-sectoral support including from communities and gatekeepers.[242] In other settings, however, the evaluation team observed few synergies between UNFPA-supported sexual and reproductive education and information interventions and UNFPA-supported youth-friendly health service interventions, for example there was no direct referral for the services adolescents and youth may need.[243] However, some positive examples were noted where UNFPA has built national capacities to develop sexual and reproductive health and reproductive rights education

and information curricula by training teachers as well as service providers to provide education to adolescents and youth through youth-friendly clinical services. This approach may enhance effectiveness and sustainability.[244]

The availability of sexual and reproductive health education and information programmes for adolescents and youth increased globally in the period under evaluation,[245] however progress in alignment of national sexual and reproductive health and reproductive rights curricula with international standards was mixed. At global and regional levels, significant efforts were made to adapt and align multiple curricula to internationally agreed standards. At country level[246] approaches to sexual and reproductive health education and information for adolescents and youth varied, in part a reflection of a context where multiple international and national guidelines on sexual and reproductive health education and information have been circulating in parallel.[247] The country office survey indicates that almost 80 per cent of country offices actively supported sexual and reproductive health education and information programmes during the evaluation period, with 82 per cent reporting that UNFPA support was aligned with international standards.[248] By contrast, the 2014 UNFPA Annual Report stated that only 63 of 182 countries (36 per cent) had implemented full sexual and reproductive health and reproductive rights education and information curricula.[249] This raises questions about the feasibility of implementing all components in all countries.

UNFPA contributed to reaching out-of-school young people with sexual and reproductive health education and information through peer education via youth centres and organisations,[250] local non-governmental organisations[251] and, to a lesser extent, through media campaigns,[252] youth-friendly health services,[253] and sports and cultural events.[254] Despite evidence that sexual and reproductive health and reproductive rights education and information is most effective when begun early

239 Regional Reviews: ESARO, LACRO

240 Interviews: UNFPA Staff.

241 Country case studies: Ethiopia, Kyrgzstan, Mozambique. Regional review: ESARO

242 Country case study: Kyrgzstan

243 Interviews: Other United Nations Staff, Donors, International Non-Governmental Organisation, Adolescents and Youth Stakeholders, Adolescents and Youth Beneficiaries. Regional reviews: APRO, LACRO.

244 Regional reviews: ESARO, LACRO

245 Document: Partner and Relevant Thematic Documents (UNESCO et al.. Global summary and status of school based comprehensive sexuality education, 2015).

246 County case studies: Ethiopia, Nepal

247 Documents: UNFPA Programming Documents (UNFPA Operational Guidance for Sexuality Education,2014), Partner and Relevant Thematic Documents (UNESCO. International Technical Guidance on Sexuality Education,2009;, WHO. European Regional Office.New European guidelines on sexuality education: experts say sexuality education should start from , 2010; Population Council and IPPF for the International Sexuality and HIV Curriculum Working Group. It's All One Curriculum, 2009).

248 Country office survey (indicators 3.2.5 and 3.2.6. N =102). Interviews: UNFPA Staff.

249 The nine components of sexual and reproductive health education and information as presented in the UNFPA 2014 operational guidelines.

250 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO. ESARO. LACRO. Interviews: UNFPA Staff.

251 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO. ESARO. LACRO. Documents: Country Programme Evaluation meta-analysis.

252 Country case studies: Egypt, Mozambique, Niger.

253 Country case studies: Egypt, Mozambique.

254 Country case studies: Mozambique.

in life,[255] as well as the prioritisation of 10 to 14 year olds in the current UNFPA Strategy on Adolescents and Youth 2012-2020, UNFPA support focused mainly on secondary schools,[256] with some country offices also supporting sexual and reproductive health and reproductive rights education and information at university, vocational and primary school level.[257] Country case studies demonstrated the importance of reaching out-of-school youth, and that UNFPA activities for this vulnerable group were an important contribution to increasing the availability of information.[258]

The country office survey highlighted that UNFPA prioritised peer education, with 72 per cent of country offices stating that they supported peer education initiatives to deliver sexual and reproductive health information and education. The Y-PEER network (Youth Peer Education Network), initiated by UNFPA in 2001, was a largely positive example of a successful peer education intervention which was active in many countries.[259] In other settings the sustainability, coverage, reach, and quality of peer education initiatives was variable.[260] This was mainly due to a lack of funding, institutionalisation, monitoring and supervision for programmes.[261]

UNFPA worked with community and religious leaders and schools to reach adolescents and youth, largely through capacity building, sensitisation sessions, and consultation modalities.[262] Evidence suggests that engagement with parents was less essential for the uptake and increased availability of sexual and reproductive health education and information programmes. Parents were recognised, however, as key stakeholders in the 2014 operational guidance for ensuring a multi-sectoral collaboration to build community support for sexual and reproductive health education and information and cited as a risk to implementation in the current theories of change related to Outcome 2 of the current UNFPA strategic plan.[263]

Growing international evidence shows that, without considerable (and costly) supervision and follow-up, or reorientation towards sensitisation and referral, peer education, youth centres and other social approaches to information and education are often ineffective in changing health behaviours or improving health outcomes.[264] It should be noted however, that specific efforts by UNFPA through Y-PEER and clinic-based peer education volunteers in some countries, along with peer education to reach young populations at risk of HIV, are important exceptions that demonstrate that well trained, supervised and monitored peer educators can be effective in certain settings.[265] It has been well documented by UNFPA and partners such as UNAIDS and WHO, that reaching marginalised and vulnerable adolescents and youth, including young populations at risk of HIV, usually requires a peer approach, due to stigma, discrimination and other access barriers that more institutionalised efforts cannot overcome.[266]

Capacities built at country level to deliver sexual and reproductive health education and information programmes for adolescents and youth through UNFPA support helped to increase national priority and commitment to implement and sustain (through investments) sexual and reproductive health and reproductive rights education and information based interventions for adolescents and youth. In Kyrgyzstan, UNFPA support was key to ensure multi-sectoral coordination of major stakeholders for the integration of

255　Documents: UNFPA Programming Documents (UNFPA. Operational Guidance for Comprehensive Sexuality Education, 2014), Partner and Relevant Thematic Documents (Haberland and Rogow, Sexuality Education: Emerging Trends in Evidence and Practice. 2015; UNESCO. International Technical Guidance on Sexuality Education, 2009).

256　Country case studies: Côte d'Ivoire, Mozambique, Nepal. Regional review: APRO. Country office survey

257　Country case studies: Côte d'Ivoire, Kyrgyzstan, Nicaragua. Country office survey.

258　Country case studies: Cote d'Ivoire, Ethiopia, Niger

259　Country case study: Egypt. Document: UNFPA Programming Documents (YouthNet, Family Health International in collaboration with Advocates for Youth. Youth participation guide: Assessment, Planning and Implementation. 2005), Evaluations, Reviews and Assessments (Country Programme Evaluation meta-analysis).

260　Country case studies: Côte d'Ivoire Egypt, Ethiopia, Kyrgyzstan, Nicaragua, Lao PDR, Nepal, Niger, Mozambique. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation meta-analysis).

261　Country case studies: Egypt, Mozambique. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation meta-analysis).

262　Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger.

263　Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Mozambique, Nicaragua. Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisations. Document: Evaluations, Reviews and Assessments (Country Programme Evaluation Tanzania).

264　Country case studies: Côte d'Ivoire, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua. Interviews: UNFPA Staff, Government, Donors, International Non-Governmental Organisation, Adolescents and Youth Beneficiaries. Documents: Partner and Relevant Thematic Documents (Chandra-Mouli, Lane & Wong, What does not work in adolescent sexual and reproductive health, 2015; Harden A, Oakley A, Oliver S. Peer-delivered health promotion for young people: a systematic review of different study designs. 2001; Medley A, Kennedy C, O'Reilly K, Sweat M. Effectiveness of peer education interventions for HIV prevention in developing countries: a systematic review and meta-analysis2009; Kim CR, Free C. Recent evaluations of the peer-led approach in adolescent sexual health education: a systematic review. 2008 ; Maticka-Tyndale E, Barnett JP. Peer-led interventions to reduce HIV risk of youth: a review, 2010; Tolli MV. Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies, 2012; Michielsen K. et al.. Effectiveness of a peer-led HIV prevention intervention in secondary schools in Rwanda: results from a non-randomized controlled trial, 2012; Swartz S, et al. . Measuring change in vulnerable adolescents: findings from a peer education evaluation in South Africa, 2012; Zuurmond MA, Geary RS, Ross DA. The effectiveness of youth centers in increasing use of sexual and reproductive health services: a systematic review, 2012).

265　Country Case Studies: Egypt, Nicaragua. Interviews: UNFPA Staff, Donors, International Non-Governmental Organisation, Adolescents and Youth Beneficiaries. Documents: UNFPA Relevant Thematic Documents (Y-PEER Network in EECA Region Evaluation Report, 2012; WHO, UNFPA, UNAIDS, UNDP, UNODC. Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key population,, 2014).

266　Country case studies: Egypt, Nicaragua. Interviews; UNFPA Staff, International Non-Governmental Organisations, Adolescents and Youth Stakeholders. Documents: Partner and Relevant Thematic Documents (Medley A. et al. Effectiveness of peer education interventions for HIV prevention in developing countries: a systematic review and meta-analysis, 2009; Maticka-Tyndale E, Barnett JP. Peer-led interventions to reduce HIV risk of youth: a review, 2010; Tolli MV. Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of, 2012; Swartz S, , et al. Measuring change in vulnerable adolescents: findings from a peer education evaluation in South Africa. SAHARA J. 2012).

Box 5: Good practice example: Region-wide assessments of sexual and reproductive health education and information in East and Southern Africa

UNFPA regional offices provided important cross country analysis on the status of implementation adolescents and youth programmes in countries.

Context: Implementation of sexual and reproductive health education and information was perceived as uneven and quality standards were a concern for UNFPA and regional adolescents and youth stakeholders.

UNFPA Strategy: In 2011, UNFPA together with UNESCO and UNICEF commissioned the Population Council to conduct a regional ten-country curriculum review in order to support countries in East and Southern Africa to improve the quality of life skills-based, and gender-sensitive sexual and reproductive health education (both in- and out-of-school). The study was conducted in Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe, and sought to assess the content, quality, and delivery methods of sexual and reproductive health education and curricula. The reviews aimed to help countries design curricula to increase comprehensive knowledge among young people and empower them to adopt protective behaviours.

Key findings: While curricula were generally age-appropriate and addressed communication skills with reasonable effectiveness, most curricula did not contain enough information about condoms and other forms of contraception, and references to sexuality tended to be negative and fear-based. Treatment of human rights and gender issues varied widely, and attention to the safety and empowerment of young people was insufficient. Curricula in Botswana and Swaziland were identified as best practice examples.

Follow up: Following the success of this approach, in 2015, the East and Southern Africa Regional Office began working with the International Planned Parenthood Federation to conduct a similar review of the implementation of youth-friendly health services in 14 countries across the region, with the aim of assessing quality of existing services, gaps in existing guidelines, standards and policies and their implementation, enabling factors and barriers for young people to access services, and promising practices.

the healthy lifestyle curricula in vocational schools.[268] In particular, UNFPA mentored the Ministry of Health and those responsible for the vocational education system with technical assistance, internationally validated curricula and material support.[269] On the regional level, UNFPA East and Southern Africa Regional Office, in collaboration with UNESCO, effectively supported the development of an e-Learning platform on sexual and reproductive health and reproductive rights education and information for pre-service and in-service teacher trainings,[270] which has been pilot tested in two East and Southern Africa countries.[271] UNFPA Latin America and the Caribbean Regional Office with a coalition of partners, contributed to the national ownership and sustainability of sexual and reproductive health and reproductive rights education and information programmes in the region. An evaluation of sexual

and reproductive health and reproductive rights education and information programmes from the region found that implementation required multi-sectoral collaboration among varied partners to develop teacher capacities, and also required sufficient time, funding and patience to overcome institutional, administrative, social and legal barriers. Best practice examples included programmes in Mexico and Colombia, which have received strong support from UNFPA at country and regional levels.[272]

National policy and programmes grounded in data and evidence was considered to be an important pre-condition for increasing the availability of sexual and reproductive health education and information programmes. UNFPA supported surveys and other locally generated evidence on adolescent pregnancy rates, pregnancy-related school dropout rates,

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267 UNFPA East and Southern Africa Region. Sexuality Education: A ten-country review of school curricula in East and Southern Africa and Adolescent and Youth-Friendly Health Service Assessment in East and Southern Africa Region, Expert Meeting, 2015.

268 Interview: UNFPA Staff, Government, Donor.

269 Interviews: UNFPA Staff, Government, Government (service providers).

270 Financed by John Hopkins and USAID.

271 Interview: UNFPA Staff.

272 Documents: Partner and Relevant Thematic Documents (UNESCO. Emerging Evidence, Lessons Learned and Practice in Comprehensive Sexuality Education. A Global Review. 2015).

Box 6: Good practice example: Programme for sexual and reproductive health education and the construction of citizenship

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Good practice example: Programme for sexual and reproductive health education and the construction of citizenship (PESCC)[273]

UNFPA partners with government to develop a locally appropriate, multi-sectoral curriculum and training programme to institutionalise sexual and reproductive health education and information in schools.

Context: UNFPA and the Ministry of Education of Colombia supported Colombia's Programa de Educación para la Sexualidad y Construcción de Ciudadanía (PESCC). The aim of the partnership was to institutionalise sexual and reproductive health education and information within the education sector.

UNFPA Strategy: PESCC was rolled out nationally in 2007. Training and coaching for teachers were provided by staff from the Ministry of Education, with cascade training provided by previous participants. Local multisectoral teams - including students, teachers, parents, service providers - were engaged in the programme design, which encompassed curriculum development and analysis of local contexts.

Results: The programme was exemplary in its explicitly human rights-based, gender-focused, and critical thinking-orientated content. The programme sought to develop life competencies, so that children, adolescents and young people are able to make responsible, informed and autonomous decisions over their own bodies. It promoted a peaceful, fair and democratic understanding of family and social relationships based on human rights. The programme was also highly flexible, in that teachers at each school drew from core objectives to develop an appropriate curriculum, and was implemented in kindergarten, primary and secondary school.

Follow-up: While new knowledge of programme strengths and challenges based on a recent evaluation represents a continued area of focus, the PESCC programme remains one of the most comprehensive national programmes implemented with the support of UNFPA.

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transmission rates of HIV, and low health literacy. These surveys were used by national partners to inform and advocate for changes in school policies to allow for sexual and reproductive health education and information and eliminate other barriers to education for pregnant girls in several regions.[274]

At the global level, UNFPA contributed to greater acceptance and international commitment to increasing the availability of sexual and reproductive health education and information. In partnership with Member States, UNFPA supported the successful introduction of sexual and reproductive health education and information at the Commission on Population and Development (CPD), the International Conference

on Population and Development (ICPD) Beyond 2014 review process, global and regional calls to action, and international reviews of the Millennium Development Goals and the planning for the Sustainable Development Goals.[275] UNFPA increasingly partnered[276] with UNESCO, UNICEF, UNAIDS, WHO Regional Office in Europe, the International Planned Parenthood Federation (IPPF), the German Federal Centre for Health Education (BZgA), and numerous researchers and practitioners to support countries to develop locally contextualised curricula that include gender and rights issues.[277] Despite these collective efforts, recent reviews come to the same conclusion: sexual and reproductive health education and information is still a long way from being fully institutionalised in middle- and low-income countries.[278]

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273 Documents: Partner and Relevant Thematic Documents (Villamizar YB., Galvis Aparicio MJ., Vargas GF. Citizenship Competencies and the Program of Education in Sexuality and Construction of Citizenship: A Review of the Implementation of a Public Policy in Institutions of Primary and Secondary Education in Bucaramanga, Colombia, 2013).

274 Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, International Non-Governmental Organisations.

275 Documents: Partner and Relevant Thematic Documents (Commission on Population and Development, 2012; United Nations. ICPD Beyond 2014 Review and Follow Up, 2013; UNFPA. The Bali Declaration in "The Global Youth Forum: Youth Rights at the Heart of Development." 2012. Comisión Económica para América Latina y el Caribe. Guía Operacional para la Implementación y el Seguimiento del Consenso de Montevideo sobre Población y Desarrollo: Segundo Borrador. 2015: Santiago).

276 Regional reviews: APRO, ESARO, LACRO.

277 Documents: UNFPA Programming Documents (UNFPA Operational Guidance: A Focus on Human Rights and Gender, 2014), Partner and Relevant Thematic Documents (Haberland and Rogow, Sexuality Education: Emerging Trends in Evidence and Practice. 2015, UNESCO. International Technical Guidance on Sexuality Education, 2009).

278 Document: Partner and Relevant Thematic Documents (UNESCO et al.. Global summary and status of school based comprehensive sexuality education, 2015).

4.4. Evidence-based policies and programmes with specific priority for adolescent girls

EVALUATION QUESTION 4

To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programmes? To what extent has UNFPA contributed to evidence-based policies and programmes that incorporate the needs and rights of adolescents and youth at the national level?

Summary of findings   **Effectiveness, Sustainability**

Throughout the evaluation period, UNFPA significantly contributed to increasing the priority given to adolescent girls in national development policies and programmes with many stakeholders recognizing UNFPA as a leader globally, regionally, and at country level on adolescent girl issues, especially on child marriage and adolescent pregnancy. Joint programming and partnerships on child marriage and female genital mutilation have proven particularly important in increasing recognition of the rights and needs of adolescent girls in programmes, policies, laws and strategies.

Nonetheless, operationalisation of the strategic priority on adolescent girls is, as yet, inconsistent at country level. This in part reflects the general lack of clarity around the concepts of marginalisation and vulnerability resulting in a clear understanding of which sub-groups to prioritise. A particular challenge relates to the focus on young adolescent girls (aged 10 to 14 years). Aside from significant efforts by UNFPA supported child marriage and female genital mutilation programmes, adolescents and youth programming has not, as yet, sufficiently focused on this age group.

UNFPA headquarter and regional offices supported country offices to collect, analyse and disseminate adolescents and youth data for programming and policymaking. UNFPA support has been most successful in data collection, and less so in data dissemination and use to influence policies at the country and regional level, and to advance the global adolescents and youth agenda. Collection of age-disaggregated data and needs assessments were limited and could have been used to greater effect for planning, advocacy and policy development. Joint programming, especially for adolescent girls, showed greater use of needs assessments, and was more successful in the collection and use of age disaggregated data for national development policies and programming.

UNFPA significantly contributed to increasing the priority given to adolescent girls in national development policies and programmes with many stakeholders recognising UNFPA as a leader globally, regionally, and at country level on adolescent girl issues, especially on child marriage and adolescent pregnancy.[279] UNFPA has successfully provided support for advocacy, including policy dialogue and advice, to national partners on adolescent girls' issues to increase their capacity to design and implement girl-related programmes. Advocacy and policy work by UNFPA resulted in the amendment of the Child Law in Egypt to include the criminalisation of female genital mutilation and to increase the age of marriage to 18 years.[280] Most recently, in the West and Central Africa region, there has also been significant progress including the development of a National Strategy on Child Marriage in Burkina Faso in 2016; a change of legislation to set the age of marriage at 18 years in Chad (2015) and Cameroon (2016); a change of legislation in Sierra Leone to remove the clause of allowing marriages below the age of 18 years with parental consent (2015), and a change in law in the Gambia on both female genital mutilation and child marriage. Several countries (Guinea Bissau; Nigeria and the Islamic Republic of the Gambia) passed national legislation against female genital mutilation with technical support and advocacy from UNFPA and UNICEF as the co-leads of the Joint Programme on Female Genital Mutilation. In Senegal alone over 5,470 communities have abandoned female genital mutilation and post-public declaration follow-up mechanisms are in place.[281]

UNFPA effectively provided capacity building support for adolescent girls' issues to a wide range of partners,[282] including for the purpose of building capacity to analyse laws, policies and barriers to adolescent girls.[283] As a result, the number of countries that UNFPA supported in designing and implementing comprehensive programmes to reach adolescent

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279 Interviews: UNFPA Staff, other United Nation Staff, Donors, adolescents and youth beneficiaries.

280 Country case study: Egypt.

281 Interviews: UNFPA Staff. Document: UNFPA WCARO 2015 Annual Report

282 Country case study: Egypt. Regional review: ESARO. Interviews: UNFPA Staff, international non-governmental organisationS.

283 Country case studies: Côte d'Ivoire, Ethiopia. Regional review: ESARO.

Box 7: Good practice example: Action for Adolescent Girls

Good practice example: Action for Adolescent Girls[284]

UNFPA supports adolescent girl-specific programming to increase priority given to girls in national plans and policies.

Context: The Action for Adolescent Girls initiative was launched in 2013 with the aim of supporting countries to jumpstart girl-centred programming and to protect girls' human rights through targeted interventions that delay marriage, prevent unintended pregnancy, and build health, social and economic assets among the most vulnerable girls.

UNFPA Strategy: The design of this programme, to be implemented in 12 countries, features many practices recommended by UNFPA: an increased investment in marginalised girls to end child marriage and reduce adolescent pregnancy, strong support from headquarter and regional offices to country offices, and the use of data and evidence for programming and evaluation.

Results: In Niger, for example, UNFPA successfully developed a dialogue with traditional and religious community leaders to change gender norms on girls' education and prevent child marriage. In Ethiopia, UNFPA has a long-standing tradition working successfully on child marriage, mainly involving decision-makers and gate-keepers such as parents, local political authorities, the police, teachers etc.

Follow up: Such programming promotes girls' active participation and goes beyond the idea that adolescent girls are simply recipients of support, to see them as agents of change.

girls increased from 8 in 2011 to 19 in 2013.[285] At the regional level, UNFPA made strategic use of regional platforms and partnerships to provide advocacy support and technical assistance. For example, this led the East and Southern Africa regional office and West and Central Africa regional office to support in 2015 the African Union Common Position on Ending Child Marriage in Africa and the drafting of a "model law" on child marriage for the East and Southern Africa region.[286] In 2014, the Latin America and the Caribbean regional office worked with the Caribbean Community and Common Market (CARICOM) to develop a strategic framework for the reduction of adolescent pregnancy in the Caribbean.[287]

Targeted UNFPA programming to meet the health, social and economic needs of adolescent girls has effectively expanded in recent years.[288] According to the 2014 UNFPA Executive Director's Report, globally 41 programme countries have health, social and economic asset-building programmes, for example, that reach out to adolescent girls at risk of child marriage alone.[289]

In four country case study countries, asset-building programmes for adolescent girls were designed and implemented, and two regional programmes provided support to country-level asset-building programmes for adolescent girls.[290]

Partnerships and joint programmes that provide multi-sectoral action towards a broader more holistic intervention were also used effectively by UNFPA as a common strategy to programme for girls' issues. In 2007, the United Nations Interagency Task Force on Adolescent Girls was created to support country level advocacy, policy and programming efforts across sectors, to better target and reach marginalised adolescent girls, with UNFPA as co-lead.[291] There have been multiple joint programmes on adolescent girls issues, based on the 2009 joint framework "Girl Power and Potential" for fulfilling the rights of adolescent girls.[292] This framework provided guidance on interagency programming, including on UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, and the United Nations Joint Programme

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284 Document: UNFPA Programming Documents (UNFPA. Action for Adolescent Girls Programme Document, 2014), UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual Report, 2011).

285 Document: UNFPA Annual Reports (Executive Director Report 2013, p. 2019).

286 Regional review: ESARO. Interviews: UNFPA Staff.

287 Regional review: LACRO.

288 Documents: UNFPA Annual Reports (Executive Director Report 2014, Annex 7, p.4, Annex 8, p.6).

289 Document: UNFPA Annual Reports (Executive Director Report 2014, p 8; Annex 1, p 4).

290 Country case studies: Ethiopia, Niger, Mozambique, Nepal; Regional case studies: APRO, ESARO.

291 This Task Force is no longer operational. Documents: UNFPA Annual Reports (Executive Director Report 2008 p21, 2010 Executive Director Report, p21), Other Documents (Task Force Website: http://www.un.org/partnerships/population_and_woman.html)

292 Documents: UNFPA Relevant Thematic Documents (United Nations Adolescent Girl Taskforce (ILO, UNESCO, UNICEF, UNFPA, UNIFEM, WHO).. Girl Power and Potential: Joint Programming Framework For Fulfilling The Rights Of Marginalised Adolescent Girls, 2010).

on Adolescent Girls (2001-2014), and the regional Joint Programme on Female Genital Mutilation[293] The first phase of the Joint Programme on Female Genital Mutilation made significant gains in increasing the prioritisation of adolescent girls at programme and policy level in countries and the second phase is now underway in 17 countries.[294] UNFPA and partners continue to support programming for girls effectively as marked by the most recent effort by UNESCO, UNICEF and UNFPA through a Joint Programme on Empowering Adolescent Girls and Young Women through Education (2016-2021) in the context of the Sustainable Development Goals.[295]

UNFPA has also supported the development of a knowledge base which supported partners to design programmes that prioritise and invest in adolescent girls, particularly those at risk of child marriage and adolescent pregnancy. Since 2015, in particular, UNFPA has taken steps, including preparation of guidance, to support country office programming on the prevention of adolescent pregnancy and sharing of best practices.[296] Evidence and data related to specific issues, such as child marriage and adolescent pregnancy, has also been produced,[297] especially through the above-mentioned joint programming efforts. The knowledge base on adolescent girls was found to be uneven across different country contexts, and evidence produced was of variable quality. In many country offices, monitoring data on adolescent girl programming was weak, dissemination of best-practice tools underutilised, and dissemination of guidance to implementing partners on girl-specific human rights-based approaches was poor.[298] Age-disaggregation of data on adolescent girls, with special attention to the 10 to 14 age group, remains limited, despite positive examples in Ethiopia and Niger.[299]

Capacity-building of partners by UNFPA led to increased priority on adolescent girls in national development policies and programmes

UNFPA support to address legal and cultural barriers contributed to increased prioritisation and focus on adolescent girls at country level. With UNFPA support, partners designed policies and programmes to address key socio-cultural, legal and gender barriers to girls' empowerment.[300] In countries and regions, programming on adolescent girls has focused on ending child marriage, adolescent pregnancy prevention, abandonment of female genital mutilation, and recently, sexual and reproductive health education and information and youth-friendly health services targeting very young adolescent girls aged 10 to 14.[301] Within all of these programmes, UNFPA worked to increase priority in national development policies and programmes, predominately by supporting efforts to improve the legal, policy and socio-cultural environment.

UNFPA efforts to remove social cultural barriers specifically often involved engaging with communities and gatekeepers. Notable programmes supported by UNFPA designed to address barriers through, in part, working with communities include the 12-country initiative, entitled "Action for Adolescent Girls", the Nepal Choose your Future programme focusing on out-of school girls, the Zero Pregnancy Campaign in Cote d'Ivoire, and the Berhane Hewan programme in Ethiopia. Specific activities to change socio-cultural barriers in these programmes related to keeping girls in school, use of family planning for married adolescents and economic and asset-building programmes.[302]

UNFPA support was successful in engaging partners in using evidence concerning adolescent girls in policies and programmes. Where partners elaborated a knowledge base on adolescent girls with support from UNFPA, there is evidence of its use to inform national development policies and programmes. For example, in 2014, UNFPA in Niger supported the analysis and packaging of census data and its use by the government to develop an evidence-based national strategy to prevent adolescent pregnancy (2015-2020). In Mozambique, UNFPA was part of a joint effort in 2014 to further analyse demographic and health survey data to inform the 2015-2019 national costed strategy to prevent and eliminate child marriage.[303] Evaluation

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293 Country case study: Ethiopia. Documents: Other Documents (UNFPA detailed list of Joint Programmes. http://www.unfpa.org/admin-resource/detailed-list-joint-programmes-0).

294 Documents: Evaluations, Reviews and Assessments (UNFPA and UNICEF. Joint Evaluation: UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting: Accelerating Change 2008 - 2012 Evaluation Report. 2013).

295 Documents: UNFPA Relevant Thematic Documents (UNESCO, UN Women and UNFPA. The Joint Programme on Empowering Adolescent Girls and Young Women through Education, 2016-2021).

296 Documents: UNFPA Programming Documents (Girlhood Not Motherhood: Preventing Adolescent Pregnancy. Draft, 2015).

297 Country case studies: Ethiopia, Mozambique, Niger.

298 Please refer to section 3.2.

299 For example, in Ethiopia and Niger. Country case studies: Côte d'Ivoire, Ethiopia, Mozambique, Niger. Guidance: Documents: UNFPA Relevant Thematic Documents (UNFPA. Girlhood, not Motherhood: Preventing Adolescent Pregnancy. 2015).

300 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Document: UNFPA Annual Reports (2015 Executive Director Report, Annex 8, p.6; 2013 UNFPA Annual Report p.25; 2012 UNFPA Annual Report p.30).

301 Country case studies: Côte d'Ivoire, Ethiopia, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisations, Adolescents and Youth Stakeholders. Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan 2008-2011, UNFPA Midterm Review of the Strategic Plan 2012-2013, UNFPA Strategic Plan 2014-2017, UNFPA Framework for Action on Adolescents and Youth, UNFPA Strategy on Adolescents and Youth).

302 Country Case Studies: Cote d'Ivoire, Ethiopia, Mozambique, Nepal, Niger. Regional review: APRO, ESARO.

303 Country case studies: Mozambique, Niger.

data was used to scale up adolescent girl programmes in Ethiopia and Niger, and needs-assessments were used to target adolescent girl programming in both these aforementioned countries and in Zambia.[304]

There was limited evidence that through UNFPA-supported participation of adolescent girls, attention to their needs and rights at all levels including national policies, laws and strategies has increased as yet (however these programmes are still in their early stages).[305] UNFPA-supported partners mainly developed policies and programmes where adolescent girls participated as beneficiaries rather than as agents of change. UNFPA-supported advocacy targeting the issues of child marriage and adolescent pregnancy resulted in new policies and strategies in these areas. Country case studies revealed that in at least seven out of nine countries, some policy change was achieved or is currently underway, reflecting an increased prioritisation of girls' rights and needs.[306]

At global and regional levels, partners reported that UNFPA was instrumental in keeping the focus on sexual and reproductive health of the adolescent girl

in the International Conference on Population and Development review and the development of the 2030 Agenda for Sustainable Development including within the Secretary General's "Every Woman, Every Child, Every Adolescent" strategy.[307] The heightened visibility of the needs and rights of adolescent girls at global level in particular, has not, as yet, been translated into specific programming in all UNFPA country office adolescents and youth programmes, particularly in regions and countries where adolescent girls are not considered to be generally vulnerable.[308]

The strategic focus on adolescent girls was backed by efforts to maximise the impact of available financial resources, and UNFPA began efforts to reach adolescent girls by strategically focussing on targeted programming in a subset of countries where girls have the worst sexual and reproductive outcomes and face risks such as child marriage and female genital mutilation. While all partners acknowledge the importance of this emphasis, some argued that this is a rather narrow focus[309] and believed that UNFPA could and should expand adolescent girl programming beyond the themes of child marriage, female genital mutilation or adolescent

Figure 21: Percentage of country offices per UNFPA region stating that the needs of very young adolescent girls (10 to 14 years) are insufficiently or not reflected in adolescents and youth needs-assessments
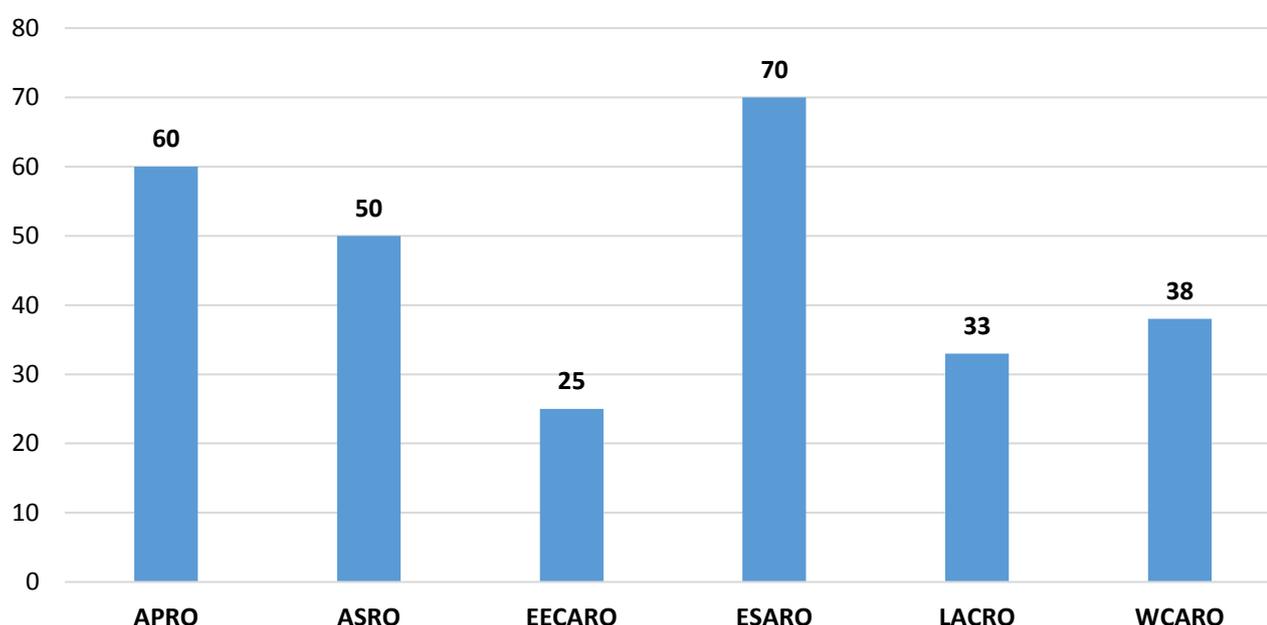
Source: Country office survey.

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304   In Ethiopia, the Berhan Hewan Joint Programme was one of the first rigorously evaluated interventions to have delayed marriage in sub-Saharan Africa. In Niger, the "Adolescent Girl Initiative" was evaluated and the resulting evidence was used to plan the scale-up of the intervention. Country case studies: Ethiopia, Niger. Interviews: UNFPA Staff, International Non-Governmental Organisations, Adolescents and Youth Stakeholders.

305   Interviews: UNFPA Staff, International Non-Governmental Organisations. Country case study: Ivory Coast. Regional Review: ESARO.

306   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Lao PDR, Mozambique, Nepal, Niger.

307   Interviews: UNFPA Staff, Donors.

308   Country case studies: Egypt, Kyrgyzstan. Regional review: APRO, LACRO. Interviews: UNFPA Staff, International Non-Governmental Organisations, Non-Governmental Organisations, Adolescents and Youth Stakeholders.

309   Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisation.

Figure 22: Specific interventions that engaged very young adolescent girls (10 to 14 yrs.)

Country programme support for specific interventions/approaches that engaged very young adolescent girls (10-14 yrs.) in sexual and reproductive health issues, 2008 - 2014

To what extent do you agree with the following statement?

Between 2008 and 2014, the country programme(s) supported specific interventions/approaches that engaged very young adolescent girls (10-14 yrs.) in SRH issues.

N=104

46%

24%

30%

- Strongly agree / agree
- Undecided
- Disagree / strongly disagree
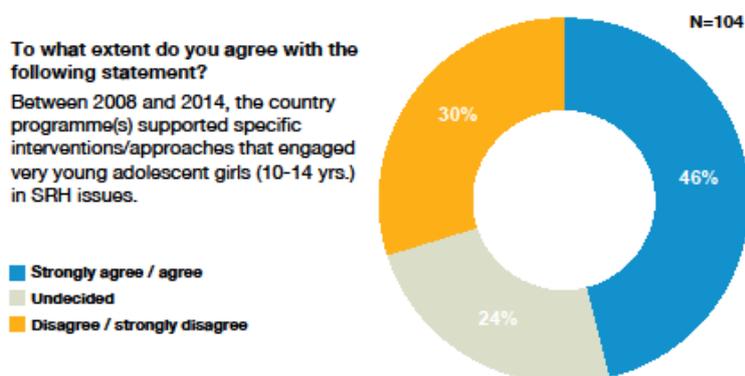
Source: Country office survey.

pregnancy, to address a wider range of themes depending on the country context.[310] This critique appears to have already been taken up by UNFPA, with the 2013 launch of the "Action for Adolescent Girls" initiative - a health, social and economic asset-building programme targeting adolescent girls in 12 countries.[311]

While global guidance exists on how to identify and reach the most vulnerable young people, specifically young adolescent girls,[312] there is an identified need for more support to country offices to fully operationalise this guidance in assessing needs and designing programmes for adolescent girls.[313] As discussed in section 4.3 there is a lack of clarity at country level about which groups of adolescent girls, and even adolescents and youth more generally are most in need. Case studies revealed inconsistent approaches by country offices to reconcile support to adolescent girls and support to vulnerable and marginalised adolescents and youth; categories that were often used interchangeably.[314] Although the majority of reviewed country and regional offices addressed adolescent girls' issues in some way, in some countries there was no emphasis at all on the needs or rights of girls particularly, within their broader adolescents and

youth programming.[315] In other case study countries, the entire adolescent girl population was considered to be vulnerable and marginalised, or sub-groups of adolescent girls (for example, young unmarried adolescent mothers, those at risk of early marriage or early pregnancy, etc.) were either part of the group of vulnerable adolescents and youth or were the only vulnerable and marginalised adolescents and youth targeted.[316] In some country offices, programming attention to girls, as mandated by UNFPA Strategic Plan 2014-2017 and the Strategy on Adolescents and Youth 2012-2020, was done through mainstreamed programmes such as the sexual and reproductive health programmes on adolescent pregnancy or gender programmes working on female genital mutilation that were considered sufficient to "cover" the issue of priority given to adolescent girls.[317] There is a risk that mainstreamed approaches to programming for girls may lead to fragmentation and undermine the evidence-based strategies developed by UNFPA and partners that underpin targeted, multi-sectoral, holistic packages of interventions to meet broader human rights and development needs.[318]

The needs of very young adolescent girls have not

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310   Country case study: Kyrgyzstan. Interviews: UNFPA Staff, Government, Donor,, International Non-Governmental Organisations .

311   Interviews: UNFPA Staff, Other United Nations Staff, international non-governmental organisation. Documents: UNFPA Programming Documents (UNFPA. UNFPA's Action for Adolescent Girls Programme Document, 2014), UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual Report, 2011).

312   In addition, an Interagency Task Force on Adolescent Girls, co-chaired by UNFPA and UNICEF, was established in 2007 to reorient youth programmes to better reach marginalised adolescent girls. Documents: UNFPA Relevant Thematic Documents (UNFPA and the Population Council (2009). The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People). This publication draws principally on results from demographic and health surveys and provides decision-makers with data about adolescent girls and boys and young women, ranging in age from 10 to 24. The publication illustrates how the most vulnerable youth populations may be excluded from the very programmes intended to help them, and finds that policies and programmes repeatedly ignore large, neglected and pivotal subgroups of adolescents, such as 10 to 14-year-old out-of-school girls, girls at risk of child marriage, rural adolescents living without their parents and young migrants at risk of unsafe, exploitative work and trafficking. Documents: UNFPA Relevant Thematic Documents (United Nations Adolescent Girl Taskforce. Girl Power and Potential: Joint Programming Framework for Fulfilling The Rights Of Marginalised Adolescent Girls, 2010).

313   Interviews: UNFPA Staff, Donor.

314   Interviews: UNFPA Staff, Government, International Non-Governmental Organisation.

315   Country case study: Kyrgyzstan, Lao PDR

316   Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger.

317   Country case study: Lao PDR, Nicaragua. Regional review: APRO, LACRO. Documents: UNFPA Relevant Thematic Documents (UNFPA and the Population Council. The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People, 2009).

318   Interviews: UNFPA Staff, Other United Nations Staff, Donors, International Non-Governmental Organisations, Non-Governmental Organisations.

been systematically addressed at country level outside of the countries targeted by joint programmes such as those focused on child marriage (Action for Adolescent Girls) and female genital mutilation, or in regions such as Sub-Saharan Africa and Southeast Asia where there is a broad awareness of harmful practices affecting girls. Notable exceptions include the Zero Pregnancy Campaign in Cote d'Ivoire that successfully used data to show the dramatic rise in adolescent pregnancy precipitating a national response.[319] The country office survey, however, revealed that the majority of country offices believe that the needs of 10 to 14 year-old girls were insufficiently reflected in adolescents and youth needs-assessments. Furthermore, 54 per cent of country offices were undecided or disagreed that UNFPA programming in their country had targeted adolescent girls aged 10 to 14 years during the period under evaluation. This pattern was confirmed by examining specific adolescents and youth programmatic areas, such as support for sexual and reproductive health education, information and health services. For example, activities in many countries focused on activities in secondary schools and were therefore less likely to reach younger cohorts of adolescents and youth.[320]

Data for evidence-based advocacy, policy and programming for adolescents and youth

UNFPA contributed to strengthened national capacity for production, analysis and use of adolescents and youth disaggregated data in general and on adolescent girls in particular. While data collection and analysis increased over the evaluation period, use of the data to influence the development of programmes and policies was less evident outside of the Action for Adolescent Girl programmes on child marriage mentioned above. To increase the availability of age-disaggregated data, country offices built capacity, conducted advocacy and directly developed the knowledge base via support for census (housing and population), civil registration and vital statistics (birth, marriage), demographic surveys (Demographic and Health Survey, Multiple Indicator Cluster Surveys), baseline/end-line surveys (HIV, child marriage), and population surveys on vulnerable and marginalised young people and adolescent girls.[321] Furthermore, UNFPA provided extensive support and technical assistance to national statistics offices,[322] and implementing partners such as governments, non-governmental organisations, and civil society

organisations were trained on how to use disaggregated monitoring data in order to improve programming.[323] Youth surveys in Egypt, Ethiopia, Kyrgyzstan and Nepal, monographs on adolescents in Niger, an anthropological study on indigenous youth in Nicaragua at country level, to multi-country analysis of adolescents and youth related data at regional level, and the Adolescent and Youth Dashboard are examples of new knowledge developed, managed and shared with partners at all levels for their use in policymaking and programming, demonstrating the well acknowledged success of UNFPA in this area.[324]

At country level, assessments, studies and surveys were often designed to fill programmatic criteria (i.e. for a baseline, monitoring, reporting) rather than with an explicit policy or programme intent.[325] The Survey of Young People in Egypt, and the youth survey in Kyrgyzstan, for example, were both supported by UNFPA (and partners) offering an excellent opportunity to design the studies to influence strategic policy objectives of the adolescents and youth programme. However, stakeholders reported that little time was dedicated by the country office to develop an analysis plan and dissemination strategy that could help to make the results of the sizable effort to conduct the survey and publish something that could serve a broader advocacy and policy dialogue.[326] The Zero Pregnancy Campaign in Cote d'Ivoire was another notable exception as a data driven programme that resulted in national recognition and programming to address the high number of adolescent pregnancies in school[327]

Advocacy and policy advice for the development of national capacities to collect and use disaggregated data for policymaking was less frequently reported on at country level. At regional level however, numerous studies were conducted on adolescents and youth issues (commissioned by UNFPA alone and/or with partners) including multi-country analyses to inform the development of regional programmes.[328] The East and Southern Africa Regional Office together with the Population Reference Bureau, for example, developed an interactive map of individual country profiles highlighting opportunities and challenges faced by young people in Africa in 2012. The information was aimed at policy makers and advocates to increase country capacities to achieve progress on the Millenium Development Goals and mobilise funds to support investments in adolescents and youth nationally.[329]

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319 Country case study: Cote d'Ivoire

320 Country office survey (indicators 3.2.1, 3.2.6 and 3.2.3)

321 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger.

322 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger. Interviews: UNFPA Staff

323 Country case studies: Côte d'Ivoire, Ethiopia, Lao PDR, Nicaragua.

324 Interviews: UNFPA Staff, Governments, International Non-Governmental Organisations, Adolescents and Youth Stakeholders Adolescents and Youth Beneficiaries. Country Case Studies: Cote d'Ivoire, Egypt, Kyrgyzstan, Nicaragua, Niger, Nepal. Regional reviews: APRO, ESARO, LACRO.

325 Country case studies: Egypt, Kyrgyzstan, Nicaragua.

326 Country case study: Egypt, Kyrgyzstan.

327 Country case study: Cote d'Ivoire

328 Regional reviews: APRO, ESARO, LACRO.

329 Regional review: ESARO

In the Asia Pacific Regional Office, UNFPA partnered with other United Nations organisations to build the capacity of country offices and their national government counterparts to carry out adolescents and youth situation analyses, although to a lesser extent on marginalised and vulnerable adolescents and youth.[330] Similarly, the Latin America and the Caribbean Regional Office invested in building the capacity of government and non-government partners for the collection, analysis and use of disaggregated data and evidence in the area of adolescents and youth programming.[331]

At the global level, UNFPA promoted evidence-based programming at country and regional level during the period under evaluation. For example, UNFPA supported capacity development for the retrieval and use of data via Dashboards (Adolescent and Youth Dashboard,[332] Female Genital Mutilation Dashboard[333]) and an application (an "app") for monitoring of Millennium Development Goal 5b,[334] where the latest data from both demographic and health surveys and multiple indicator cluster surveys is packaged to identify the most vulnerable adolescents and youth for programming at country and regional level.[335] Partnerships such as joint programming showed, in general, good use of needs assessments and other evidence to target and prioritise the needs of adolescents and youth, especially adolescent girls (e.g. in the areas of child marriage and female genital mutilation).[336] There was evidence that at headquarter level, UNFPA in partnership with the Population Council developed guidance and tools through the Action for Adolescent Girl Programmes to facilitate using data to target the most vulnerable adolescent girls in countries.[337]

Figure 23: National capacity for the collection, analysis, dissemination and use of data

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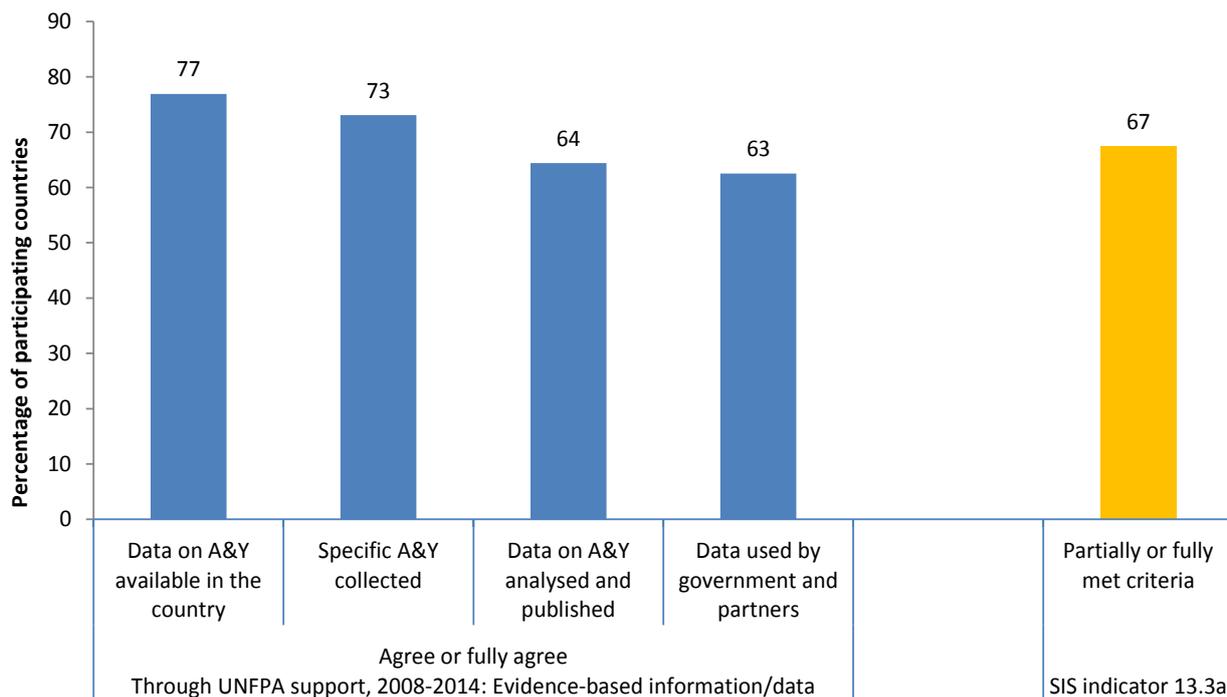
330 Regional review: APRO.

331 Regional review: LACRO.

332 Documents: UNFPA Annual Reports (Executive Director Report 2014, Annex 8, p 2).

333 Documents: Other Documents (UNFPA. Adolescents and Youth Dashboards, 2016).

334 Documents: Other Documents

335 MDG Target 5b: Achieve, by 2015, universal access to reproductive health. Documents: Other Documents (http://www.devinfo.org/mdg5b/libraries/aspx/home.aspx).

336 Regional reviews: ASRO, ESARO. Interviews: UNFPA Staff.

337 Country case studies: Ethiopia, Niger. Regional review: LACRO; Documents: Evaluation, reviews and Assessment (UNFPA, UNICEF. Adolescent Pregnancy: A Review of the Evidence 2013; UNFPA-UNICEF. Girls Not Brides: The Global Partnership to End Child Marriage. 2015; Kabuchu. Lessons Learned from Selected National Initiatives to End Child Marriage, 2013; Joint Evaluation: UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change (2008 - 2012) - Final Report (Volume I).

Strengthened national capacities contributed to evidence-based policies and programmes that incorporate the needs of adolescents and youth

UNFPA support to national stakeholders, including national statistics offices and implementing partners for the collection, dissemination of adolescents and youth data, particularly the increased capacity for the collection of age disaggregated data and special studies, was observed in all country case studies.[338] Increased data availability however did not fully translate to ensuring the use of the data for planning, advocacy and policy development at country level, although better results were found at regional and global level.[339] Specifically, although the collection of age-disaggregated data improved,[340] evidence from adolescents and youth needs assessments and surveys, and data on marginalised and vulnerable adolescents and youth indicates that was not always used for planning, advocacy and policy development at country level by UNFPA and government partners.[341] Country case studies show that the use of adolescents and youth data, when available, was not maximised to inform policies, programmes and investments, in large part because it had not been analysed and packaged with a policy intent.[342] In Egypt for example, the Youth Survey data, while widely used and appreciated by partners, was reported as a potentially good source of information that could have been further analysed to inform specific policy questions.[343]

In countries supported by joint programmes with additional external technical assistance from international non-governmental organisations such as the Population Council, data was used both from programme monitoring and evaluation data, and through specific surveys which resulted in policy briefs as was the case in Ethiopia and Niger.[344] The country office survey showed that 77 per cent of country offices agreed that disaggregated data on adolescents and youth exists in their country, with 63 per cent confirming that this data was used by UNFPA for adolescents and youth programming or policies. Sixty two per cent per cent of country offices reported that data was used by government and partners for evidence-based laws, policies and programmes for

adolescents and youth.[345] This was further confirmed by Strategic Information System data for 2014 on indicator 13.3,[346] which shows that 67 per cent of country offices reported that national statistical authorities had institutional capacity to analyse and use disaggregated data on adolescents and youth through the support of UNFPA (see Figure 23).[347] While a majority of countries and offices are using data for their adolescents and youth policy and programming needs, a significant third of country offices are still not making best use of data collected at country level.

Collection of monitoring data, evaluations or other programme data, and internationally available evidence on what works in programming could have been used more proactively to improve UNFPA supported programmes, and this concern was noted by senior staff from UNFPA headquarter and other UN organisations. It was generally agreed that to be an evidence-based organisation, UNFPA needs to build the capacities of partners and government for evidence-based programming, and at the same time enhance capacities of UNFPA staff at country level.[348] Country case studies indicated that when introducing or strengthening adolescents and youth sexual and reproductive health interventions, using sound monitoring and evaluation procedures to collect disaggregated data on their impact remained a challenge.[349] These also suggested that although implementing partners were trained by UNFPA on using disaggregated monitoring data to improve programming, data quality, collection regularity, and use varied widely.[350]

There was some evidence that if national capacities were improved to produce, analyse and use evidence that this would lead to increased government commitment and policies to prioritise adolescents and youth interventions, and funding. As noted previously, the Zero Pregnancy Campaign in Cote d'Ivoire resulted in increased government commitment and dedicated resources for adolescent pregnancy prevention in schools.[351] Regional efforts on female genital mutilation, child marriage and adolescent girls demonstrate increasing government policy commitments and change in laws related to female genital mutilation, child marriage and education for adolescent girls.[352]

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338 Country case Studies: Ethiopia, Mozambique, Nepal, Niger. Regional reviews: ESARO. Interviews: UNFPA Staff, International Non-Governmental Organisations.

339 Country case studies: Cote d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Laos, Mozambique, Nicaragua, Niger, Nepal. Regional reviews: APRO, ESARO, LACRO.

340 Interviews: UNFPA Staff, Donor, Adolescents and Youth Beneficiaries.

341 Due to legal/ethical issues related to census and DHS formats.

342 Interviews: UNFPA Staff, Donor, Adolescents and Youth Beneficiaries.

343 Country case study: Egypt.

344 Country case studies: Ethiopia and Niger

345 Interviews: UNFPA Staff.

346 SIS Indicator 13.3a: Number of countries in which the national statistical authorities have institutional capacity to analyse and use disaggregated data on adolescents and youth.

347 Documents: UNFPA Monitoring Reports (2014 SIS Data).

348 Interviews: UNFPA Staff, Other United Nations Staff.

349 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua, Niger.

350 Country case studies: Côte d'Ivoire, Ethiopia, Lao PDR, Nicaragua.

351 Country case study: Cote d'Ivoire.

352 Regional reviews: APRO, ESARO, LACRO.

4.5. Adolescents and youth participation and leadership

EVALUATION QUESTION 5

To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalised and vulnerable adolescents and youth, particularly adolescent girls?

Summary of findings	Effectiveness, Sustainability

UNFPA actively built the leadership capacity of young people by strengthening adolescents and youth networks and organisations as well as individuals at the global, regional and country levels through skills training, leadership and participation in conferences, meetings and workshops. UNFPA supported representatives of youth organisations to engage with the implementation, monitoring and evaluation of policies and programmes from local to global levels and facilitated the establishment of youth-led advisory and advocacy mechanisms at country and regional levels. This support resulted in direct youth input to global, regional and national sexual and reproductive health agendas (for example in the International Conference on Population and Development review process)

Systematised constituency-based follow-up of regional and global youth leaders, and engagement with existing youth networks by UNFPA has been more limited and may affect the potential of young people to fully capitalise on the knowledge and experience gained from UNFPA supported leadership and participation interventions. Country offices were often unclear as to whether UNFPA should take a broader developmental approach by working with non- sexual and reproductive health focused youth organisations or should focus specifically on adolescents and youth sexual and reproductive health issues (as was generally the case). In light of the Agenda for Sustainable Development, youth advocates seek clarification on how UNFPA will continue to strategically support adolescents and youth leadership and participation in the broader social, political and economic development agendas affecting young people.

Increasing adolescents and youth leadership, participation and empowerment

UNFPA contributed to increasing leadership, participation and empowerment of adolescents and youth at country, regional and global levels, including for youth living with HIV. UNFPA also reached out to marginalised and vulnerable adolescents and youth to include them in activities and programmes but did not demonstrably increase their leadership, participation or empower them specifically with the notable exception of young populations at risk of HIV (YKP).

UNFPA actively built the leadership capacity of young people by strengthening adolescents and youth networks and organisations as well as individuals at the global, regional and country levels. This included, among others, the provision of skills training and support for participation in policy dialogue, especially in the International Conference on Population and Development (ICPD) Beyond 2014 review process at regional and global levels.[353] In particular, the participation of young people at global, regional and national conferences, meetings, workshops and events was a central mechanism for adolescents and youth capacity building. Specifically, UNFPA provided training for youth leaders to meaningfully participate and play a leadership role in the outcome of a series of regional and international conference on adolescents and youth development.[354]

UNFPA is also credited at global, regional and country levels for having significantly strengthened youth capacity to advocate on sexual and reproductive health issues within the broader adolescents and youth development agenda. For example, UNFPA supported the development of guidance documents

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353 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Mozambique, Nepal, Nicaragua. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, Government, Donors, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (UNFPA Executive Director Reports for 2008, 2009, 2010, 2011, UNFPA Annual Reports for 2010, 2013, 2014), Other Documents (UNFPA. Youth Leadership Group Advocacy Meeting Agenda, 2013).

354 Country case studies: Egypt, Ethiopia, Nepal, Niger, Mozambique. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff , Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Executive Directors Reports, 2008, 2011, UNFPA Annual Reports 2010, 2012). UNFPA supported international meetings include: ICPD Global Youth Forum 2012, ICPD Beyond 2014 International Conference on Human Rights (2013), ICPD Beyond 2014 Expert Group Meeting on Women's Health (2013), CPD 47th session on status of ICPD implementation 2014, Regional ICPD meeting(s): Latin America and the Caribbean (2013), Asia and Pacific (2013), Arab States (2013), Europe and Central Asia (2013), Regional Conference on Population and Development in the Arab States – preceding meeting of the Arab Youth Coalition 2013, Regional Youth Conference, Eastern Europe and Central Asia (2013), Regional Conference on Population and Development in Latin America and the Caribbean (2013), Regional consultation meeting on ICPD 20+ for Caribbean CSOs (2012), Rio+20 Summit, World Humanitarian Summit Global Youth Consultation 2015, Moving Beyond 2014, Africa Regional Meeting for CSOs and youth organisations 2012, Beyond ICPD and Millennium Development Goal: Non-governmental organisations Strategising for Sexual and Reproductive Health and Rights in Asia Pacific 2012, High Level Meeting of the General Assembly on Youth, Sixth Asia Pacific Population Conference).

and tools on youth engagement[355] and supported adolescents and youth leadership and participation through knowledge sharing, advocacy and capacity development.[356] Increasingly, social media platforms were being used to capture youth voices in international processes (for example, the World Youth Forum in Bali).[357] In addition, UNFPA supported numerous youth mobilisation activities, such as the celebration of international days related to adolescents and youth sexual and reproductive health, international advocacy campaigns and social media platforms.[358] UNFPA also facilitated global events such as the Y-PEER 10 Days of Activism, with activities in more than 25 countries.[359] Furthermore, all youth attendees of the International Conference on Population and Development review process received pre-conference training in order to maximise the value of their input. These examples indicate the depth and breadth of the sizable support UNFPA provided for meaningful youth participation and leadership throughout the evaluation period.

Strengthened adolescents and youth leaders, organisations and networks contributed to the meaningful engagement of adolescents and youth to ensure their priorities are reflected in policies and programmes.

UNFPA strengthened adolescents and youth organisations and networks by facilitating partnerships and coordination. UNFPA established numerous youth networks, organisations, youth-led advisory mechanisms and advocacy platforms at global, regional and country levels.[360] For example, UNFPA supported the formation and expansion of youth networks such as Y-PEER and AfriYAN, now represented in 43 African countries. AfriYAN members have gained recognition from the African Union (AU), various United Nation organisations and UNFPA Headquarters for their advocacy at the national, regional and global levels.[361] Y-PEER programmes have been responsible for creating

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Definition: Meaningful youth participation[362]

Youth Coalition, a UNFPA-supported international organisation of young people working to promote adolescent and youth sexual and reproductive rights at the national, regional and international levels, describes six key principles of meaningful youth participation.

1 Youth participation requires making structural and procedural changes to adapt to the needs and realities of young people

2 Tokenism (inviting young people to a process without them being able to substantially influence it) and exclusivity (repeated inclusion to the same group of young people) are detrimental to meaningful youth participation

3 Youth participation aims to provide a "youth perspective", rather than assuming that one young person is representative of all young people

4 Youth-adult partnerships are key

5 A commitment to on-going training and capacity building of young people is essential

6 Capacity building for adults on the importance of meaningful youth participation is equally as important as capacity building for young people.

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strong networks and building capacity of youth to lead on sexual and reproductive health issues, with key informants praising Y-PEER for providing 'safe spaces' for adolescents and youth to meet and talk about sexual and reproductive health issues.[363] In contrast, potential partnerships with existing national youth-led organisations were underexplored.[364] Some stakeholders were concerned that UNFPA may have created parallel structures for youth leadership and participation that did not intersect with existing youth networks and potentially overlooked the important

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355 Regional review: APRO. Document: UNFPA Relevant Thematic Documents (UNFPA. Young people and the law in Asia and the Pacific , 2013; UNFPA, YWCA. Empowering young women to lead change. A training manual, 2006; UNFPA. Population Matters for Sustainable Development, 2012) Other Documents (UNFPA. The Bali Declaration in "The Global Youth Forum: Youth Rights at the Heart of Development." 2012).

356 Country case study: Egypt. Regional review: ESARO. Interviews: Adolescents and Youth Beneficiaries

357 Document: Other Documents (UNFPA. Using Social media to Empower Madagascar's Youth, 2016.

358 Country case studies: Egypt, Lao PDR, Niger. Interviews: Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (UNFPA Annual Report 2012), Evaluation, Reviews and Assessments (Country Programme Evaluation Armenia).

359 Interviews: Other United Nations Staff. Documents: UNFPA Programming Documents (Y-PEER 10 Days of Activism Campaign Global Report 2011; UNFPA. Youth Leadership Group Advocacy Meeting Agenda, , 2013), UNFPA Annual Reports (Executive Director's Report 2008, 2014, UNFPA Annual Reports 2009, 2012, 2014),

360 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Nepal, Nicaragua. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, Other United Nations Staff, Non-Governmental Organisation, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Executive Director's Report 2008, 2010, UNFPA Annual Reports 2008, 2010, 2011, 2012, 2013, 2014, 2014), Evaluations, Reviews and Assessments (Evaluation report of Y-PEER network in Eastern European and Central Asia region), Other Documents (United Nations Youth. Youth Leadership Group Advocacy Meeting Agenda. 2012; UNFPA Advocacy Strategy of Y-PEER International towards the 47th Session of the UN Commission on Population and Development, 2014).

361 Regional review: ESARO.

362 Youth Coalition. Meaningful Youth Participation: what it actually means for you, your work and your organization, 2009.

363 Country case studies: Egypt, Nicaragua. Interviews: Adolescents and Youth Beneficiaries. Documents: UNFPA Programming Documents (Y-PEER: Strengthening and Expanding Capacity for Delivery of High Quality Peer Education Systems in Arab States, Eastern Europe and Central Asia, 2008).

364 Interview: Adolescents and Youth Beneficiary. Document: UNFPA Annual Reports (Executive Director's Report 2010).

contributions of well-established, country-level youth organisations.[365] A notable exception is Youth LEAD, which was developed by youth, for youth, in response to an identified need for greater leadership and participation of young people at risk of, or affected by, HIV. A lack of sustainability was identified as an issue for some national and global adolescents and youth platforms created by UNFPA such as AfriYAN that now struggles to raise funds to remain active, following decreased funding from UNFPA after the International Conference on Population and Development review process and the general agreement of the Agenda for Sustainable Development.[366] UNFPA engagement to support youth participation and leadership eventually strengthened not only organisations, networks and institutional structures but also individual adolescents and youth leaders who may or may not be connected with their home country networks: a finding in line with global evidence.[367]

Joint programmes provided an opportunity for UNFPA to support the participation and empowerment of adolescent girls, yet capacity building (as was done for youth leaders to meaningfully participate in international and regional conferences) geared specifically towards adolescents (10 to 19 year olds) was missing or very limited compared to that targeting youth (above 20 years old) and differentiation between the two groups was often not clear.[368] While this was in part related to limited financial resources with which to support participation activities – given the higher attendant costs of funding guardians or translators to accompany young people to leadership events – the end result was under-representation of younger and more marginalised groups at advocacy and decision-making opportunities.[369] UNFPA support strengthened adolescents and youth leaders and organisations to play a significant role in formal decision-making

processes, which was most visible in international fora. Youth convenings, for example, produced numerous declarations, strategies, calls for actions and position papers, such as the Guanajuato Declaration from the World Youth Conference in Mexico (2010), the Colombo Declaration on Youth at the World Conference on Youth (2014) and the United Nations World Programme of Action for Youth (2010).[370] Notably, active youth participation at the International Conference on Population and Development Global Youth Forum resulted in the Bali Youth Declaration, which was used to inform the Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 and the Sustainable Development Goals.[371]

However, evidence raised questions about the inclusiveness of UNFPA-supported participation of young people at conferences, meetings, workshops and events. Interviewees noted that often the same young people participated in multiple events and meetings, giving the impression that UNFPA was creating an elite cadre of "professional youth".[372] At all levels, a lack of diversity among selected youth leaders was observed (for example, insufficient inclusion of marginalised and vulnerable youth, young people from rural areas, those without strong English skills, less educated young people, and adolescent girls).[373] Staff workloads and scheduling demands often required expediency and, as such, the selection process for youth participation, particularly at regional and global level, was rarely formal, systematic or transparent,[374] although some country offices made greater efforts to be transparent in the selection process of youth participants.[375]

Follow up of young people supported by UNFPA to participate in events such as conferences was inconsistent, with few formal mechanisms for feeding

365 Country case study: Egypt. Regional review: ESARO. Interviews: Government, Adolescents and Youth Beneficiaries. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation Cameroon, Country Programme Evaluation Meta-analysis). Country case study: Egypt Interviews: UNFPA Staff, adolescents and youth Stakeholders, adolescents and youth Beneficiary.

366 Country case studies: Cote d'Ivoire, Egypt, Kyrgyzstan, Nicaragua. Interviews: UNFPA Staff. Governments, Donors, Non-Governmental Organisations, International Non-Governmental Organisations, Adolescents and Youth Stakeholders, Adolescents and Youth beneficiaries

367 Country case studies: Cote d'Ivoire, Egypt, Kyrgyzstan, Nicaragua. Interviews: UNFPA Staff. Governments, Donors, Non-Governmental Organisations, International Non-Governmental Organisations, Adolescents and Youth Stakeholders, Adolescents and Youth beneficiaries.

368 Country case studies: Côte d'Ivoire, Egypt. Regional review: APRO. Interviews: Other United Nations Staff. Document: UNFPA Annual Reports (Annual Report, 2014).

369 Country case studies: Ethiopia, Egypt, Kyrgyzstan, Mozambique. Interviews: UNFPA Staff.

370 Country case studies: Côte d'Ivoire, Nepal. Regional review: LACRO. Documents: UNFPA Relevant Thematic Documents (International meetings summaries, UNFPA, 2013), Other Documents (Commission on Population and Development, 2012; United Nations. ICPD Beyond 2014 Review and Follow Up, 2013; UNFPA. The Bali Declaration in "The Global Youth Forum: Youth Rights at the Heart of Development." 2012. Comisión Económica para América Latina y el Caribe. Guía Operacional para la Implementación y el Seguimiento del Consenso de Montevideo sobre Población y Desarrollo: Segundo Borrador. 2015: Santiago)).

371 International meetings in which UNFPA supported adolescents and youth leadership and participation included the ICPD Global Youth Forum 2012, ICPD Beyond 2014 International Conference on Human Rights 2013, ICPD Beyond 2014 Expert Group Meeting on Women's Health 2013, CPD 47th session on status of ICPD implementation 2014, Regional ICPD meeting: Latin America and the Caribbean (ECLAC) 2013, Regional ICPD conference: Asia Pacific 2013, Regional ICPD conference: Arab States 2013, Regional Conference on Population and Development in the Arab States – preceding meeting of the Arab Youth Coalition 2013, Regional ICPD conference: Europe and Central Asia 2013, Regional Youth Conference, Eastern Europe and Central Asia 2013, Regional Conference on Population and Development in Latin America and the Caribbean 2013, Regional consultation meeting on ICPD 20+ for Caribbean CSOs 2012, Rio+20 Summit, World Humanitarian Summit Global Youth Consultation 2015, Moving Beyond 2014: Africa Regional Meeting for CSOs and youth organisations 2012, Beyond ICPD and Millenium Development Goal: NGOs Strategizing for Sexual and Reproductive Health and Rights in Asia Pacific 2012, Meeting of the General Assembly on Youth, Sixth Asia Pacific Population Conference. Country case studies: Egypt, Ethiopia, Nepal. Regional reviews: APRO, LACRO.

372 Regional review: APRO. Interviews: UNFPA Staff, Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

373 Country case studies: Egypt, Ethiopia, Kyrgyzstan, Mozambique. Regional reviews: APRO, LACRO. Interviews: UNFPA Staff, Other United Nations Staff, Non-Governmental Organisations, Adolescents and Youth Beneficiary.

374 Country study case study: Egypt. Interviews: UNFPA Staff.

375 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan.

Box 8: Good practice example: UNFPA supports leadership and participation of marginalised and vulnerable adolescents and youth

Good practice example: UNFPA supports leadership and participation of marginalised and vulnerable adolescents and youth[376]

Context: Youth LEAD is a youth-led organisation focusing on young populations at risk of or affected by HIV in the Asia Pacific region. The organisation was founded in 2010 with support from UNFPA and has developed into an independent organisation, currently represented in 19 countries.

UNFPA Strategy: All Youth LEAD programmes are designed, implemented and led by young people for young people, focusing on education, advocacy and networking at local, national and regional level. The organisation acquires competitive funding for project activities and contributes to relevant publications. Youth LEAD partners with United Nations organisations, multilateral and bilateral donors, and civil society organisations.

Results: In partnership with the University of Melbourne and numerous United Nations organisations, Youth LEAD has developed the NewGen short course, focusing on capacity building to raise their voices, advocate for themselves.

Follow Up: Youth LEAD is currently representing Asia Pacific in the non-governmental delegation to the UNAIDS Programme Coordinating Board. It also serves as the Children, Youth and Adolescent Constituency Focal Point of the Asia Pacific Regional Civil Society Organisation Engagement Mechanism and is an active member of the Asia Pacific Inter-Agency Task Team on young populations and the PACT (a global consortium of youth-led organisations working on HIV/AIDS and sexual and reproductive health and reproductive rights).

back to local youth groups and networks in place.[377] This limited the potential for young people to capitalise upon the knowledge and experience gained from UNFPA-supported leadership and participation activities. For example, many interviewees, including adolescents and youth beneficiaries, felt that on-going support for their technical skills development was insufficient.[378] An exception to this was seen at the UNFPA East and Southern Africa Regional Office, which required all youth delegates to feedback information via social media during conferences or events to a network of youth in their country, to ensure sharing of information and experience and help build local action on global and regional commitments.[379]

There have been few opportunities for fellowships or permanent staff positions for young people at UNFPA Headquarters since the closure of the Special Youth

Fellowship Programme (SYP) in 2011.[380] Stakeholders, particularly adolescents and youth beneficiaries, noted the importance of such opportunities and other integrated systems to ensure that young people can meaningfully contribute within organisations such as UNFPA.[381] In recognition of this, UNFPA Headquarters has recently taken steps to reinstate the Special Youth Fellowship Programme.[382] At country level, adolescents and youth were involved in many steps of UNFPA programming,[383] but involvement in project design was often missing.[384] Adolescents and youth interviewees consistently reported that their involvement in UNFPA and in adolescents and youth policies and programming was limited at national level,[385] and that the nature and degree of their participation varied according to country context.[386] At regional level, similarly, adolescents and youth involvement in UNFPA programming was generally limited to selected steps,[387] again with very

376   Document: UNFPA Relevant Thematic Documents (Asia Pacific Regional Office and Youth Lead. http://youth-lead.org/).

377   Country case studies: Côte d'Ivoire, Egypt, Ethiopia. Regional review: APRO. Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries.

378   Interviews: Government, Adolescents and Youth Beneficiaries.

379   Regional review: ESARO. Interviews; UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisations, Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

380   Country case study: Egypt. Interviews: UNFPA Staff, Non-Governmental Organisations, Adolescents and Youth Beneficiaries. Documents: Annual Reports (UNFPA Executive Director Report 2010), Evaluations, Reviews and Assessments (Country Programme Evaluation Zimbabwe), UNFPA Financial Data and Reports (UNFPA Special Youth Programme Report 2007, http://www.unfpa.org/news/special-youth-fellows-head-back-work-their-home-countries).

381   Interviews: Adolescents and Youth Beneficiaries. Documents: Relevant Thematic Documents (Villa-Torres and Svanemyr. Ensuring Youth's Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs, 2015).

382   Documents: UNFPA Programme Documents (UNFPA. Action Brief for Executive Committee – Agenda Item adolescent and youth project,.2015)

383   Country Case studies: Egypt, Nepal, Nicaragua, Niger. Interviews: Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Executive Director's Report 2010, UNFPA Annual Report 2011).

384   Country Case Studies: Côte d'Ivoire, Egypt, Ethiopia. Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries.

385   Interviews: Adolescents and Youth Beneficiaries.

386   Country case studies: Egypt, Mozambique, Niger. Regional review: ESARO. Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Executive Director's Report 2008, 2010 - 2014).

387   Regional reviews: APRO, ESARO, LACRO. Interviews: Other United Nations Staff, Non-Governmental Organisation, Adolescents and Youth Beneficiaries. Documents: Evaluations, Reviews and Assessments (Country Programme Evaluation Cameroon).

Good practice example: HackForYouth[388]

UNFPA uses innovative approaches to engage adolescents and youth and promote sexual and reproductive health.

Context: UNFPA has used the vast potential of emerging technologies to help address adolescents and youth issues and promote sexual and reproductive health.

UNFPA Strategy: In 2015, the "Hackathon" – an event sponsored by the UNFPA Innovation Fund – brought together young people supported by technical experts, non-governmental organisation representatives and United Nations staff to compete with each other in the creation of mobile phone applications for sexual and reproductive health. In 7 teams dividing 80 participants from over 20 countries, individuals worked together to offer mobile products responding to a range of reproductive health problems. The winning team of the HackForYouth competition developed a quiz app called TriGivia, which dispels myths about sexual and reproductive health. By playing the game, users can earn points redeemable for free mobile airtime.

Results: The Hackathon was designed to leverage information and communication technologies to empower young people. The event actively engaged young people in the development of solutions based on their needs and experiences.

Follow Up: All teams that participated in the HackForYouth event have been invited to refine their prototypes and submit them to the Innovation Fund to be evaluated for potential funding, testing and piloting.

little involvement in programme design.[389] This raised the concern that by limiting young people's engagement in programme development (as opposed to implementation or evaluation), interventions risked delivering adult-driven messages and agendas. Indeed, the country office survey showed that the majority of country offices agreed (53 per cent) or strongly agreed (18 per cent) that youth-led organisations and networks were meaningfully involved in technical consultations for national policies and strategies. However, 60 per cent of those surveyed indicated that they would benefit from additional guidance and support on how to incorporate meaningful participation and leadership of adolescents and youth in programme design and implementation.[390]

UNFPA support to youth participation in decision-making process at national, regional and global levels effectively integrated youth voice in high-level meetings and conferences, however young leaders and organisations were often viewed more as beneficiaries rather than active agents of change. Youth beneficiaries and international youth organisation representatives cited the AIDS Coalition to Unleash Power (ACT-UP), facilitated by UNAIDS (and supported by many partners including UNFPA), as a model of meaningful

participation. They stated that ACT-UP shows that adolescents and youth can define an international agenda and a programming platform, which could then be supported by the secretariat at UNAIDS. This model of engagement and support for adolescents and youth organisations and coalitions clearly empowers youth organisations to lead in the partnership with United Nations organisations and many stakeholders suggested that this approach should be considered by UNFPA.[391]

Many adolescents and youth and youth-led organisations supported by UNFPA had a significant focus on adolescents and youth sexual and reproductive health issues, but it is less clear whether UNFPA support to strengthen youth participation and mobilisation has resulted in greater priority given to sexual and reproductive health by adolescents and youth organisations and groups.[392] Nevertheless, in the country office survey, the vast majority of UNFPA country offices agreed (58 per cent) or strongly agreed (17 per cent) that civil society organisations, non-governmental organisations and networks prioritised adolescents and youth sexual and reproductive health in their work through UNFPA support.[393]

Interviewees also reported that growing commitment

388 Documents: Other Documents (UNFPA. At Uganda's Hackathon, Youth Code their way to sexual and reproductive health, 2015) .

389 Country case study: Côte d'Ivoire. Regional review: APRO. Interviews: Adolescents and Youth Beneficiaries. Document: Evaluations, Reviews and Assessments (Country Programme Evaluation Meta-analysis).

390 Country office survey question 50. N=102. Interviews: UNFPA Staff.

391 Interviews: UNFPA Staff, Other United Nations Staff, Donors, Adolescents and Youth Stakeholders, Adolescents and Youth Beneficiaries.

392 As noted in by Villa-Torres and Svanemyr in a recent review of adolescents and youth leadership and participation published in the Journal of Adolescent Health, "since ICPD in 1994, and particularly ICPD+5, SRH programs for youth and youth-led organisations have flourished. Nevertheless, there is limited documentation and strong evaluation studies that would provide evidence of its impact. Only a handful of studies have documented and evaluated youth participation as a component of sexual and reproductive health programmes, and ultimately, a key component to achieve programme outcomes". Documents: Partner and Relevant Thematic Documents (Villa-Torres and Svanemyr. Ensuring Youth's Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs, 2015).

393 Country office survey question 44. N=103. Interviews: UNFPA Staff.

to information, education and health services over the period under evaluation period were influenced by youth advocacy efforts, including those supported by UNFPA.[394] While UNFPA facilitated multi-sectoral partnerships and coordination on adolescents and youth issues, between United Nations organisations at global, regional and national level,[395] as well as between international non-governmental organisations, civil society organisations, governments and youth-led networks/organisations,[396] not all of these initiatives were designed to directly strengthen adolescents and youth organisations, networks and structures, and consequently their efficacy in doing so was difficult to measure. There was a notable lack of clarity in some country offices on whether UNFPA should support youth participation and mobilisation for general youth development, or target support specifically towards youth organisations with sexual and reproductive health mandates (as was predominately the case).[397]

In facilitating adolescents and youth capacity development, advocacy, knowledge sharing and partnerships in conjunction with support for adolescents and youth participation and mobilisation, UNFPA created a de facto youth movement for sexual and reproductive health. This was greatly appreciated by adolescents and youth themselves and other stakeholders, who especially applauded the strategic focus of UNFPA on youth engagement around the International Conference on Population and Development Beyond 2014 review process, as well as for advancing youth-friendly information, education and health services, and contributing to recognition of youth in national policies and strategies. Indeed, during the evaluation period, national level attention to young people's sexual and reproductive health rights and needs has increased, as evidenced by the rising number of countries with national youth policies.[398] Looking ahead, and in light of the lack of a specific youth goal within the Sustainable Development Goals,[399, 400] youth advocates are concerned about how UNFPA will continue to strategically support adolescents and youth leadership and participation in order for young people to contribute to the broader social, political and economic development agendas affecting young people.[401]

394   Interviews: UNFPA Staff, Donors, Non-Governmental Organisations, adolescents and youth Beneficiaries.

395   Interviews: UNFPA Staff, Adolescents and Youth Beneficiary.

396   Country case studies: Egypt, Nepal. Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Executive Director's Report 2009, 2013, UNFPA Annual Report 2011, 2010, 2012).

397   Interviews: UNFPA Staff. Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan 2014–2017, UNFPA Strategy on Adolescents and Youth 2012-2020)

398   The national level attention paid to young people's rights and needs increased over the given time period. A total of 127 countries had adopted a national youth policy by October 2014, compared to 99 countries in 2013. Documents: UNFPA Annual Reports (Executive Director's Report 2010, Country Office Annual reports 2007-2010), Other Documents (Youth Policy Website. www.youthpolicy.org).

399   Interviews: UNFPA Staff, Donors, Non-Governmental Organisations. Documents: Other Documents (United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1 : 2015).

400   Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years per 1000 women in that age group. Indicator 5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18. Documents: Other Documents (United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1: 2015).

401   Interviews: UNFPA Staff, Donors, Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

4.6. Resources and management

To what extent were resources (human, financial, administrative) available, optimised and utilised to achieve the expected results in relation to UNFPA support to adolescents and youth?

Summary of findings	Efficiency

UNFPA has put in place adequate human resources at country and regional level to facilitate adolescents and youth programming. However staff retention at country level posed challenges to sustainability and institutional memory. Adolescents and youth staffing at headquarters is characterised by insufficient coordination, and multiple lines of accountability across the different branches responsible for implementation of targeted and mainstreamed adolescents and youth interventions. The shift in engagement modalities under the current strategic plan necessitates increased investments in human resources for adolescents and youth programming commensurate with the institutional priority given to adolescents and youth in the current and future strategic plans.

Financial resources for adolescents and youth, inclusive of both core and non-core as well as targeted and mainstreamed expenditure, increased over the evaluation period, specifically at country and regional level. Analysis of Atlas financial data highlighted that total UNFPA expenditure on adolescents and youth between 2008 and 2015 was USD 589 million, or roughly 10 per cent of total UNFPA expenditure. From 2008 to 2015, implementation rates fluctuated from 76 per cent in 2008 to a high level in 2015 at 90 per cent on aggregate. Over the period covered by the evaluation, while total core funding as a percentage of total adolescents and youth funding fell slightly, adolescents and youth non-core expenditure increased. Analysis of Atlas data for 2014 and 2015 indicates that realignment of adolescents and youth expenditure in line with the new business model demonstrates progress.

Administrative and organisational structures including for monitoring and evaluation have improved significantly during the period of the evaluation, although further effort is required to consolidate progress. These efforts include the introduction of results-based management systems, learning platforms, a strengthened independent evaluation office, placement of monitoring and evaluation advisers and officers at regional and country level, increased financial resources for evaluation, and more rigorous quality assurance of country programme evaluations.

Guidance and support was provided by headquarter and regional offices to country offices to adapt and implement adolescents and youth interventions, and address cross-cutting issues, including incorporating human rights-based, gender-responsive and culturally sensitive approaches, in adolescents and youth programming. Evidence revealed varying degrees of satisfaction in terms of effectiveness for adolescents and youth programming and identified several systemic factors affecting collaboration for attention.

Availability of skilled human resources

UNFPA has put in place adequate human resources at country and regional level to facilitate adolescents and youth programming. Human resources (adolescents and youth programme officers and focal points) were available in 90 per cent of UNFPA country offices and in all six regional offices.[402] A number of other country office staff shared responsibility for adolescents and youth programming. Current adolescents and youth officers/focal points have been in place for over three years in nearly two-thirds of country offices.[403] According to the country office survey, adolescents and youth officers and focal points are largely under national contracts, but at least 25 per cent are on temporary or other contractual arrangements, posing challenges for retention of skilled staff.[404] The country office survey revealed that, in 2015, sexual and reproductive health programme officers were co-responsible for adolescents and youth programming in 44 per cent of responding country offices, followed by gender officers (34 per cent), population and development officers (26 per cent) and monitoring and evaluation officers (14.5 per cent).[405] Figure 24 shows staffing characteristics for adolescents and youth staff by region.

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402 Interviews: UNFPA Staff. Country office survey (indicators 6.1.4). 96 out of 104 responding country offices confirmed the presence of such personnel. The survey did not differentiate between adolescents and youth programme officers and adolescents and youth focal points. Only Belarus, Comoros, Costa Rica, Cuba, Equatorial Guinea, Iran, Kosovo and Yemen did not have such personnel.

403 Country office survey (indicators: 6.1.4): Survey responses showed that adolescents and youth officers or focal points have been in place for three to five years in 29 country offices and for over five years in 34 country offices. Total number of responses was 95. Interviews: UNFPA Staff.

404 Country office survey (indicators: 6.1.4): (72 per cent national contract; 5 per cent temporary national contract; 23 per cent other types of contracts). Interviews: UNFPA Staff.

405 Interviews: UNFPA Staff.

Figure 24: Staffing characteristics by region
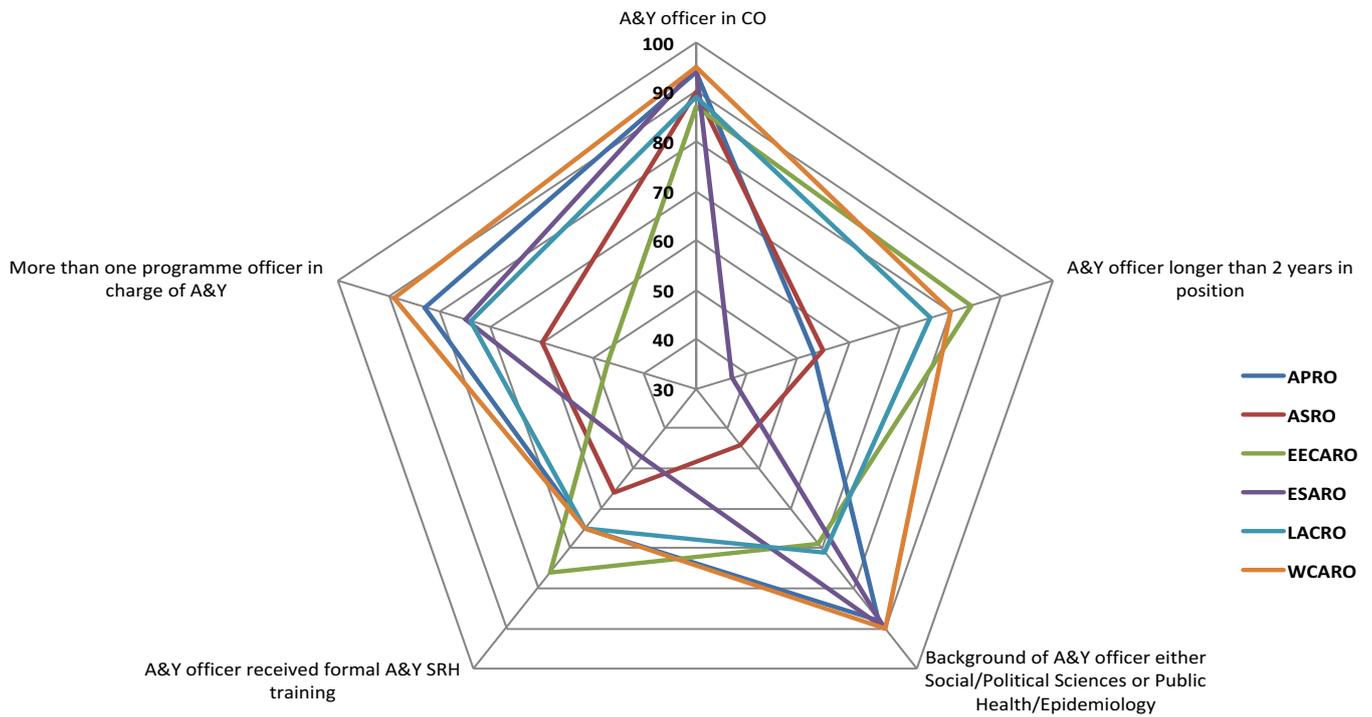
Source: Country office survey.

Figure 25: Total Expenditure (USD) all levels 2008-2015 (Atlas)
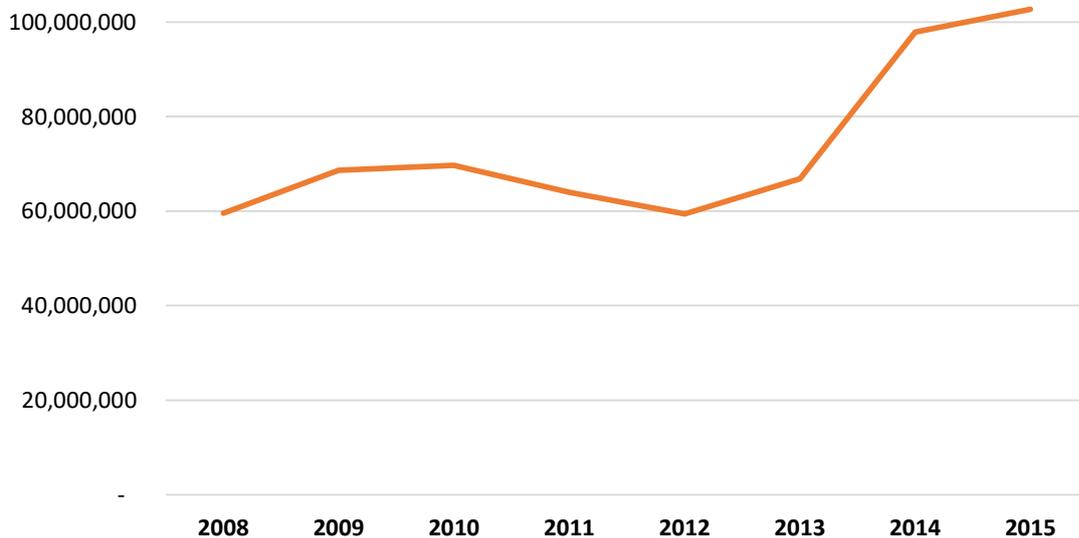
Case studies revealed that UNFPA adolescents and youth programme officers and focal points are valued as technical counterparts by implementing partners and other stakeholders. In some cases, staff implementing adolescents and youth interventions did not have the necessary skills and training to conduct advocacy and policy dialogue without support from more senior staff in the office.[406] In some country case studies, challenging political, social and cultural contexts required greater expertise in navigating complex landscapes than many adolescents and youth officers had. See also section 4.1 on UNFPA responsiveness to changing

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406 Country case studies: Egypt, Ethiopia, Kyrgyzstan, Lao PDR, Nicaragua. Regional review: LACRO.

contexts.[407] In Egypt, adolescents and youth staff had been largely focused on supporting youth-friendly health services and youth participation and leadership, and acknowledged that their past experience was insufficient to navigate the rapid changes in country context for support of adolescents and youth sexual and reproductive health (and the necessary programmatic adaptation). The political and social complexity of such settings requires strong negotiation skills and diplomacy to successfully engage in policy dialogue and advocacy. Overall, the evaluation finds that country office adolescents and youth staff competencies and skill sets were, in some cases, misaligned with expected modes of engagement (particularly for advocacy and policy dialogue) as per the current strategic plan.[408]

Country case studies, supported by regional reviews and country programme evaluations, indicate that UNFPA country office adolescents and youth staff capacities were often perceived to be inadequate and not commensurate to the institutional priority given to adolescents and youth.[409] Country and regional case studies noted that adolescents and youth staff were often required to multi-task and thus felt overstretched.[410,411] The Asia Pacific and East and Southern Africa regional reviews noted challenges in terms of availability of dedicated adolescents and youth staff in country offices, in part due to changes in funding patterns and high adolescents and youth staff turnover.[412]

In terms of staff training, country office survey responses demonstrated that two-thirds of adolescents and youth programme officers and focal points received formal training on adolescents and youth sexual and reproductive health between 2008 and 2014.[413] However, it is unclear whether non-adolescents and youth-specific staff received training in adolescents and youth sexual and reproductive health or vice versa (i.e. whether adolescents and youth staff were trained in other thematic areas). As shown in Figure 23, different regions prioritised training of staff on adolescents and youth sexual and reproductive health to different degrees, with adolescents and youth programme officers in Eastern Europe and Central Asia, Latin America and the Caribbean, and West and Central Africa most likely to have received training in recent years.[414] Some regional offices, such as in West and Central Africa, also scheduled training for country adolescents and youth focal points to strengthen the integration of adolescents and youth issues within family planning and reproductive health programmes.[415] Adolescents and youth programme officers in East and Southern Africa were most likely to have been in the position for less than two years, and were also the least likely to have received training, demonstrating a gap in staff development in the region.[416]

Adolescents and youth staffing at headquarters is characterised by insufficient coordination, and multiple lines of accountability across the different branches

Figure 26: Implementation rates at all levels, 2008 – 2015 (Atlas)
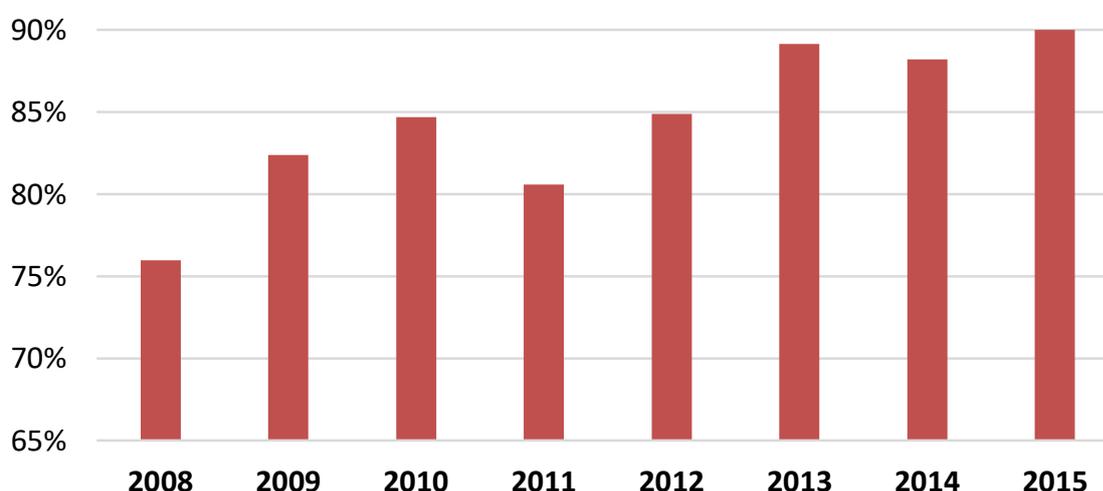
407 Country case studies: Egypt, Kyrgyzstan.

408 Country case studies: Egypt, Kyrgyzstan. Interviews: UNFPA Staff. Documents: UNFPA Strategic Plan 2014-2017

409 Regional reviews: APRO, ESARO, LACRO. Documents: Evaluations, reviews and assessments (UNFPA Country Programme Evaluation for Bosnia and Herzegovina 2010 – 2013, UNFPA. Summative Evaluation of the Arab States Regional Programme 2008 – 2012, UNFPA End of Project Evaluation of the Adolescent Health and Development Project 2008 – 2012 in the Pacific Island Countries, UNFPA End of Programme Evaluation of the Africa Regional Programme 2008-2012).

410 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Mozambique, Nicaragua, Niger.

411 Regional reviews: APRO, ESARO.

412 Regional reviews: ESARO, LACRO.

413 Interviews: UNFPA Staff. Country office survey (indicators: 6.1.4): 61.5 per cent. Total number of responses was 95. Interviews: UNFPA Staff.

414 Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff.

415 Regional reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff.

416 Regional review: ESARO.

in technical division responsible for implementation of targeted and mainstreamed adolescents and youth interventions.[417] There is a small group of four staff members (primarily in the sexual and reproductive health branch) for which adolescents and youth is the primary focus. Leadership in key areas such as sexual and reproductive health education and information, and the broader adolescents and youth support, particularly in the area of global policy and advocacy, is largely handled by individuals in senior positions, and it is noted that their multiple roles and responsibilities often make it difficult to cover all agendas.[418] Leadership and visibility of UNFPA are further discussed in section 4.7.

Availability of financial resources and utilisation pattern

Total expenditure for adolescents and youth support over the period under evaluation was 589 million (USD). Figure 25 shows the amount spent on adolescents and youth at all levels over the period, reflecting both targeted and mainstreamed adolescents and youth interventions. Total expenditure for adolescents and youth support over the period under evaluation was roughly 10 per cent of total UNFPA expenditure (5.6 billion USD). Adolescents and youth expenditure as a percentage of total UNFPA expenditure fluctuated year-on-year but increased on the whole from 8.7 per cent in 2008 to 13 per cent in 2015.

Table 11: Total Expenditure (USD) at country, regional and headquarter levels 2008-2015 (Atlas)

Level	2008	2009	2010	2011	2012	2013	2014	2015	Total 2008-2015
Country	50,026,589	54,678,158	53,075,126	50,732,574	51,068,807	59,536,678	84,071,143	85,782,116	**488,971,191**
Regional	3,672,649	7,951,828	8,322,553	6,225,705	6,083,587	5,032,469	11,724,022	14,402,908	**63,415,721**
HQ	5,820,523	6,038,899	8,257,725	7,049,321	2,253,800	2,317,050	2,117,485	2,504,360	**36,359,163**
Total	**59,519,761**	**68,668,885**	**69,655,404**	**64,007,600**	**59,406,194**	**66,886,197**	**97,912,650**	**102,689,384**	**588,746,075**

Figure 27: Total adolescents and youth expenditure (USD) at country, regional and headquarter levels, 2008 – 2015 (Atlas)

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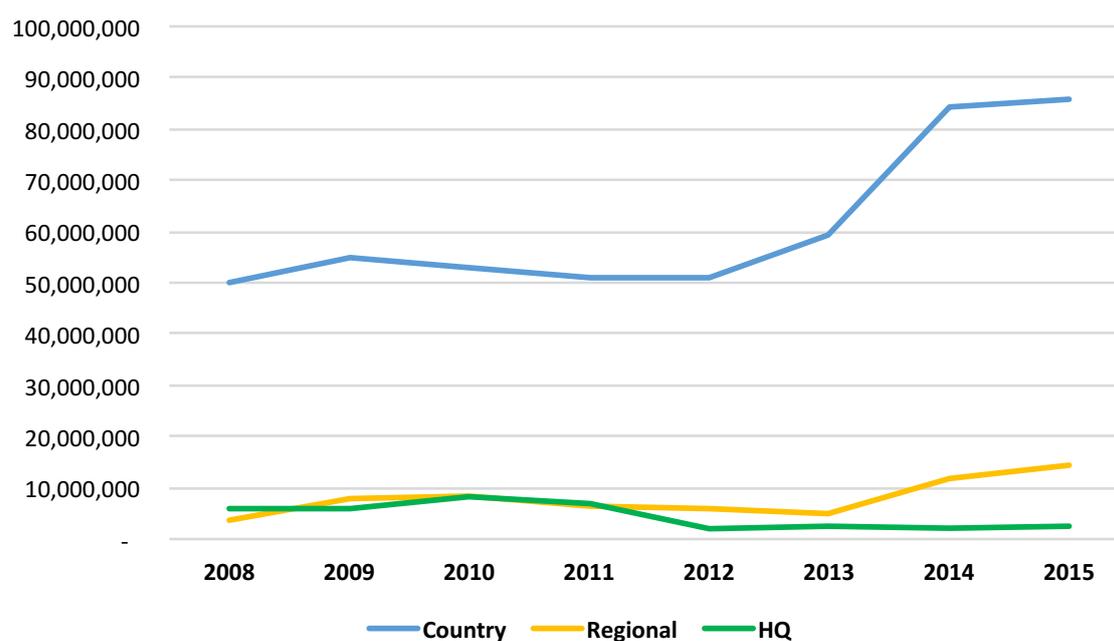
417   Interviews: UNFPA Staff

418   Interviews: UNFPA Staff, Other United Nations Staff, International Non-Governmental Organisations.

From 2008 to 2015, implementation rates fluctuated from 76 per cent in 2008 to a high level in 2015 at 90 per cent on aggregate, averaging around 85 per cent over the period.[419] Though the specific cause of the variation is not known, the adoption of new results frameworks (in 2008, 2012 and in 2014) can affect implementation rates as units realign their support. Figure 26 shows the trend in implementation rates for the period under evaluation at all levels. In general, evidence showed resources were available, received on

Figure 28: Total adolescents and youth expenditure (USD) at country level, 2008 – 2015 (Atlas)
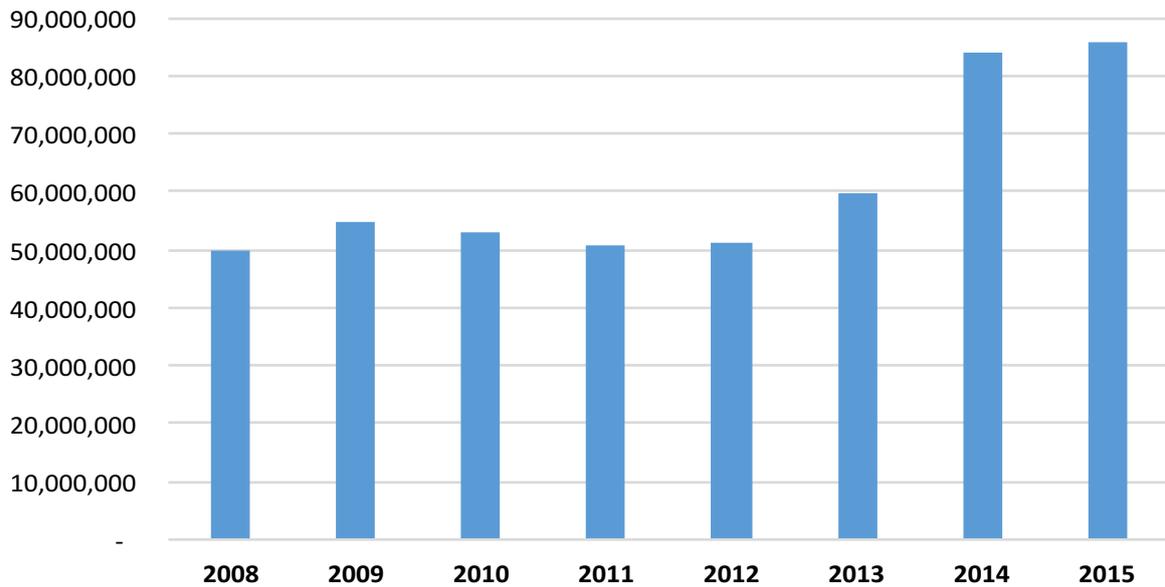
Figure 29: Total adolescents and youth expenditure (USD) at regional level, 2008 – 2015 (Atlas)
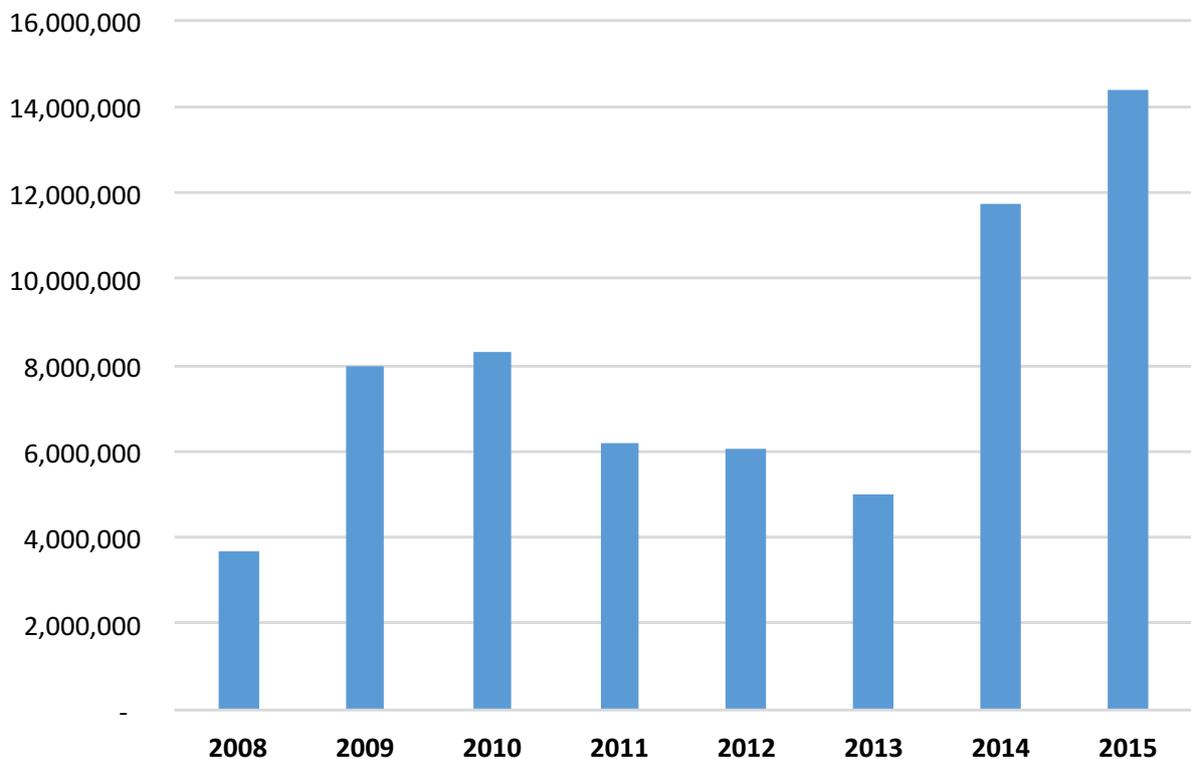
419   Documents: UNFPA Financial Data and Reports (UNFPA Evaluation Office Financial Analysis).

Figure 30: Total adolescents and youth expenditure (USD) at headquarter level, 2008 – 2015 (Atlas)
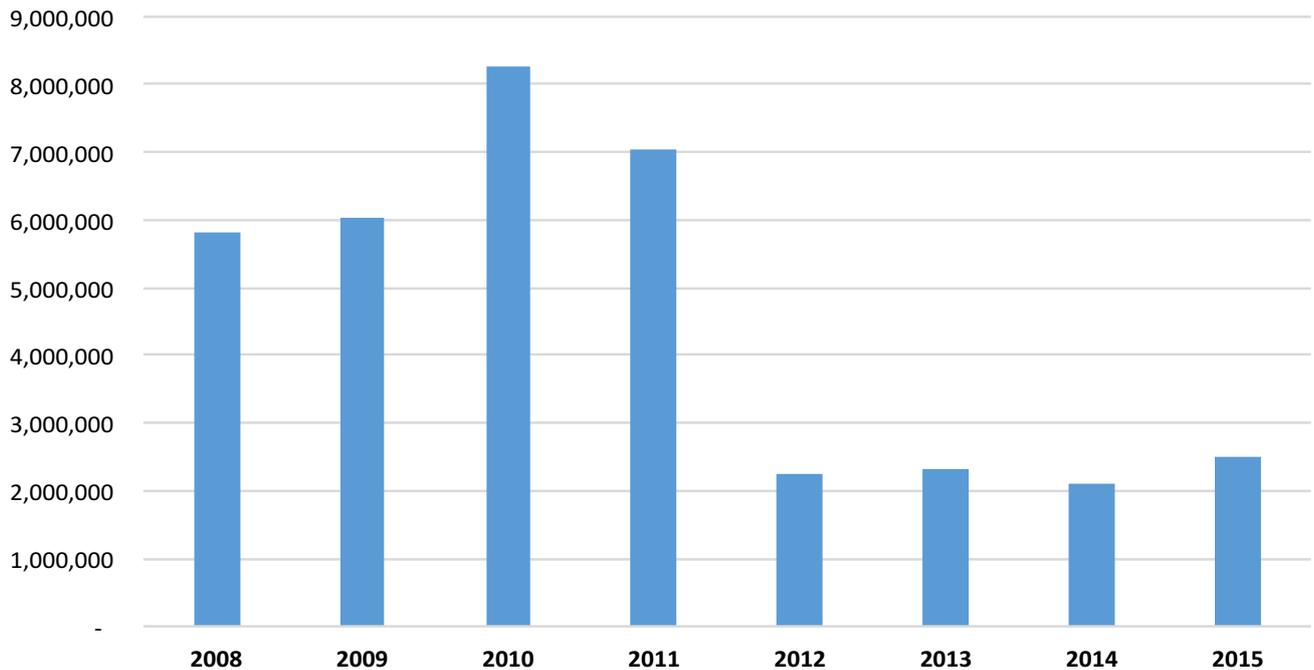
time and well executed to meet the planned objectives at country, regional and headquarter levels.[420] The country office survey showed that 74 out of 104 country offices (71.2 per cent) across all development settings in which UNFPA works, agreed or strongly agreed that expenditures had been optimised to reduce transaction costs and delays.[421] In some cases, at country level, there were problems associated with utilisation due to administrative constraints or absorption capacity of national partners.[422] In several case studies, for example, UNFPA country offices were faced with challenges and delays in implementing adolescents and youth interventions because of administrative regulations associated with the transfer of funds to local partners.[423]

Figure 31: Total adolescents and youth expenditure country level by region 2008-2015

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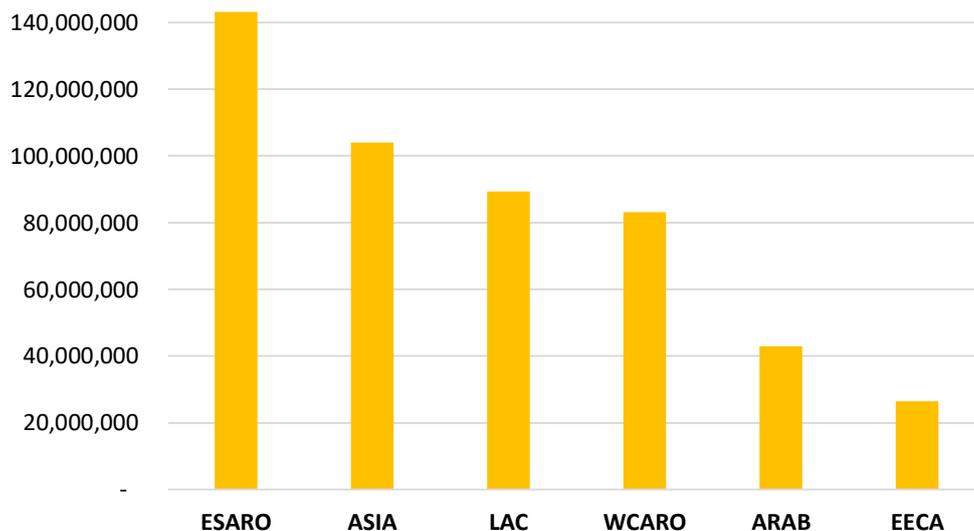
420   Country case studies: Cote d'Ivoire, Egypt, Ethiopia, Nicaragua, Kyrgzstan. Atlas financial analysis.

421   Interviews: UNFPA Staff.

422   Country office survey.

423   Country case studies: Côte d'Ivoire, Mozambique, Nicaragua, Niger.

Figure 32: Total adolescents and youth expenditure at regional and sub-regional office levels 2008-2015
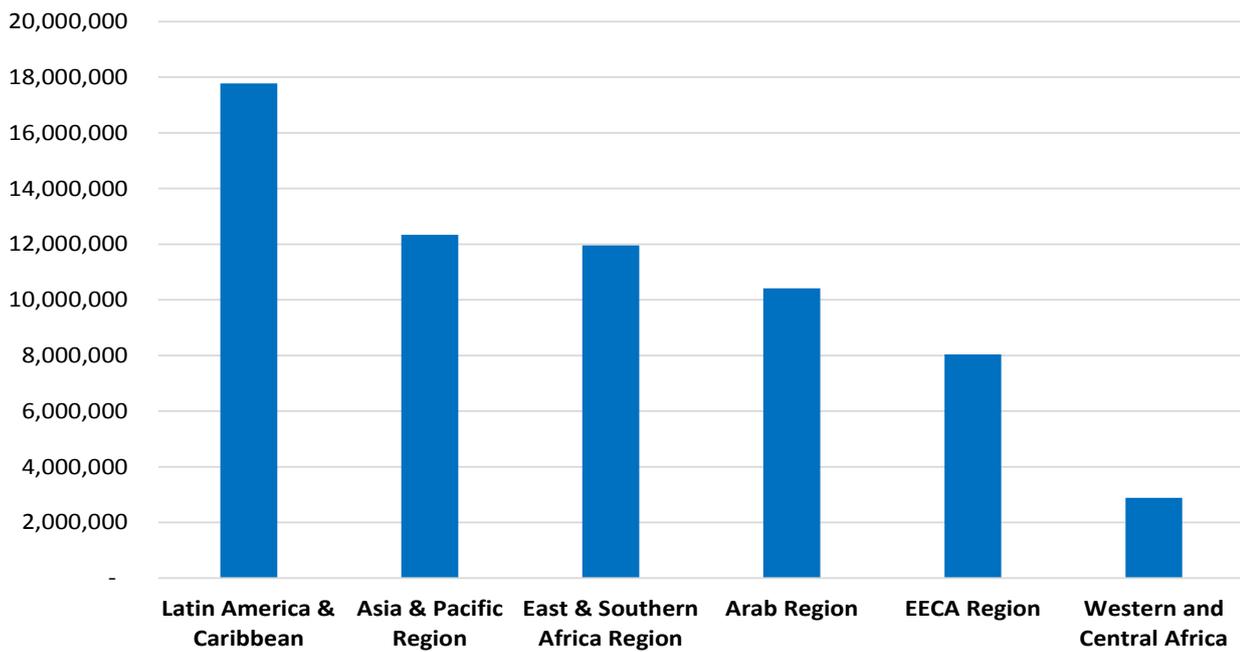
Figure 33: Total adolescents and youth expenditure all levels, percentage targeted and mainstreamed, 2014-2015

Mainstreamed A&Y expenditure 40%

Targeted A&Y expenditure (expenditure under outputs 6-7-8) 60%
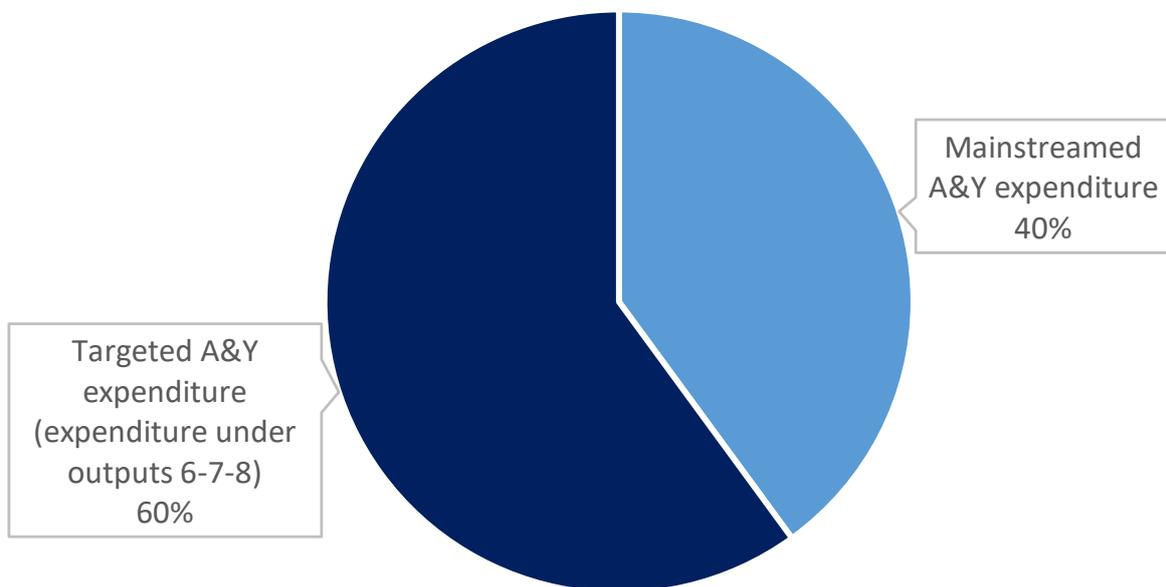
Source: Atlas.

In terms of amounts of funds, at country level opinions diverged on whether funds were sufficient.[424] Over half of the 104 country offices were not satisfied with overall funding availability for adolescents and youth programming: 56.7 per cent (59 country offices) disagreed or strongly disagreed that funds had been sufficient to effectively implement adolescents and youth interventions.[425]

Expenditure on adolescents and youth at different levels of support

Table 11 and Figure 27 show the trend of total expenditure on adolescents and youth at all levels of support for the period under evaluation.

At country level, expenditure remained relatively constant from 2008 to 2013, with a significant spike in 2014 and 2015 expenditure levels (71.4 per cent increase between 2008 and 2015 levels). Regional level expenditure fluctuated throughout the period, though it increased overall, with a sharp rise in 2014 and 2015 (292 per cent increase between 2008 and 2015 levels). At headquarter level, adolescents and youth expenditure decreased from a higher level in the years 2008 to 2011 (8 million (USD) in 2010) to the current

lower level for the years 2012 to 2015 (2.5 million (USD) in 2015) reflecting the strategic change in focus of UNFPA to become a field-based organisation.

In terms of expenditure change between 2014, when the Strategic Plan 2014-2017 was adopted, and 2015, figures show a 5 per cent increase in total adolescents and youth expenditure at all levels, with the biggest increase registered at regional level followed by country level. The year 2014 was a transition year as programming units moved to a new results framework and countries had to align programme implementation to their assigned colour quadrant.

Figures 28, 29 and 30 show expenditure trends in greater detail at country, regional and headquarter level from 2008 to 2015.

Figure 31 presents the total expenditure on adolescents and youth at country level grouped by region for the period under evaluation. At the country level, the region with the highest level of total expenditure on adolescents and youth for the period 2008 to 2015 was East and Southern Africa followed by Asia and the Pacific and Latin America and the Caribbean (LAC), though Latin America and the Caribbean experienced a

Figure 34: Total adolescents and youth expenditure (USD) at country level by Strategic Plan Output 2014-2015 (Atlas)
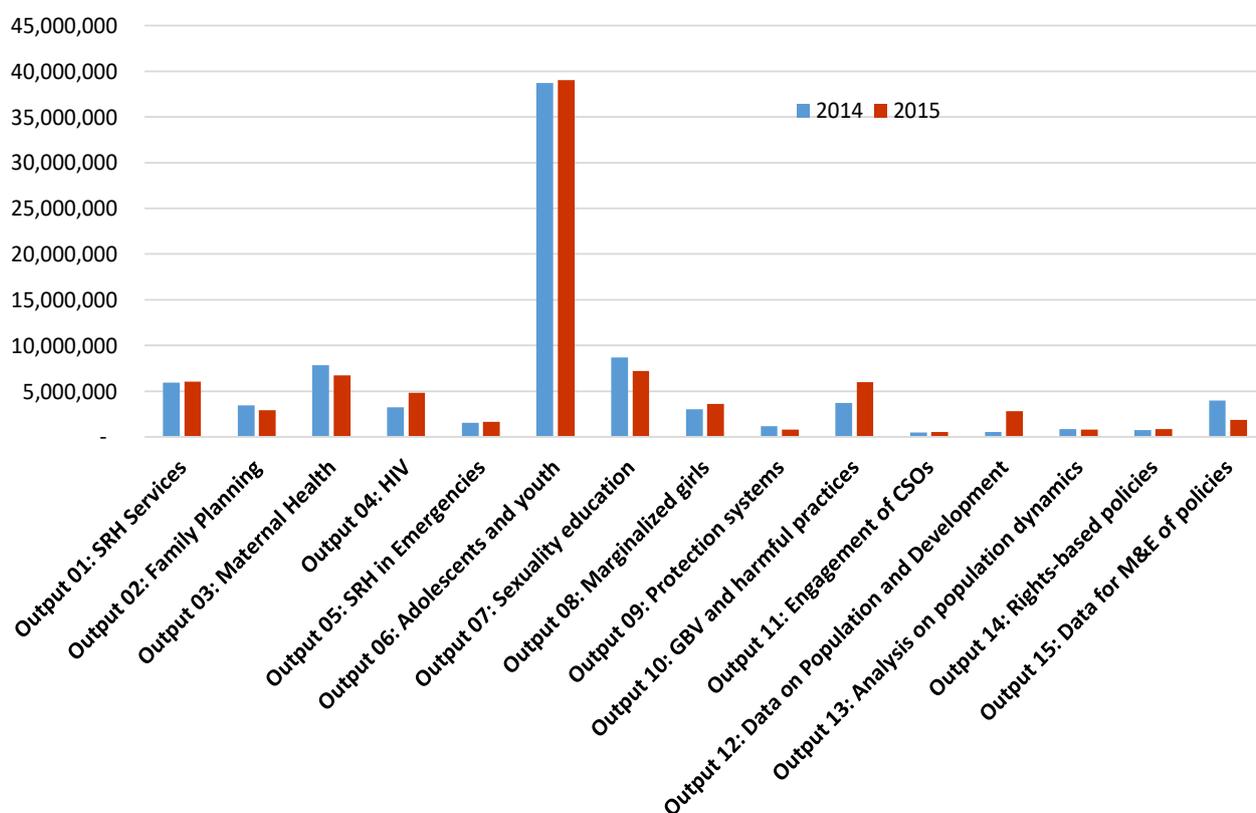
Source: Atlas.

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424 According to country office survey results and country case study findings, funds were sufficient for adolescents and youth programming in Mozambique. Funds were not considered sufficient in Côte d'Ivoire and Kyrgyzstan. For other case country studies (Egypt, Ethiopia, Lao PDR, Nepal, Nicaragua and Niger), views were mixed or unclear on whether funding was sufficient.

425 Interviews: UNFPA Staff.

Figure 35: Country level expenditure on Strategic Plan Output 6, 7 and 8 as a percentage of total adolescents and youth expenditure, grouped by region, 2014-2015
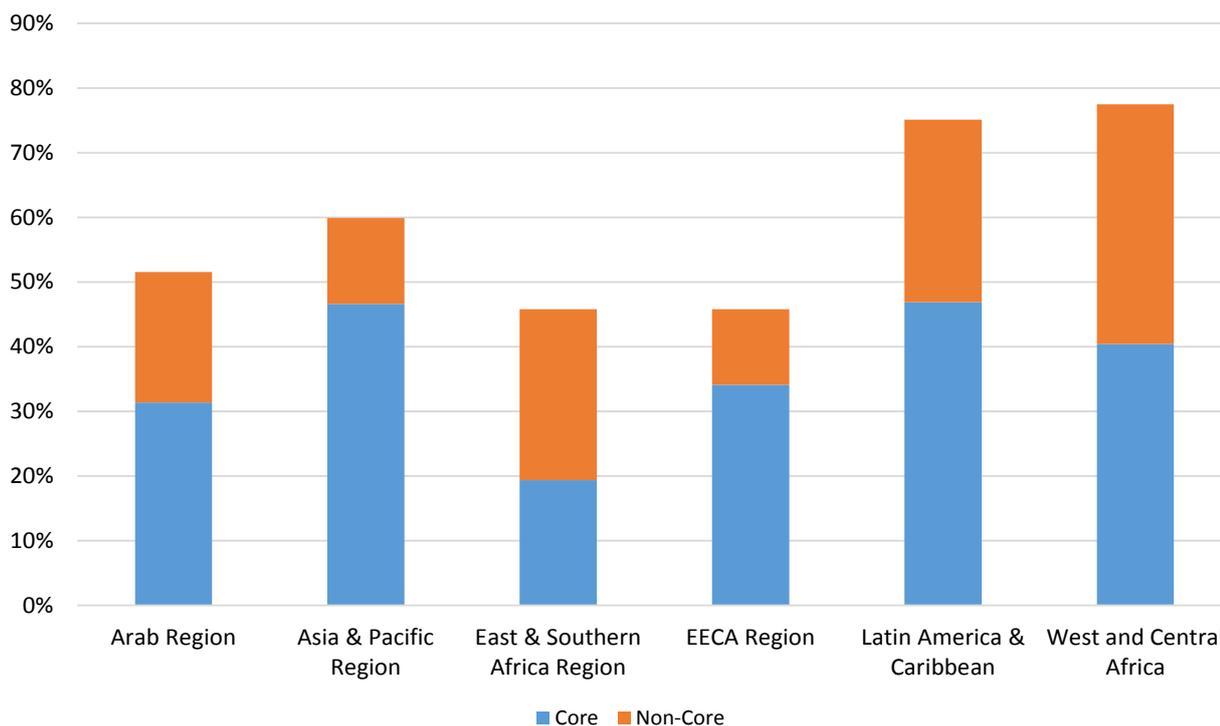
substantial drop (44 per cent) from its highest level of expenditure (16.6 million (USD) in 2013) to its lowest (7.5 million (USD) in 2015). Eastern Europe and Central Asia registered the lowest level of expenditure, followed by the Arab region and West and Central Africa.

Figure 32 presents the total expenditure on adolescents and youth at regional and subregional levels for the period under evaluation. At the regional and sub-regional office level, the regional office with the highest level of total expenditure on adolescents and youth for the period 2008 to 2015 was Latin America and the Caribbean, followed by Asia and the Pacific and East and Southern Africa. West and Central Africa registered the lowest level of expenditure, followed by Eastern Europe and Central Asia.

Targeted and mainstreamed support to adolescents and youth 2014-2015

In 2014 and 2015, the majority of total expenditure on adolescents and youth fell under outcome 2 (adolescents and youth targeted) of the current strategic plan, yet a significant amount (40 per cent) was mainstreamed, falling under the other outcomes of the strategic plan, as shown in Figure 33.

Figure 34 shows mainstreamed and targeted

adolescents and youth expenditure at country level under all outputs of the 2014 Strategic Plan for the years 2014 and 2015.[426] In 2014 and 2015, the majority of total expenditure on adolescents and youth fell under outcome 2 (outputs 6, 7 and 8) of the current Srategic plan, yet a significant amount was mainstreamed, falling under the other outputs of the strategic plan. The majority of the expenditure on adolescents and youth falls under output 6 (targeted), followed by output 7, 3, 1 and 10. Increases in expenditure between 2014 and 2015 can be seen under outputs 1, 4, 10 and 12 (mainstreamed). Under mainstreamed outputs 2, 3, 13, 15 the figure shows decreases in expenditure for 2014-2015. For outputs 6, 7 and 8 (adolescents and youth targeted) the figure shows increases in expenditure under 6 and 8 and a decrease under output 7.

Most of country-level UNFPA adolescents and youth expenditure (grouped by region) is captured as targeted expenditure under outcome 2 (output 6-7-8). However, the proportion of targeted to mainstreamed expenditure varied by region, with a low of 46 per cent in Eastern Europe and Central Asia and East and Southern Africa and a high of 77 per cent in West and Central Africa. Therefore, though a targeted approach was utilised in the majority of regions, the majority of adolescents and youth expenditure was mainstreamed under other outputs in several regions (see Figure 35).[427]

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426 Outputs 6, 7 and 8 fall under outcome 2, targeted towards supporting adolescents and youth while the other outputs fall under the three other non-targeted outcomes in terms of support to adolescents and youth

427 The methodology of the key word search and financial analysis is explained in the methodology note in Annex 2.

Figure 36: Total adolescents and youth expenditure by type of funding (core vs. non-core), 2008-2015 (Atlas)
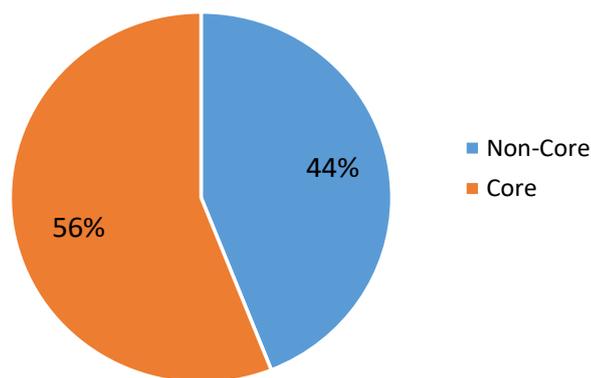
Expenditure in support of adolescents and youth was intended to be both targeted and mainstreamed and the 2014 to 2015 expenditure analysis presented above confirms that this has, in fact, been the case. However, though support to adolescents and youth is expected to be mainstreamed across other outcomes of the strategic plan, current UNFPA tracking systems do not allow for its systematic capture, compromising the ability to conduct a more nuanced and in-depth analysis of adolescents and youth interventions (particularly those that are mainstreamed) from Atlas data alone.[428]

Type of funding: core and non-core

The evaluation expenditure analysis showed that core funding comprised the majority of funding for adolescents and youth from 2008 to 2015. Figure 36 shows the overall percentage of adolescents and youth expenditure by type of funding (core vs. non-core resources) from 2008 to 2015.

The amount of core funding expenditure fluctuated throughout the period, but was consistently higher than non-core funds. Core funding proportionally dropped slightly between 2008 to 2013, with 58 per

cent of adolescents and youth funding in 2008 coming from core resources and 56 per cent in 2013. In 2014, the majority of expenditure in support of adolescents and youth came from core funds, with the proportion increasing to 61 per cent. 2015 witnessed a slight drop, with 55 per cent of funding for adolescents and youth originating from core funding and 45 per cent from non-core sources. Levels of non-core funding also varied, witnessing a significant drop in 2012 and then steady year-on-year increases from 2012 to 2015 (see Figure 14 in chapter 2).

Resource Allocation

Introduced in 2014, the business model allocated countries to "colour quadrants" according to need and ability to finance, with each quadrant expected to work via specific modes of engagement. UNFPA offices in "pink" countries (countries with the lowest level of need and the highest ability to finance) are, for example, expected to focus on advocacy and policy dialogue and advice while country offices in countries with the highest need and lowest ability to finance (those in the red quadrant) are expected to provide support across all modes of engagement (including knowledge

Figure 37: Total adolescents and youth expenditure at country level by mode of engagement for 2014-2015

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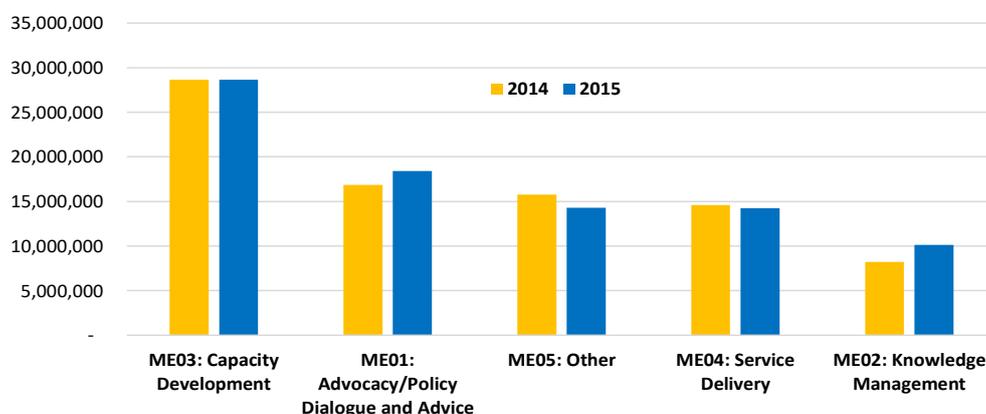
428 Atlas only tracks expenditure under the specific outputs and outcomes of a development results framework, the system does not adequately capture the range of priorities of UNFPA programming in the area of adolescents and youth.

Figure 38: Total adolescents and youth expenditure at country level by mode of engagement 2015
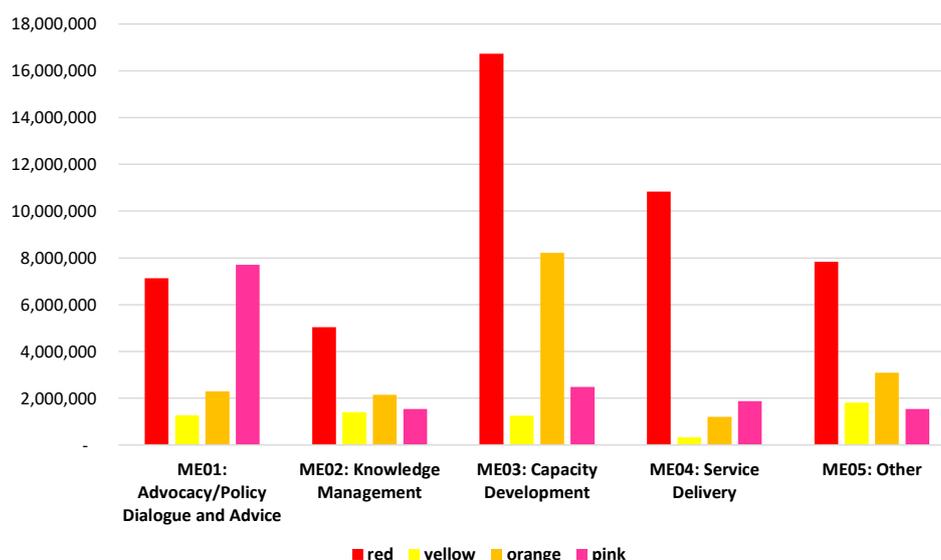
management, capacity development and service delivery).[429]

While progress was noted in the country programme documents from the second half of 2014 and 2015,[430] country offices have not, as yet, fully recalibrated their adolescents and youth interventions to the new business model.[431] Analysis of Atlas data from 2014 and 2015 demonstrates that all quadrants continued to capture a significant proportion of adolescents and youth expenditure under the "other" mode of engagement as shown in Figure 37.

This suggests that aligning adolescents and youth programming to the new UNFPA business model is still work in progress. According to interviewed UNFPA regional and country office staff, alignment with the new business model has been challenging for two reasons. First, many "yellow" countries, which are generally considered to have lower needs than "red" countries, have pockets of deep inequality and persistent disadvantage (e.g. poor rural regions and indigenous communities), calling into question the move away from service delivery and other resource-intense modalities. Second, reduced funding, coupled with the new business model, necessitated shifts in programming that have meant ending long-standing partnerships. This has come with attendant challenges including, but

not limited to, loss in human resources and institutional memory, as well as significant new costs associated with project start-up and learning new skills.[432]

Figure 38 provides a snapshot of how well the expenditure under the different quadrants was aligned with the new business model in 2015.

UNFPA has adequate systems, including monitoring and evaluation to optimise learning to achieve adolescents and youth results

In the past, weaknesses in internal monitoring and reporting mechanisms have hampered the collection of substantive information for reporting purposes across all levels of the organisation. Reporting was under-prioritised in many contexts, and indicators, reporting mechanisms and formats were altered several times during the evaluation period, preventing the comparison of progress in adolescents and youth interventions across years.[433,434] The configuration of country and regional annual reports meant that crucial information was often collected in unstructured, lengthy narratives, rendering analysis of the evolution of support for adolescents and youth programming across key areas difficult.[435] Programme level evaluation was fragmented, under-resourced and generally of poor quality until 2013.

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429 Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan, 2014–2017, Annex 4: Funding Arrangements).

430 Documents: UNFPA Programming Documents (Commission on Population and Development approved at the first and second sessions of the Executive Board in 2015, namely Azerbaijan, Belarus, Cambodia, Colombia, China, El Salvador, Georgia, Guinea-Bissau, Indonesia, Kazakhstan, Macedonia, Madagascar, Maldives, Mali, Panama, Serbia, Swaziland, Tajikistan, Turkey, Uzbekistan, Zambia and Zimbabwe).

431 Interviews: UNFPA Staff. Documents: Strategic Planning Documents (UNFPA Strategic Plan, 2014 – 2017, Annex 4: Funding Arrangements), UNFPA Financial Data and Reports (UNFPA EO Financial Analysis).

432 Country case studies: Egypt, Kyrgyzstan, Nicaragua. Regional reviews: APRO, LACRO.

433 Interviews: UNFPA Staff. Regional reviews: APRO, ESARO and LACRO.

434 Development results framework data was not available for 2008 and 2009. In 2010 and 2011, narrative responses were listed by output and then tabulated regionally. In 2012, the indicators changed and both narrative and more structured information was collected, with the same approach taken in 2013. In 2014, the SIS was introduced.

435 A planned review of how UNFPA support had evolved across the evaluation period in country case study countries for key areas of adolescents and youth programming, based on country office annual reports, development results framework results, and SIS results was not possible for this reason.

Since 2014, the introduction of the Strategic Information System (SIS) and the Global Programming System (GPS), significant progress has been made towards more meaningful, useful results-based management,[436] but further effort is required to consolidate progress. In particular, work remains to ensure that integrated results framework indicators fully capture the breadth and depth of UNFPA adolescents and youth programming, particularly related to leadership and participation (outcome 2, output 6.1), and that information is accurately entered into systems.[437],[438] Since, 2012, UNFPA has also made efforts to improve monitoring, learning and evaluation systems via a strengthened independent evaluation office, placement of monitoring and evaluation advisers and officers at regional and country level, capacity development, increased financial resources for evaluation, and more rigorous quality assurance of country programme evaluations.

The country office survey indicates that over half of UNFPA country offices considered themselves to have adequate systems to gather data, evidence and lessons learned to support the design and implementation of UNFPA interventions in the area of adolescents and youth.[439] However, the majority of those respondents also considered that there are challenges to adequate monitoring, evaluation and documentation of programme results for learning purposes. These included lack of resources, pace and workload as barriers to reflection, learning and recalibration of programming, and low prioritisation.[440] There was the difference in opinion on where gaps in learning exist and how they should be resolved. Headquarter staff focused more on the need to improve evidence-based programming. Regional and country office staff cited funding constraints for monitoring and evaluation.[441] Country case studies highlighted inadequate staff capacity for monitoring for learning, both within UNFPA country offices and/or among partners. This has implications on monitoring, evaluation and learning in the area of adolescents and youth.[442]

Case studies found monitoring systems to be in place in all visited country offices, albeit at different levels of implementation. For example, in Côte d'Ivoire, Egypt, and Nicaragua, systems were in place to conduct monitoring of adolescents and youth interventions, but results were not systematically used to improve programming. In Ethiopia and Kyrgyzstan, lack of capacity for monitoring and reporting internally and among implementing partners limited the availability and quality of adolescents and youth programming data.[443] Results formulation, indicators, baselines and/or targets with country programme results frameworks were found to be weak in several case study country offices.[444] For example, in Egypt, outcomes and outputs in results frameworks were overly complex, and the actual contribution of programming was not captured, giving the impression of underachievement. In Nepal, a revision of the country programme action plan planning and tracking tool was characterised by insufficient baseline data with unclear timeframes for results. In general, monitoring visits were limited due to resource constraints and limited prioritisation between 2008 and 2014,[445] although in Ethiopia, the country office had stationed monitoring experts in sub-regions.[446] Three country case studies noted that monitoring data remained at the level of inputs, activities and outputs with an emphasis on activity-level data.[447] Other case studies specifically stated the need for closer monitoring of training,[448] peer education[449] and adolescents and youth outreach campaigns, a finding that also emerged in country programme evaluations in Jordan and Uzbekistan.[450] Similarly, the Armenia, Cambodia, Paraguay, and Zimbabwe country programme evaluations highlighted weak monitoring and/or evaluation in the area of adolescents and youth.[451]

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436 2014 SIS data generally showed good concurrence with evaluation survey data, although reporting was largely incomplete and multiple examples of country offices reporting activities not relevant to the indicator in question were noted. Interviews: UNFPA Staff. Documents: UNFPA Monitoring Reports (2014 SIS data).

437 Output 6.1: Number of countries with participatory platforms that advocate for increased investments in marginalised adolescents and youth, within development and health policies and programmes. See Annex 1: Integrated Results Framework, UNFPA Strategic Plan 2014 – 2017.

438 The 2014 SIS data captured much information that was not relevant to the indicator in question. Interviews: UNFPA Staff. Documents: UNFPA Monitoring Reports (2014 SIS data).

439 Country office survey (indicators: 6.1.1, 6.1.2): 52.9 per cent of respondents (64 of 102 responding country offices) participating in the country office survey agreed (42 countries) or strongly agreed (12 countries) that this was the case in their respective country offices. Of country case study offices, two country offices agreed and two others strongly agreed that their systems were adequate, four were undecided and one disagreed. Interviews: UNFPA Staff.

440 Country office survey (indicators: 6.1.2). Interviews: UNFPA Staff, Donors, Adolescents and Youth Stakeholders.

441 Interviews: UNFPA Staff.

442 Country case studies: Egypt, Ethiopia, Kyrgyzstan, Nepal, Nicaragua.

443 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Nicaragua.

444 Country case studies: Egypt, Nepal, Niger.

445 Country case studies: Egypt, Kyrgyzstan, Nicaragua, Niger.

446 The Lao country case study also reported joint field monitoring visits with government and UNFPA Staff. Country case study: Lao PDR.

447 Country case studies: Lao PDR, Nepal, Nicaragua.

448 Country case studies: Egypt, Kyrgyzstan, Mozambique.

449 Country case studies: Egypt, Mozambique. Documents: Evaluations, reviews and assessments (Country Programme Evaluations Uzbekistan and Jordan).

450 Country case studies: Egypt.

451 Documents: Evaluations, reviews and assessments (Country Programme Evaluation Armenia, Country Programme Evaluation Cambodia, Country Programme Evaluation Paraguay, Country Programme Evaluation Zimbabwe).

In addition to periodic conduct of country programme evaluations at least once every second programming cycle, UNFPA country offices are free to evaluate their performance as they deem necessary or as project-level donors require. While a number of case study country offices did indeed conduct adolescents and youth-related evaluations,[452] the use of these evaluations to inform the design and replication of similar interventions was found to be inadequate in three country case studies, and follow up to evaluation recommendations was generally considered insufficient.[453],[454] Some country case studies provided evidence of efforts by where country offices generated and disseminated lessons learned from adolescents and youth programming, including via publications, booklets, brochures, leaflets, and electronic news updates.[455] There was limited evidence of country offices

making use of the UNFPA databases MyUNFPA Fusion and Docushare for the purposes of knowledge sharing.[456]

Evidence from programme evaluations and regional case studies illustrates that UNFPA regional offices appear to have played an active role in adolescents and youth-related knowledge management: actively collecting and disseminating best practices in the area of adolescents and youth, including via publications, workshops, websites, use of the MyUNFPA Fusion platform and eGroups.[457],[458],[459] UNFPA headquarters, according to staff interviews, also promoted the sharing of good adolescents and youth practices and repeated mention was made of a good practice competition on youth programming as well as a set of good practices related to adolescents and youth in humanitarian settings.[460]

Evidence showed that global partners do not perceive

Table 12: Regional office provision of advice, guidance, training and support for adolescents and youth interventions

Regional office provision of advice, guidance, training and support for adolescents and youth interventions as reported by country offices		
Percentage of country offices that agreed or strongly agreed that:		
	… the regional office provided sufficient advice, guidance and training to build country office capacity for adolescents and youth interventions	… the regional office provided guidance and support to incorporate human rights, gender-responsive and culturally sensitive approaches for adolescents and youth
Arab States (N=10)	80%	70%
Asia and Pacific (N=18)	50%	72.2%
Eastern Europe and Central Asia (N=15)	66.67%	60%
East and Southern Africa (N=20)	65%	50%
Latin America and Caribbean (N=19)	52.63%	57.89%
West and Central Africa (N=21)	57.14%	71.43%

Source: Country office survey.

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452 Documents: Evaluations, reviews and assessments (Country Programme Evaluation Egypt; Mystery Client Evaluation; Evaluation of Y-PEER. Ethiopia: Evaluation of Berhane Hewan: A Pilot Programme to Promote Education & Delay Marriage in Rural Ethiopia (2007); A Rights-Based Approach to Adolescent and Youth Development, End of Programme Evaluation (2013); Joint Evaluation of UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change 2008-2012; Evaluation of Violence Against Women (2012); Final Evaluation 2013 Africa Gender Thematic Window, Ethiopia. United Nations Joint Programme on Leave no Woman Behind (2013). Nepal: Ensuring recognition of sexual violence as a tool of conflict in the Nepal peace building process through documentation and provision of comprehensive services to women and girl survivors - Final Evaluation"; Delivering Essential Reproductive Health Care, Education and Counselling to Vulnerable Women and Adolescent Girls of Nepal Affected by Conflict-Final Evaluation; Assessment of the Kishori Bikash Karyakram and Choose Your Future Programme for out of school adolescent girls. Nicaragua: Voz Joven Programme; Strengthening of Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country; RACN-RACS Programme; Evaluation of Puntos de Encuentro Foundation).

453 Country case studies: Nepal, Nicaragua, Niger.

454 Country case studies: Ethiopia, Nepal, Nicaragua.

455 The Turkey Country Programme Evaluation also highlights best practice publications. Documents: Evaluations, reviews and assessments (Country Programme Evaluation Turkey).

456 Country case study: Nepal.

457 Documents: Evaluations, reviews and assessments (2012 Evaluation of the 4th Multi-country Programme of the UNFPA's Pacific Sub-Regional Office; 2013 Evaluation of Africa Regional Programme; 2013 Evaluation of the Arab States Regional Programme).

458 Interviews: UNFPA Staff.

459 Regional reviews: APRO, ESARO, LACRO.

460 Interviews: UNFPA Staff.

Table 13: Adolescents and youth-related areas of need for additional guidance, as reported by country offices

Adolescents and youth-related areas of need for additional guidance as reported by country offices	
Adolescents and youth-related area	**Percentage of country offices**
Sexual and reproductive health education and information	65.7%
Meaningful participation and leadership of adolescents and youth (including the most marginalised and vulnerable) in programme design and implementation	59.8%
Utilisation of new technologies for service delivery	59.8%
South-South cooperation	57.8%
Behaviour change communication	54.9%
Human rights-based approaches	53.9%
Exchange of best practices	52.9%
Integrated and sustainable sexual and reproductive health services	52.0%
Culturally-sensitive approaches to programming	52.0%

Source: Interviews: UNFPA staff (102 responses)

UNFPA as a learning organisation at present and note that UNFPA could learn from leading non-governmental organisations on how better to capture, report on and promote results.[461],[462]

Support to country level implementation and mainstreaming adolescents and youth interventions

UNFPA headquarter and regional offices have worked to strengthen the capacity of country offices to adapt and implement adolescents and youth interventions as envisaged in UNFPA strategic planning. In the country office survey, the majority of country offices either agreed or strongly agreed that UNFPA regional offices had strengthened their adolescents and youth capacities.[463] Country case studies revealed varying degrees of effectiveness of regional office support for adolescents and youth programming.[464] The country offices in Egypt, Lao PDR and Mozambique specifically pointed out the regional offices' valuable role in facilitating knowledge exchange between UNFPA country offices for their particular regions.[465] Findings were also mixed regarding headquarter support and guidance to country offices to implement adolescents and youth interventions. The country office survey revealed that fewer than half of country offices either agreed or strongly agreed that headquarters had strengthened their adolescents and youth capacities.[466] This is consistent with country case studies where five out of nine countries indicated that headquarter support for adolescents and youth programming was insufficient, lacking or unsustainable.[467],[468] It is important to note that there were significant regional variations, for example 76 per cent of country offices in the West and Central African region expressed their satisfaction.[469]

Case studies also identified the importance of multi-country initiatives as effective channels of support, for example programmes tackling female genital mutilation and child marriage in Ethiopia and the

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461 Interviews: Other United Nations Staff, International Non-Governmental Organisations, Non-Governmental Organisations, Adolescents and Youth Stakeholders, Adolescents and Youth Beneficiaries.

462 Interviews: Other United Nations Staff, International Non-Governmental Organisations.

463 Interviews: UNFPA Staff.

464 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Niger, Ethiopia, Lao PDR, Mozambique, Nicaragua, Nepal.

465 Country case studies: Egypt, Lao PDR, Mozambique.

466 Country office survey: (indicators: 6.1.3): Forty-six country offices (45.1 per cent) agreed (41 country offices) or strongly agreed (5 country offices). 35.3 per cent (36 country offices) were undecided regarding HQ support and 21.6 per cent (22 country offices) were undecided regarding regional office support. Interviews: UNFPA Staff.

467 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Nepal.

468 In terms of support received from headquarters, contradictory views were found in Côte d'Ivoire, Lao PDR and Nicaragua. Regarding support from regional offices, inconsistencies surfaced in Côte d'Ivoire, Egypt, Ethiopia and Nicaragua. Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Nepal.

469 Country office survey: (indicators: 6.3.1): Asia and the Pacific: 27.8 per cent agree; 33.3 per cent disagree. Arab States: 30.0 per cent agree; 30.0 per cent disagree. Interviews: UNFPA Staff.

"Action for Adolescent Girls" initiative in Niger.[470] Both regional offices and UNFPA headquarters provided guidance and support for cross-cutting issues, including incorporating human rights-based, gender-responsive and culturally sensitive approaches, in adolescents and youth programming.[471] Country office survey responses, showed that the majority of country offices in all six regions agreed that regional offices had strengthened their capacities to plan, implement, monitor and mainstream adolescents and youth interventions, including incorporating human rights-based approaches, as well as gender-responsive and culturally sensitive adolescents and youth programming.[472,473]

Looking ahead, interviews revealed that UNFPA country offices priorities for additional internal guidance include: effectively reaching adolescents and youth, especially vulnerable adolescents and youth, with sexual and reproductive health services; sharing of lessons learned; evaluation and monitoring and South-South cooperation.[474]

Programme division guidance on the roles and responsibilities between the different levels of UNFPA (country, regional and headquarter) became more defined over the period covered by the evaluation. In 2012, the cluster approach was introduced to foster coherence across thematic areas for adolescents and youth and women's reproductive health.[475] However, evidence from country and regional case studies suggests it was not particularly effective in improving alignment and coordination.[476] Nonetheless, some respondents noted an on-going need for clear institutional structures to ensure effective cooperation and mainstreaming between thematic areas for adolescents and youth.[477] Case studies identified a number of systemic factors for further consideration that influence collaboration between country and regional offices, including organisational structures, clarity of roles, responsibilities and lines of communication, geographical distance, language needs, and the extent to which country offices pro-actively communicated their needs.[478]

470 Country case studies: Ethiopia, Niger. Documents: UNFPA Programming Documents (UNFPA's Action for Adolescent Girls. 2014); UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual Report, 2011).

471 Documents (selected examples): UNFPA relevant thematic documents (UNFPA. A human rights-based approach to programming: practical implementation manual and training materials, 2010; UNFPA. Implementation of the international and regional human rights framework for the elimination of female genital mutilation, 2014; UNFPA with Danish Institute for Human Rights and United Nations Human Rights. Reproductive rights are human rights: A handbook for national human rights institutions, 2014; UNFPA. Combatting violence against women and girls in Eastern Europe and Central Asia, issue brief, 2015; UNFPA.. Addressing violence against women and girls in sexual and reproductive health services: A review of knowledge assets, undated; UNFPA with Promundo Engaging men and boys in gender equality and health: A global toolkit for action, , 2011; UNFPA. Guidelines for engaging FBOs as agents of change. (Internal UNFPA guidelines), 2009UNFPA et al. Building partnerships on HIV and sex work: report and recommendations from the first Asia and the Pacific regional consultation on HIV and sex-work, 2011: UNFPA, UNICEF. Girl power and potential: A joint programming framework for fulfilling the rights of marginalised adolescent girls., 2009; UNFPA. Girlhood Not Motherhood: Preventing adolescent pregnancy, a guidance document accompanying the 2013 State of the World Population Report 2013).

472 Country office survey: (indicators: 2.1.2): 4 out of 102 UNFPA country offices (62.7 per cent) agreed (N=58) or strongly agreed (N=6) that UNFPA regional offices had strengthened their capacities to incorporate human rights and pursue gender-responsive and culturally sensitive adolescents and youth programming. Interviews: UNFPA Staff.

473 Country office survey: (indicators: 2.1.1): 68 country offices out of 102 responding country offices. 56 country offices agreed and 12 country offices strongly agreed. 24.5 per cent (25 country offices) were undecided. Interviews: UNFPA Staff.

474 Interviews: UNFPA Staff.

475 Country case studies: Côte d'Ivoire.

476 Country case studies: Côte d'Ivoire, Kyrgyzstan. Regional review: LACRO.

477 Country case study: Egypt, Nicaragua. Regional reviews: APRO, LACRO. Interviews: UNFPA Staff, Donors, International Non-Governmental Organisations.

478 Country case studies. Regional reviews: ESARO, LACRO. Interviews: UNFPA Staff, Government, Donors, Adolescents and Youth Beneficiaries. Documents: UNFPA Programming Documents (Terms of Reference for country offices, regional offices, programme division and technical division, 2015).

4.7. Partnership, coordination and comparative advantage

EVALUATION QUESTION 7

To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance adolescents and youth issues at global, regional and country levels?

To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA programme countries for advancing adolescents and youth policies and programmes?

Summary of findings	Partnership, Coordination, Comparative advantage

UNFPA has provided effective technical and political leadership on adolescents and youth sexual and reproductive health through its convening power and strategic advocacy, with greatest achievements at global and regional levels. UNFPA provided leadership and coordinated effectively on numerous adolescents and youth issues (e.g. sexual and reproductive health education and information for adolescents and youth, adolescent girls programming, HIV and young people and marginalised/vulnerable young populations), resulting in increased political commitment to the concerns of adolescents and youth as evidenced in the Montevideo Consensus in Latin America and the "Young People Today" commitment in East and Southern Africa. UNFPA, in collaboration with a wide range of United Nations, non-governmental organisations and government partners, coordinated adolescents and youth agendas effectively and established new partnerships to elevate adolescents and youth concerns, especially at global and regional levels.

Joint programming is emerging as an effective mechanism for coordination, providing a promising model to facilitate comprehensive adolescents and youth programming. Beyond joint programming and its related thematic working groups, there are other opportunities to work with a wider range of partners to create broad-based national forums on adolescents and youth issues.

There is strong evidence to demonstrate that UNFPA provides strong leadership within United Nation-centred adolescents and youth coordinating mechanisms at all levels. Notwithstanding, there was evidence of ongoing challenges related to the division of labour among United Nations organisations with respect to adolescents and youth programming.

South-South cooperation was well supported by headquarter and some regional offices to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA programme countries for advancing adolescents and youth policies and programmes. In recent years, headquarters has made efforts to expand guidance available to country offices in this area and a UNFPA strategy for South-South and triangular cooperation is under development. The UNFPA Regional Office for Latin America and the Caribbean used South-South Cooperation extensively to promote sexual and reproductive health education and information for adolescents and youth and youth-friendly health services. However, South-South cooperation in the area of adolescents and youth appeared to be under-explored, particularly at the country level.

Leadership and visibility

UNFPA provided leadership to advance the adolescents and youth agenda through its convening power and strategic advocacy.[479] The political leadership of UNFPA was most visible at the global and regional levels, where senior staff was able to lead and/or participate in high-level sexual and reproductive health and reproductive rights initiatives and platforms.[480] By facilitating consensus-building, engaging stakeholders and documenting processes, UNFPA, together with partners, played a key leadership and coordination role for sexual and reproductive health education and information for adolescents and youth, programming for adolescent girls, HIV and young people, and marginalised or vulnerable young populations, resulting in increased political commitment to meeting the needs of adolescents and youth (for example, the Montevideo Consensus in Latin America and the "Young People Today" commitment in East and Southern

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479　Country Case Studies: Egypt, Ethiopia, Kyrgyzstan. Regional reviews: APRO, LACRO. Interviews: UNFPA Staff, Government, Donors.

480　Interviews: Government; Regional Reviews: APRO, LACRO.

Africa).[481] Another notable success was the 2012 landmark consensus agreement at the 45th session of the Commission on Population and Development (CPD) that resulted in a resolution in support of young people's sexual and reproductive health and reproductive rights.[482] UNFPA is also credited for support to, and collaboration with, the Partnership for Maternal, Newborn and Child Health to expand the Secretary General's Global Strategy for Women's and Children's Health (Every Woman, Every Child, 2010-2015) to include "Every Adolescent" in the revised 2016-2030 strategy, a roadmap for all countries identifying priority actions to improve adolescent and youth sexual and

reproductive health.[483]

UNFPA strategically used the International Conference on Population and Development (ICPD) Beyond 2014 review of progress, conducted during the period under evaluation, to open unprecedented space for adolescent and youth participation and leadership. UNFPA developed and built the capacity of adolescents and youth leaders, youth organisations and networks, and provided space in new and existing regional and global platforms (e.g. the Bali Global Youth Forum 2013 and the South Asian Association for Regional Cooperation (SAARC) Youth Charter and Action Plan) to ensure that the perspectives of youth were taken into account.[484]

Box 10: Good practice example: Youth-led global adolescents and youth leadership and participation to influence the adolescents and youth development agenda

Good practice example: Youth-led global adolescents and youth leadership and participation to influence the adolescents and youth development agenda[485]

UNFPA engaged youth to take stock of progress on the implementation of the International Conference on Population and Development Platform for Action twenty years after its adoption.

Context: In line with the International Conference on Population and Development call for youth engagement and participation in matters that affect them, and respect for the rights of young people, UNFPA supported comprehensive participatory political platforms to give youth voice in the International Conference on Population and Development review process that would inform the Sustainable Development Goals of the 2030 Agenda for Sustainable Development.

UNFPA Strategy: In December 2012, in Bali, Indonesia, the International Conference on Population and Development Beyond 2014 Global Youth Forum was convened. It was the first United Nations mandated process that was both led by and for global youth.

Results: Over 3000 onsite and virtual delegates came together to make recommendations that formed the Bali Declaration, a ground-breaking document submitted directly to the United Nations Secretary General to help shape the post-2015 development agenda. With UNFPA support, the recommendations contained in the Bali Declaration were included in the Commission on Population and Development's Resolution of 2014, in the International Conference on Population and Development framework approved by the General Assembly in September 2014, and additional inter-governmental negotiations.

Follow Up: UNFPA reached out to young advocates at the regional level, mapped their efforts and set up communication channels that facilitated their ability to mobilise and coordinate to meaningfully participate in additional international processes that affect them. To do so, the Steering Committee of the Bali Forum was converted into a Youth Leadership Working Group. The organisational efforts that began prior to the Global Youth Forum Bali were translated into a platform for youth to systematically advance key outcomes of the Bali Conference into the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 and the Sustainable Development Goals. These groups of organised youth are now well-positioned to represent and advocate for young people's rights.

481 Interviews: UNFPA Staff, other United Nation staff, Governments, international non-governmental organisations, non-governmental organisations, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (Annual Report 2008, p 7.)

482 Interviews: UNFPA Staff, United Nations Staff, Governments, non-governmental organisations, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (ExDR 2014, Annex 8, p 2), Partner and Relevant Thematic Documents (Commission on Population and Development Resolution 2012/1: Adolescents and Youth).

483 Interviews: United Nations Staff, international non-governmental organisations, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (ExDR 2014, p 4), Partner and Relevant Thematic Documents (Saving Lives, Protecting Futures: Progress Report on the Global Strategy for Women's and Childen's Health, Global Strategy for Women's and Children's Health, 2010-2015, The Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030).

484 Regional Reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, Other United Nations Staff, Donors, Adolescents and Youth Beneficiaries. Documents: Partner and Relevant Thematic Documents (Commission on Population and Development, 2012; United Nations. ICPD Beyond 2014 Review and Follow Up, 2013; UNFPA. The Bali Declaration in "The Global Youth Forum: Youth Rights at the Heart of Development." 2012; Comisión Económica para América Latina y el Caribe. Guía Operacional para la Implementación y el Seguimiento del Consenso de Montevideo sobre Población y Desarrollo: Segundo Borrador. 2015: Santiago).

485 Documents: Evaluations, Reviews and Assessments (United Nations. ICPD Beyond 2014 Review and Follow Up; in International Conference on Population and Development Beyond 2014. 2013).

This youth advocacy work was further reinforced by high profile publications on youth issues supported by UNFPA and partners.[486] Engagement with youth leaders, organisations and networks, as well as traditional UNFPA partners increased throughout the International Conference on Population and Development review process, with the subsequent Sustainable Development Goal process creating additional momentum.[487] Global and regional organising efforts, supported by country offices, provided broad support for new and existing youth movements and mechanisms to more effectively advocate for their interests and needs in global forums.[488]

UNFPA and partners supported youth-led organisations and the Major Group on Children and Youth to advocate for inclusion of adolescents and youth issues in the Sustainable Development Goals (SDGs). UNFPA and partners successfully supported efforts to include an indicator on adolescents within Target 3.7 on universal access to sexual and reproductive health.[489] The critical issue of child marriage was also included as a Sustainable Development Goal indicator[490] and there remain multiple ways in which youth issues can be cast within the current Sustainable Development Goal framework. However, a number of stakeholders noted their concern about the lack of a specific Sustainable Development Goal on youth. Looking ahead, many stakeholders see youth as a cross-cutting issue in which UNFPA should provide leadership.[491] At country level, senior staff members were particularly successful in advancing adolescents and youth issues.[492] UNFPA shared common purpose with many partners on strategic approaches and priorities to advance the adolescents and youth agenda at both country and regional level, although the level of cohesion and solidarity varied.[493] Nevertheless, UNFPA successfully positioned itself globally and regionally in various dialogues and partnerships (for example, joint programmes and inter-agency task forces at global and regional levels) that then provided a platform from which to promote adolescents and youth issues.[494]

The UNFPA-UNICEF Joint Programme on Female Genital Mutilation (Accelerating Change) is credited with making an impact in 15 target countries on the legal environment.[495] In the areas of sexual and reproductive health education and information for adolescents and youth and youth-friendly health services (YFHS), global and regional convening and commitments built consensus among multi-sectoral stakeholders on the health consequences of insufficient education and information about sexual and reproductive health, as well as lack of access to sexual and reproductive health and HIV services.[496] In 2014 to 2017, in the Asia Pacific region, engagement with the Association of Southeast Asian Nations (ASEAN) and SAARC led to the development of a SAARC Youth Charter and Action Plan, covering eight countries in Southeast Asia. Meanwhile, in East and Southern Africa and West and Central Africa, UNFPA supported UNESCO and partners within the African Union to secure a ministerial commitment on sexual and reproductive health education and information and services for adolescents and young people: a key step towards increasing accountability to the needs and rights of adolescents and youth.[497] In West and Central Africa the regional office successfully convened and led high-level events on the demographic dividend, including positioning investments of young people as key to achieving the demographic dividend.[498]

At country level, the leadership role of UNFPA on adolescent and youth issues varied in emphasis and priority.[499] In some countries, UNFPA skilfully used existing convening platforms, such as United Nations country teams, interagency taskforces, steering

486 Interviews: Other United Nations Staff, Adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (State of the World Population Report: The Power of 1.8 Billion. Adolescents, Youth and the Transformation of the Future, 2014), UNFPA Programming Documents (UNFPA Action for Adolescent Girls. 2014), UNFPA Annual Reports (Executive Director's Report 2014, p 15, UNFPA Annual Report, 2011), UNFPA relevant thematic inter-agency working group. Technical briefs 2014, Partner and Relevant Thematic Documents (United Nations. Accelerating Efforts to Advance the Rights of Adolescent Girls: A United Nations Joint Statement 2010).

487 Interviews: UNFPA Staff.

488 Interviews: UNFPA Staff, United Nations Staff, Donors, International Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

489 Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years per 1000 women in that age group. Interviews: UNFPA Staff. Documents: Partner and Relevant Thematic Documents (United Nations. Sustainable Development Goals Indicators Database. https://sustainabledevelopment.un.org/sdg3, http://unstats.un.org/sdgs/indicators/database/).

490 Indicator 5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18. Interviews: UNFPA Staff. Documents: Partner and Relevant Thematic Documents (United Nations. Sustainable Development Goals Indicators Database. https://sustainabledevelopment.un.org/sdg3, http://unstats.un.org/sdgs/indicators/database/).

491 Interviews: UNFPA Staff, Other United Nations Staff, Donors, Adolescents

492 Country Case Studies: Egypt, Ethiopia. Interviews: UNFPA Staff.

493 Interviews: UNFPA Staff, Other United Nations Staff, Governments, Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

494 Country Case Studies: Côte d'Ivoire, Ethiopia, Mozambique, Nicaragua, Niger. Regional Reviews: APRO, ESARO, LACRO. Interviews: UNFPA Staff, United Nations Staff, Non-Governmental Organisations.

495 Documents: UNFPA Annual Reports (Executive Director's Report 2014, p 9: 58, Executive Director's Report 2010, p 23), UNFPA Relevant Thematic Documents (UNFPA and UNICEF. Joint Evaluation: UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting: Accelerating Change 2008 - 2012 (Volume I) - Evaluation Report. 2013).

496 Interviews: UNFPA Staff, Governments, Adolescents and Youth Beneficiaries. Documents: UNFPA Annual Reports (Executive Director's Report 2010, p 21, UNFPA Annual Report 2011, p 19), Partner and Relevant Thematic Documents (Comisión Económica para América Latina y el Caribe. , Consenso de Montevideo 2014).

497 Documents: Partner and Relevant Thematic Documents (UNESCO. Young People Today: Time to Act Now 2013)

498 Regional review: APRO, ESARO. Interviews: UNFPA Staff.

499 Regional review: APRO, ESARO. Interviews: UNFPA Staff.

committees and thematic working groups, to advance sexual and reproductive health issues.[500] This led to key legal, strategy and policy advances in several of the country case studies, including the reproductive rights law in Kyrgyzstan, a law against gender based violence in Nicaragua, a law against sexual harassment in Egypt, the first Family Planning Strategy in Mozambique (2012-2014), and a National Youth Policy in Niger (2011-2015).[501] Innovative leadership was also shown in Nepal, which was the first country worldwide to establish youth-responsive budgeting.[502] In others, political challenges related to the sensitive nature of sexual and reproductive health education and information and services for unmarried adolescents, coupled with funding gaps, led to more limited progress.

Leadership, in the area of adolescents and youth support at country level, is highly dependent on the quality of relationships with host governments and key partners. Success in this area is strongly related to the interpersonal and diplomatic skills of senior staff and the general approach and political skills of the country office[503] In some cases it was observed that country offices were sometimes unclear on what strategies to pursue in order to navigate political, social and cultural resistance to key sexual and reproductive health and reproductive rights issues.[504] Indeed, some senior UNFPA staff, governments, implementing non-governmental organisation partners and other adolescents and youth stakeholders expressed views that UNFPA should be bolder in tackling sensitive sexual and reproductive health and reproductive rights issues at country level. Despite these views, most stakeholders recognised the significant challenges faced by UNFPA in demonstrating leadership on sensitive issues. In particular, many stakeholders, including donors, congratulated UNFPA for its efforts on implementing its mandate related to sexual and reproductive health education and information for adolescents and youth, noting the leadership of regional offices, which they believed to have shown good results.[505] Cultural sensitivity is further discussed in Section 4.2.

The framework of the Agenda for Sustainable Development, places adolescents and youth issues within a broader global development context. In some settings, UNFPA has moved beyond its traditional mandate in sexual and reproductive health in favour of a more holistic approach to address the broader needs and interests of adolescents and youth (e.g.

Box 11: Good practice example: Partnerships for evidence-based advocacy for regional adolescents and youth commitments

Good practice: Partnerships for evidence-based advocacy for regional adolescents and youth commitments[506]

UNFPA supports United Nations partnerships to increase governmental commitments to adolescents and youth sexual and reproductive health.

Context: Government commitments to adolescents and youth sexual and reproductive health were seen as critical to advancing the adolescents and youth agenda at national level.

UNFPA Strategy: Under the leadership of UNAIDS and with the support of the Regional Economic Communities (EAC and SADC), UNAIDS and WHO, UNFPA contributed to reviewing available evidence across East and Southern Africa on the needs of youth in the region.

Results: Together, these agencies brought data and evidence to ministries of health and education, demonstrating the critical problems adolescents and youth face in the region and making the case for investing in sexual and reproductive health education and information for adolescents and youth and sexual and reproductive health services. Through a common vision and the creation of a platform for young people to participate and claim their rights, in 2013 a commitment and accountability framework for adolescent and youth sexual and reproductive health was realised in 20 countries.

Follow up: This commitment has since been used by adolescents and youth advocates in countries, with support from UNFPA, to advance key issues such as sexual and reproductive health education and information for adolescents and youth and access to health services.

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500 Country case study: Ethiopia.

501 Country case studies: Egypt, Kyrgyzstan, Mozambique, Nicaragua, Niger.

502 Country case studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua, Niger. Interviews: UNFPA Staff, Non-Governmental Organisations.

503 Country case study: Nepal. Interview: UNFPA Staff.

504 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Nicaragua. Interviews: UNFPA Staff, Governments, Adolescents and Youth Beneficiaries.

505 Country case studies: Egypt, Ethiopia, Kyrgyzstan.

506 Regional review: ESARO. Interviews: UNFPA Staff, Other United Nations

supporting peace-building activities in Kyrgyzstan, youth empowerment in Egypt).[507] In some countries, the United Nations System-Wide Action Plan on Youth (UN Youth SWAP) has been used as an organising structure for aligning support around adolescents and youth interventions.[508] These examples demonstrate how UNFPA works with other stakeholders on adolescents and youth issues through common aims, objectives and approaches and point to a need for UNFPA to clarify whether and how it will consolidate this experience in light of the need to bring a stronger focus and support for youth issues within the Agenda for Sustainable Development.[509] It should be noted that the majority of international partners interviewed agreed that UNFPA is well-positioned to be the lead United Nations organisation advocating at all levels for adolescents and youth issues. Successful UNFPA advocacy and positioning of the demographic dividend as a call for investment in youth to be at the centre of sustainable development was also cited as a strong point for positioning the organisation on these issues in certain contexts.[510]

Partnership and coordination

There is strong evidence to demonstrate that UNFPA participated in, and contributed to, various United Nation-centred adolescents and youth coordinating mechanisms at global, regional and country levels.[511] At country level, UNFPA used the United Nation Secretary General's System Wide Action Plan for Youth (Youth SWAP),[512] "Delivering as One"[513] and United Nations Development Assistance Frameworks (UNDAF) to enhance coordination between United Nations organisations working on adolescents and youth issues, creating more coherent advocacy platforms and minimising the duplication of efforts.[514] For example, together with UN Women, UNICEF and WHO, UNFPA was part of an inter-agency regional initiative in West and Central Africa. Covering eight Francophone countries in the region and funded externally by France, the initiative focused on maternal health and adolescent sexual and reproductive health.[515] Though illustrative of a successful inter-agency initiative, ongoing challenges with the division of labour on adolescents and youth issues among United Nations organisations at country and regional level were evident.[516] For example, in the area of sexual and reproductive health education and information for adolescents and youth, there is an overlap in the mandate of UNFPA and UNESCO,[517] and both UNFPA and UNICEF had roles in programming for adolescent health. While this is not a problem per se, it highlights the need for a clear division of labour and effective coordination and collaboration, drawing on each organisation's comparative advantage and avoiding inefficiencies, redundancies and competing priorities.[518]

UNFPA was recognised as a key partner for adolescents and youth issues by international non-governmental organisations that work on adolescents and youth issues, as well as adolescents and youth leaders and their organisations.[519] Adolescents and youth leaders commented that UNFPA, in their view, had insufficiently facilitated relationships and coordination between youth organisations. They described a lack of follow-through and consistent support for adolescents and youth leadership and participation, including platforms for youth input into UNFPA dialogue on programming and policy although it was noted that youth advisory panels were increasingly utilised at the country and regional level.[520] Adolescents and youth leadership and participation is further discussed in Section 4.5.[521]

UNFPA demonstrated efforts to leverage resources among partners at all levels to support adolescents and youth interventions.[522] The country office survey demonstrated that almost 58 per cent of country offices agreed that UNFPA had played a role in coordinating

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507 Regional Review: ESARO, LACRO. Interviews: UNFPA Staff, Government, Donors, Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

508 Country case studies: Kyrgyzstan, Egypt. Regional Review: APRO. Interviews: Other United Nations Staff, International Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

509 Country case studies: Egypt, Nepal.

510 Country case studies: Côte d'Ivoire, Egypt, Ethiopia. Regional Review: LACRO. Interviews: Other United Nations Staff, International Non-Governmental Organisation.

511 Country case studies: Côte d'Ivoire, Egypt, Ethiopia, Kyrgyzstan, Nicaragua, Niger. Regional Reviews: APRO, LACRO. Interviews: UNFPA Staff, International Non-Governmental Organisation.

512 Country case studies: Egypt, Nepal. Documents: Partner and Relevant Thematic Documents (United Nations System-wide Action Plan on Youth, 2016. http://unyouthswap.org).

513 Country case studies: Côte d'Ivoire (2014), Ethiopia (2010), Kyrgyzstan (2009), Lao PDR (2010), Mozambique (2006), Nicaragua (2013). Documents: Partner and Relevant Thematic Documents (UNDP Delivering as One Countries as of November 2015.)

514 Country case studies: Ethiopia, Lao PDR, Nicaragua, Niger. Interviews: UNFPA Staff, United Nations Staff, Government, Adolescents and Youth Beneficiaries.

515 Interviews: UNFPA Staff. Documents: http://www.unfpa.org/press/g-8-muskoka-initiative-maternal-newborn-and-child-health

516 Country case studies: Côte d'Ivoire, Nicaragua. Regional Review: APRO, ESARO, LACRO. Interviews: United Nations Staff, Government.

517 Interviews: United Nations Staff, Government, International Non-Governmental Organisations.

518 Interviews: United Nations Staff, Donors, International Non-Governmental Organisations, Adolescents and Youth Beneficiaries.

519 Country Case Studies: Egypt, Ethiopia, Lao PDR, Kyrgyzstan, Nepal. Regional Reviews: APRO, LACRO. Interviews: Governments, Donors, international non-governmental organisation, adolescents and youth Beneficiaries.

520 Country Case Studies: Côte d'Ivoire, Ethiopia, Nicaragua, Niger, Reginal review APRO

521 Country Case Study: Nepal. Interviews: adolescents and youth Beneficiaries.

522 Country Case Studies: Côte d'Ivoire, Kyrgyzstan, Lao PDR, Mozambique. Regional Review: ESARO. Interviews: United Nation Staff. Documents: UNFPA Annual Reports (Annual Report 2009, p 19, Annual Report 2008, p 6).

the pooling of resources among partners to implement adolescents and youth interventions.[523] UNFPA and partners, for example, made the investment case for the demographic dividend, yet increased funding for adolescents and youth has only recently began to fully materialise, for example, via region-wide commitments with accountability frameworks.[524] It is unclear to what extent the ability to leverage resources is dependent on contextual factors at country level, such as the availability of youth-focused donors.[525]

In recent years, joint programming with other United Nations organisations emerged as a promising model for leveraging funding and ensuring comprehensive programming for adolescents and youth.[526] Over 85 per cent of country offices reported that they were involved in joint programming for adolescents and youth during the evaluation period.[527,528]

South-South cooperation was well supported at headquarters and by some regional offices, with numerous examples to share learning and best practices identified in the area of adolescents and youth.[529,530] At the country level, conversely, South-South cooperation in the area of adolescents and youth appeared to be under-used and differently understood in most contexts, with an absence of an overall approach, strategy or follow-up.[531] When asked for examples of South-South cooperation, country case study respondents uniformly pointed to youth participation in regional and/or international meetings rather than structured sharing of knowledge, skills, resources and expertise between countries.[532] The UNFPA Regional Office for Latin America and the Caribbean was a notable exception, having used South-South cooperation extensively to promote sexual and reproductive health education and information for adolescents and youth and youth-friendly health services, via the creation of a multi-lateral platform (now discontinued).[533] It is important to note that headquarters has made efforts in recent years to expand guidance to country offices in this area and a UNFPA strategy for South-South and triangular cooperation is currently under development.

523   Country office survey question 51. Interviews: UNFPA Staff.

524   Documents: Partner and Relevant Thematic Documents (Montevideo Consensus on Population and Development 2013, Young People Today: Time to Act Now 2013).

525   Country Case Studies: Côte d'Ivoire, Kyrgyzstan, Mozambique.

526   Country Case Studies: Ethiopia, Lao PDR, Nepal, Nicaragua. Interviews: UNFPA Staff.

527   Country office survey question 51. Interviews: UNFPA Staff.

528   Documents: UNFPA Annual Reports (ExDR 2014, p9, p 15, ExDR 2011, p 15, ExDR 2010, p 23, ExDR 2008, p 23, UNFPA annual report 2013, p 11, UNFPA annual report 2012, p 18), Evaluations, Reviews and Assessments (Joint Programme on Female genital Mutilation Phase 1 Evaluation, 2013).

529   Regional Review: LACRO. Documents: UNFPA annual reports (ExDR 2011, p16; UNFPA Annual Report 2010, p 26); UNFPA Programming Documents (internal UNFPA PowerPoint presentation on LACRO South-South cooperation platform for the ICPD review; South-South cooperation as a boost for implementing the ICPD agenda and the Sustainable Development Goals, UNFPA brochure, 2015, Assessment of South-South and triangular cooperation initiatives 2015).

530   Interviews: UNFPA Staff, Donors.

531   Country Case Studies: Côte d'Ivoire, Egypt, Kyrgyzstan, Lao PDR, Mozambique, Nepal, Nicaragua. Regional Review: APRO. Interviews: UNFPA Staff.

532   Country Case Studies: Côte d'Ivoire, Egypt, Kyrgyzstan.

533   Regional Review: LACRO. UNFPA Relevant Thematic Documents (UNFPA. Cooperación Sur - Sur. Cooperación Sur, 2016.- Sur: http://www.cooperacionsursur.org/).
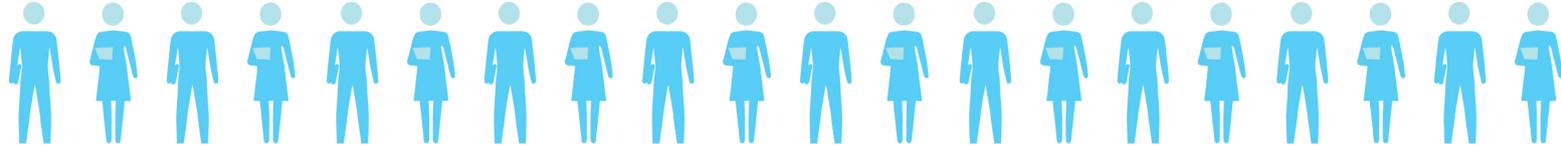
5. Ex-post theory of change for UNFPA support of adolescents and youth

During the inception phase of the evaluation, a theory of change for UNFPA support to adolescents and youth was reconstructed from UNFPA planning documents and frameworks. The aim of the theory of change is to describe the intervention logic of UNFPA support to adolescents and youth taking into account the main modes of engagement used to implement adolescents and youth programmes, the principles guiding UNFPA interventions, the type and level of expected changes and external factors that influence and determine causal links.[534] The outputs and outcomes described in the theory of change consolidate and mirror the outputs and outcomes envisioned in the UNFPA Strategic Plan for 2014-17, the UNFPA Strategic Plan mid-term review (2012-2013), and the UNFPA Strategic Plan 2008-2011, as well as the UNFPA Framework for Action on Adolescents and Youth and the UNFPA Adolescents and Youth Strategy. The reconstruction process is described in detail in the Inception Report. Figure 39 presents the reconstructed "original" theory of change.

Figure 39: Original reconstructed theory of change for UNFPA support of adolescents and youth

Impact: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality

Outcomes SP 2014-2017:
- Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access
- Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health
- Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth
- Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

(Outcome-level boxes):
- A. Increased availability and use of integrated SRH services by adolescents and youth
- B. Increased availability of comprehensive sexuality education and information
- C. Increased priority on adolescent girls in national development policies and programs
- D. Evidence-based policies and programs incorporate the needs of adolescents and youth
- E. Increased adolescent and youth leadership and participation

Hypotheses:
- a. Key socio-cultural, legal and gender barriers are overcome
- b. Service providers and teachers are effective at reaching A&Y victims/survivors of violence
- c. Sexuality education is comprehensive and follows internationally agreed standards
- d. Sexual and reproductive health education and information reach out-of-school adolescents and youth
- g. Increased investments for A&Y that proportionally target young adolescents and marginalized A&Y
- h. Governments support the collection, disaggregation and dissemination of data related to A&Y
- k. Engaging in SRH is a priority for A&Y focused organizations and groups
- e. National ownership increases and sustains resources for integrated SRH services, information and education (including HIV & GBV)
- f. Parents, schools and community leaders engage in A&Y comprehensive sexuality education
- i. Data/evidence influences policies, programs and priorities
- j. Adolescent girls participate in programs as beneficiaries
- l. Full civil society participation and youth mobilization is facilitated

Outputs:
1. Strengthened national capacity to make comprehensive A&Y SRH services available including HIV & GBV care and treatment (EQ3)
2. Increased national capacity to design and implement community and school-based CSE that promotes human rights and gender equality (EQ3)
3. Increased capacity of partners to design and implement comprehensive programs that reach marginalized adolescent girls particularly those at risk of child marriage and adolescent pregnancy (EQ2 & 4)
4. Strengthened national capacity for production, analysis and use of A&Y data for evidence-based laws, policies and programs that integrate the needs and rights of A&Y (EQ1 & 4)
5. Strengthened A&Y organizations, networks and institutional structures (EQ5 & 7)

Modes of Engagement (Activities):
1. Capacity development including technical assistance and training
2. Service delivery, commodity security, behavior change communication, health systems strengthening
3. Advocacy and policy dialogue/advice
4. Knowledge development and management; design and dissemination of guidance and tools
5. Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration
6. Mainstreaming of A&Y issues within other programmatic areas

INPUTS

Principles = Human Rights, Gender, Cultural Sensitivity, Vulnerable & Marginalised

Assumptions (activities to outputs):
- Assumption a: A&Y are respected and valued members of society
- Assumption b: UNFPA builds the capacity of its partners on evidence based approaches that have shown effect
- Assumption c: Duty bearers and decision makers prioritise A&Y programmes in a context of competing priorities.

(EF = External Factors)

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534 The modes of engagement outlined in the theory of change were based on those described in the UNFPA Strategic Plan 2014-2017 business model, with the addition of two other engagement modalities used by UNFPA (partnerships and coordination including South-South collaboration and mainstreaming of adolescent and youth issues into other programmatic areas).

Figure 40 presents the ex-post theory of change. It encapsulates and summarises the findings from the validation process conducted throughout the evaluation. This is accompanied by summaries of the major changes made to each of the five main causal pathways and graphs presenting the pathways. Graphs showing the five individual causal pathways in their original and ex-post forms can be found in Volume II, along with detailed discussion and explanation of the evolution of change in each pathway.

Pathway 1 (A): Sexual and reproductive health services for adolescents and youth

The theory of change pathway for sexual and reproductive health services envisioned that UNFPA support would contribute to strengthened national capacity to make comprehensive adolescent and youth

sexual and reproductive health services available (output A) via all six modes of engagement. This would achieve increased availability and use of integrated sexual and reproductive health services for adolescents and youth (outcome 1).

Evaluation findings suggested that this generally held true, but that several refinements were required to better capture the causal pathway. Firstly, the envisioned outcome of increased availability and use of integrated sexual and reproductive health services under-emphasised the importance of quality in service delivery, which was found to be highly variable across contexts. Secondly, the change pathway is more complex than acknowledged in UNFPA strategic planning documents, with a range of factors not adequately covered in the original theory of change that

Figure 40: Ex-post theory of change for UNFPA support of adolescents and youth

Principles = Human Rights, Gender, Cultural Sensitivity, Vulnerable & Marginalised
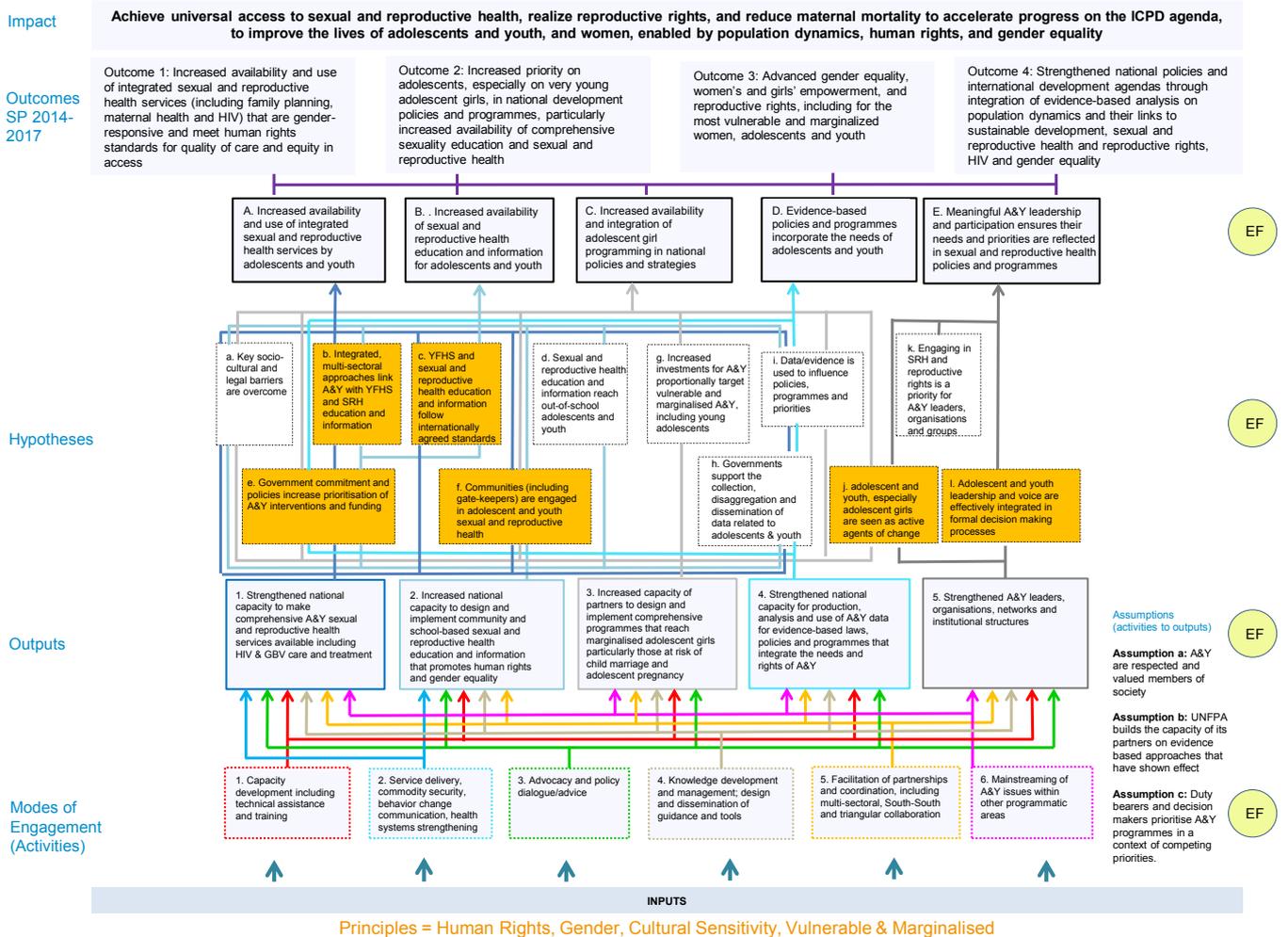
Figure 41: Pathway 1 (A): Sexual and reproductive health services for adolescents and youth
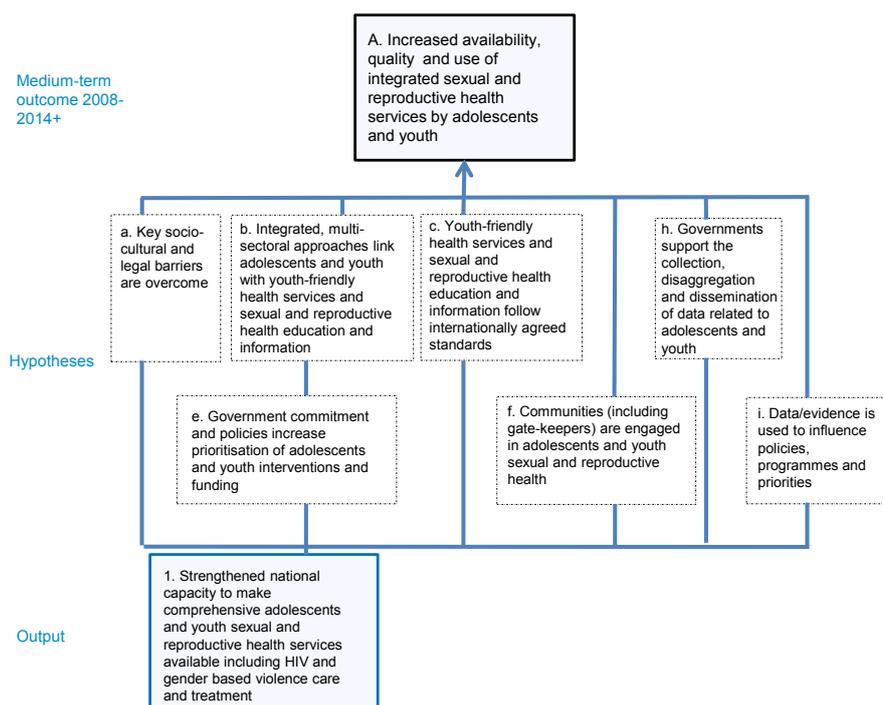
were found to be crucial for achieving availability and use of sexual and reproductive health services by young people, including:

► The importance of ensuring all contacts with young people are maximised and used for referral. This can be done by creating links between sexual and reproductive health education and information initiatives and sexual and reproductive health services for adolescents and youth

► The need to adhere to international standards in order to deliver high quality, integrated services

► The need for UNFPA to build the capacity of its partners on evidence-based approaches

► The importance of political commitment for implementation and sustainability (i.e. for duty bearers and decision-makers to prioritise adolescents and youth programmes in a context of competing priorities)

► The importance of broad community level engagement (rather than with parents) to create an enabling environment for adolescents and youth

► The use of data and evidence to design relevant policies, programmes and strategies.

Another hypothesis - that key socio-cultural, legal and gender-related barriers must be overcome in order to achieve increased availability of sexual and reproductive

health services for adolescents and youth - held true, but was reworded in order to reflect that gender issues are cross-cutting and relevant to UNFPA adolescents and youth programming in all areas. Gender-responsiveness is included in the ex-post theory of change as a guiding principle, along with human rights, cultural sensitivity and meeting the needs of the most marginalised and vulnerable.

Pathway 2 (B): Sexual and reproductive health education and information

This pathway envisioned that greater availability of sexual and reproductive health education and information (outcome B) would be achieved via increased national capacity to design and implement community and school-based programmes (output 2).

As with sexual and reproductive health services, the pathway generally held true, but insufficiently described key assumptions in the causal pathway. These included:

► The need for UNFPA to build the capacity of partners to use evidence-based approaches to sexual and reproductive health education and information

► The need for teachers and other education providers to effectively inter-refer between sexual and reproductive health education and information

interventions and sexual and reproductive health services for adolescents and youth

► The importance of adhering to international standards on sexual and reproductive health education and information

► The importance of political commitment for implementation and sustainability (i.e. for duty bearers and decision-makers to prioritise and invest in sexual and reproductive health education and information)

► The importance of broad community engagement (rather than only parents) to ensure the needs and rights of adolescents and youth are valued and prioritised

► The requirement that governments support the collection, disaggregation and dissemination and use of data related to adolescents and youth to design policies, programmes and strategies.

Pathway 3 (C): Increased prioritisation of adolescent girls

UNFPA strategic planning documents foresaw that greater prioritisation of adolescent girls in national development policies and programmes (outcome C) would arise from increased capacity of partners to design and implement comprehensive programmes to reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy (output 3).

The formulation of this pathway was found to be problematic, as the outcome of increased prioritisation of adolescent girls does not automatically result in increased capacity to reach them with programming (the output). Rather, a normative shift - greater value placed on the rights and needs of adolescent girls - is needed at the output level. Outcome C was thus

Figure 42: Pathway 2 (B): Sexual and reproductive health education and information
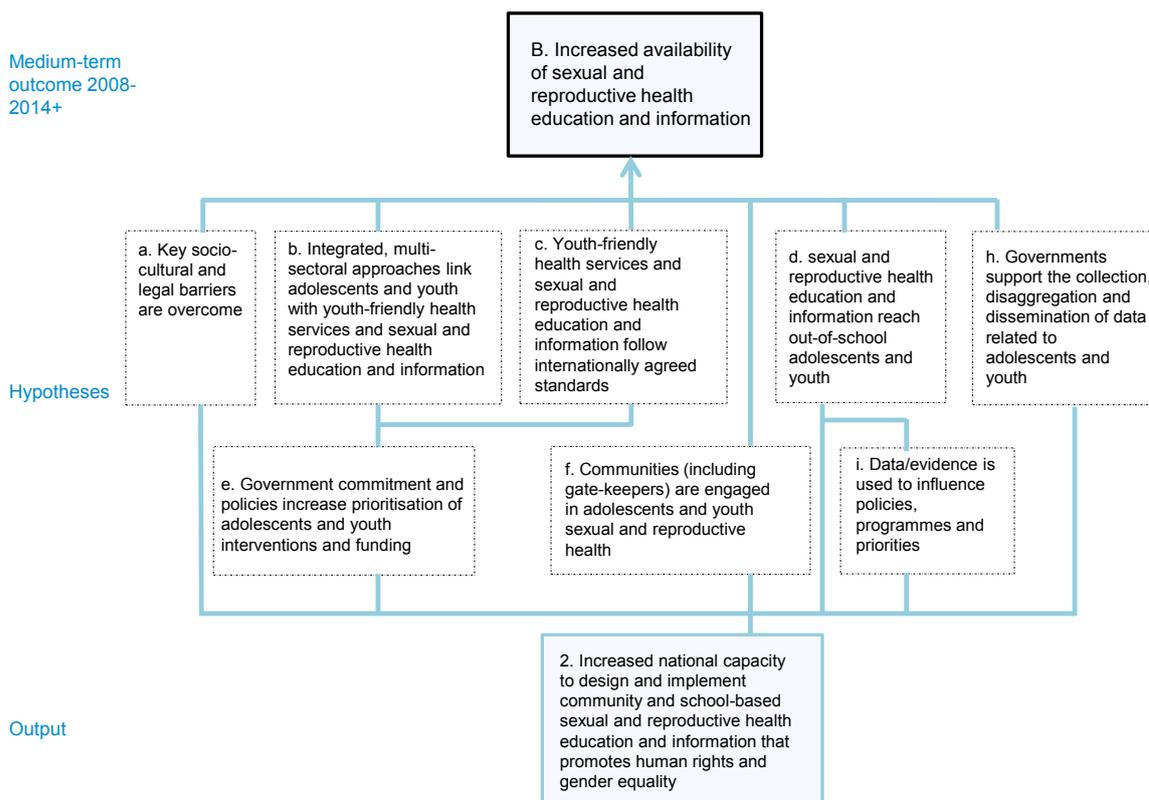
Figure 43: Pathway 3 (C): Increased prioritisation of adolescent girls

Medium-term outcome 2008-2014+

C. Increased availability and integration of adolescent girl programming in national policies and strategies

Hypotheses

a. Key socio-cultural and legal barriers are overcome

f. Communities (including gate-keepers) are engaged in adolescents and youth sexual and reproductive health

g. Increased investments for adolescents and youth that proportionally target vulnerable and marginalised adolescents and youth, including young adolescents

j. Adolescents and youth, especially adolescent girls, are seen as active agents of change

e. Government commitment and policies increase prioritisation of adolescents and youth interventions and funding

i. Data/evidence is used to influence policies, programmes and priorities

Output

3. Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls particularly those at risk of child marriage and adolescent pregnancy

reworded in the ex-post theory of change. Similarly, one of the original hypotheses highlighted the participation of adolescent girls as beneficiaries, whereas this normative shift requires that adolescent girls are seen as rights-holders and agents of change. The pathway also required the addition of partnerships and coordination as a mode of engagement, given that UNFPA is increasingly conducting programming for adolescent girls through targeted joint programming.

Pathway 4 (D): Evidence-based adolescents and youth policies and programmes

Testing of this pathway, which envisioned that evidence-based policies and programmes for adolescents and youth (outcome D) would arise from strengthened national capacity for the production, analysis and use of adolescents and youth data to integrate the needs of adolescents and youth into laws, policies and programmes (output 4), showed it to be generally valid.

Evidence showed that mainstreaming of adolescents and youth issues into other programmatic areas was important for ensuring that adolescents and youth policies and programmes were evidence-based, and

this mode of engagement was added to the pathway. As with the pathways for youth-friendly health services and sexual and reproductive health education and information, political will and commitment for investment in adolescents and youth were seen to be crucial causal steps in collecting, disaggregated, using and disseminating adolescents and youth data, and in meeting the needs of adolescents and youth.

Pathway 5 (E): adolescents and youth leadership and participation

The original pathway for adolescents and youth leadership and participation articulated that increased adolescent and youth leadership and participation (outcome E) would arise from strengthened adolescents and youth organisations, networks and structures (output 5). However, the outcome ("increased adolescent and youth leadership and participation") did not adequately capture the true goal of UNFPA programming in this area, which is focused on meaningful adolescents and youth participation to ensure that adolescents and youth needs and priorities are reflected in sexual and reproductive health policies and programmes.

The original hypotheses, furthermore, did not logically describe a pathway from strengthened adolescents and youth networks and organisations to this outcome. As a result, the outcome was reworded and new hypotheses in the causal pathway were identified, including:

► The need for adolescents and youth leadership and voices to be effectively integrated into formal decision-making processes
► The importance of adolescents and youth leaders and organisations to advocate for their rights, as well

as their sexual and reproductive health, in order to realise their full social, economic and health needs
► The fact that adolescents and youth need to be respected and valued members of society before their full participation is possible.

It was also noted that UNFPA worked with individual adolescents and youth leaders, as well as networks and organisations, and the wording of the output was updated to reflect this.

*Figure 44: Pathway 4 (D): Evidence-based adolescents and youth policies and programmes*
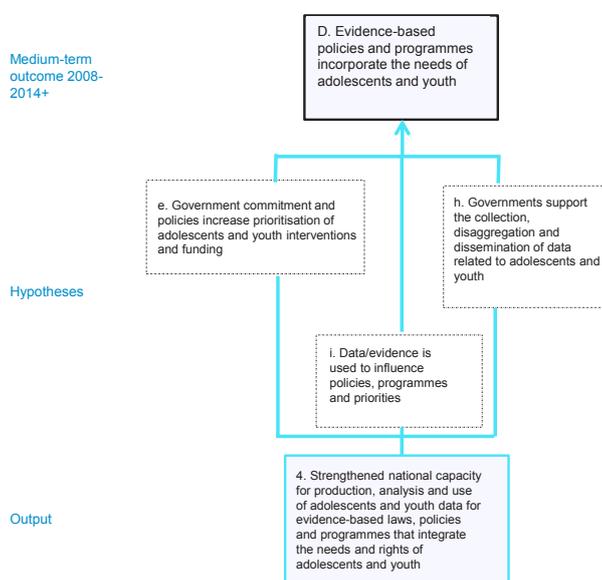
Figure 45: Pathway 5 (E): adolescents and youth leadership and participation
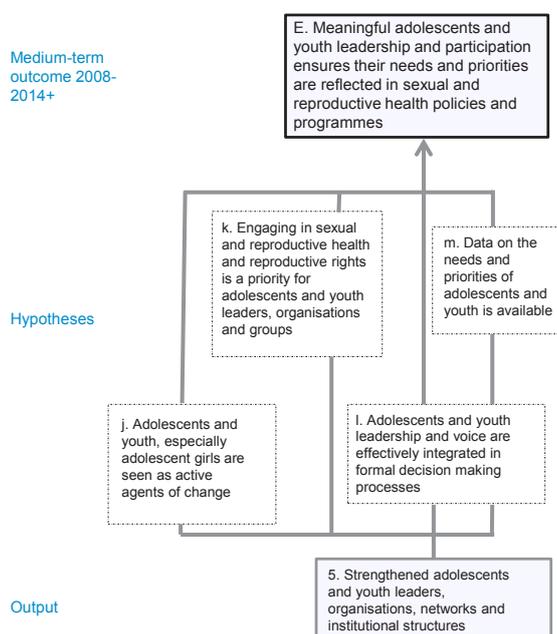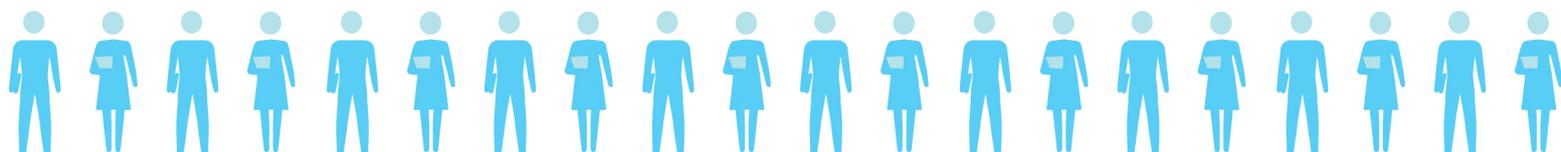
6. Conclusions

Overview

The evaluation concludes that UNFPA has significantly increased its priority, policy and programmatic focus in terms of support to adolescents and youth during the evaluation period of 2008 to 2015. During this period, UNFPA leadership contributed to the implementation of the International Conference on Population and Development Platform for Action for adolescents and youth in the context of internationally agreed development goals (e.g. the Millennium Development Goals and Sustainable Development Goals).

There has been a steady evolution in focus over three strategic planning periods (Strategic Plan 2008-2011, the Mid-term Review of the Strategic Plan 2012-2013, Strategic Plan 2014-2017) and two adolescents and youth strategies (2006 UNFPA Framework for Action on Adolescents and Youth and the 2012 UNFPA Strategy on Adolescents and Youth). From 2014 with the adoption of the current Strategic Plan in particular, UNFPA has further deepened its strategic focus on, and support to adolescents and youth.

Increasing strategic focus was accompanied by increased investment in both mainstreamed adolescents and youth programming (falling under Outcome 1,3,4) and targeted programming (captured under outcome 2). Expenditure increased from 59 million USD in 2008 (total expenditure) to 103 million USD in 2015 representing a 73 per cent overall increase over the period.

Underscoring the stronger focus and increased commitment to adolescents and youth over the period, the evaluation surfaced a myriad of positive findings on UNFPA support to adolescents and youth. UNFPA was found to be a highly recognised and respected leader in the area of adolescents and youth sexual and reproductive health and is considered to be exceptionally well-placed to lead on a broader adolescents and youth development agenda, including further leveraging the demographic dividend. The evaluation notes that UNFPA leadership in the sexual and reproductive health of adolescents and youth is highly valued, and that Agenda 2030 provides a timely opportunity to expand on this base within a broader adolescents and youth agenda.

UNFPA has consistently been at the forefront of support for the availability and use of sexual and reproductive health services, education and information for adolescents and youth, and UNFPA contribution has proven essential to advancing the respect, protection and fulfilment of the human rights of adolescents and youth, specifically those of girls. Indeed, particularly strong and effective support was found in UNFPA work on adolescent girls, an area in which UNFPA has been a leading advocate. Through support to the capacity building of individual youth leaders, youth-led organisations and networks, UNFPA has been widely recognised and appreciated for its support to the leadership and participation of young people within, inter alia, global and regional development processes.

The evaluation identified several areas for attention, which should be addressed by UNFPA management in order to consolidate and further build on the strong record of achievement to date. These include improved use of data to systematically drive forwards adolescents and youth programming, and a continued strengthening of monitoring and reporting systems to generate lessons and evidence for adolescents and youth programming. The evaluation also calls for the development of an overarching theory of change for adolescents and youth to strengthen synergies between interrelated areas of support within a coherent and unified framework.

The following conclusions are based on the evaluation findings and present the judgement of the evaluation team. The conclusions lead to recommendations to strengthen adolescents and youth programmes, formulated in the next section. The conclusions are divided into three clusters:

I. Conclusions on strategic positioning of UNFPA support to adolescents and youth

II. Conclusions on programme areas for UNFPA support to increase quality, effectiveness and sustainability

III. Conclusions on use of data for evidence-based programming and learning

I. Conclusions on strategic positioning of UNFPA support to adolescents and youth

Conclusion 1: UNFPA global leadership and positioning on adolescents and youth

UNFPA is a recognised leader in the area of adolescents and youth sexual and reproductive health and is well-positioned to lead on a broader adolescents and youth development agenda in the context of the Sustainable Development Goals. The efforts to advocate for investment in adolescents and youth (to harness the demographic dividend) coupled with

an increasing focus, since 2012, on adolescent girls and youth leadership and participation, has helped to position UNFPA as a leader in defining and addressing the broader development priorities for adolescents and youth in the global development agenda.

Over the evaluation period, UNFPA contributed to creating a more favourable environment for the prioritisation of adolescents and youth at global, regional and country levels. UNFPA has been effective in securing political commitments, at all levels, to advance the sexual and reproductive health of adolescents and youth through bold and skilled leadership, strategic advocacy and use of partnerships. At the global level, adolescents and youth issues were elevated by UNFPA and partners' support to being included within the new Secretary General's "Every Woman, Every Child, Every Adolescent Strategy" and across multiple Sustainable Development Goals. At regional level, intergovernmental consensus statements and support from the African Union and the Economic Commission for Latin America and the Caribbean (ECLAC) were secured, further solidifying country commitments to meeting the sexual and reproductive health education, information and service needs of adolescents and youth. UNFPA also contributed to increased investment in adolescents and youth and has supported the strengthening of adolescents and youth organisations and networks to advance their own priorities in national, regional and international political platforms. In some countries and regions, UNFPA led or participated in existing and new coordination mechanisms to avoid duplication of efforts among United Nation organisations and ensure the broader youth agenda will be met through a coordinated effort.

These successes underscore the importance of consistent, sustained and increased UNFPA leadership globally, to ensure that adolescents and youth needs are fully addressed. UNFPA was found to be well-positioned to maintain and expand its leadership for holistic adolescents and youth development and to manage the anticipated benefits of the demographic dividend and the implementation of the Agenda for Sustainable Development.

Origin: Evaluation Questions 1.2, 7.1, 7.2

Evaluation criteria: relevance; partnership, coordination and comparative advantage

UNFPA is recognised by stakeholders as a global leader on adolescents and youth issues, especially related to sexual and reproductive health. UNFPA has been, and continues to be, highly visible and effective in advocating for adolescent and youth sexual and reproductive health (SRH) and reproductive rights within international consensus platforms, including contributing to the landmark recognition of the human

rights of adolescents and youth at the 2012 Commission on Population and Development. The International Conference on Population and Development (ICPD) Beyond 2014 review process increased the focus on adolescents and youth sexual and reproductive health and human rights (among other issues) generally and, concomitantly, on UNFPA as the convener of the process. As a result, since 2012, UNFPA has been seen as an important advocate and leader for defining and addressing broader priorities (beyond sexual and reproductive health) for adolescent and youth in the global development agenda.

UNFPA has been particularly effective where it has shown bold, skilled leadership to promote access to sexual and reproductive health information, education, and services for young people through strategic advocacy and partnerships. Prioritising the most marginalised adolescent girls through the joint adolescent girl-focused programmes is an example of effective partnership and leadership. UNFPA has increasingly been building global awareness and consensus around the investment case for adolescents and youth through advocacy and generating knowledge on the benefits of the demographic dividend. UNFPA has also demonstrated the value of multisectoral engagement through support for programmes that focus on building the health, social and economic assets of adolescent girls, especially those at risk of child marriage.

UNFPA support for adolescents and youth organisations and networks, initially within the International Conference on Population and Development review process and more recently in the lead up to the establishment of youth indicators across the Sustainable Development Goals, demonstrate UNFPA support for a more comprehensive youth agenda. As a result, UNFPA is currently well positioned to bring attention and support for a more holistic, multi-sectoral approach to meeting the needs of adolescents and youth, that includes improving their sexual and reproductive health as well as advancing their broader social, political and economic development, particularly in countries that could benefit from the demographic dividend. However, addressing the full range of adolescents and youth development issues is a shared responsibility across several United Nation organisations. Although some overlaps in the division of labour within adolescents and youth programming remain, UNFPA worked to avoid duplication of efforts at country and global levels through new and existing coordination mechanisms. These included the System-Wide Action Plan on Youth (Youth-SWAP), the Compact for Young People in Humanitarian Action, the Inter Agency Working Group on Youth and Peace Building, and United Nation Development Assistance Frameworks.

The Strategic Plan 2014-2017 sharpened the focus on adolescents and youth by including an adolescents and youth-specific outcome with three dedicated outputs, and maintained mainstreaming of adolescents and youth across the other thematic outcomes. However, there were challenges in relation to coherence between adolescents and youth outcomes, outputs and indicators within the strategic plan. While UNFPA support for adolescents and youth generally aligned with past and current UNFPA strategic plans and adolescents and youth strategies, insufficient clarity on certain aspects of the current Strategy on Adolescents and Youth (2012-2020) and the multiple entry points between mainstreamed and dedicated adolescents and youth programmes at all levels posed a challenge for coordination and synergy between programmatic activities.

Theories of change associated with the adolescents and youth outputs provided guidance to adolescents and youth programming within UNFPA, but were not generally utilised to inform programming at country level. As a result, adolescents and youth activities in some contexts have not been well aligned to UNFPA strategies or mutually reinforcing or effective in addressing the holistic needs of adolescents and youth.

Origin: Evaluation Questions 1.1, 3.1, 3.2, 4.1, 4.2, 5.1, 6.1, 6.2

Evaluation criteria: relevance; effectiveness, efficiency and management

Over the period under evaluation, UNFPA support for adolescents and youth has generally been aligned with UNFPA strategic plans and adolescents and youth strategies. Adolescents and youth received heightened attention in the current Strategic Plan 2014-2017 through targeting interventions under outcome 2 and mainstreaming under the other three thematic outcomes. Theories of change were developed for each output but no overarching theory of change for the area of adolescents and youth was developed. Output level theories of change related to the strategic plan outcome 2 were reflected in adolescents and youth programming at headquarter and regional level and, to a lesser degree, in country level programming. An overarching theoretical framework (or theory of

change) to coherently link different areas of support for adolescents and youth (specific and mainstreamed) toward a common goal as envisioned by the current Strategic Plan 2014-2017 and the Strategy on Adolescents and Youth (2012-2020) was not developed. The absence of an overarching theory of change to unite and guide the diverse interventions targeting adolescents and youth across the organisation resulted, in many contexts, in interventions that were neither well aligned to UNFPA strategies nor mutually reinforcing for example, by addressing the needs of adolescents and youth in a holistic and synergistic manner. Mainstreamed interventions for adolescents and youth were often guided by different frameworks using strategies and approaches that were not necessarily complementary to or aligned with the Strategy on Adolescents and Youth (such as the Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 - 2015; UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment (2011), and the 2012 Humanitarian Response Strategy "Second Generation").

Equally, certain aspects of the current Strategy on Adolescents and Youth lacked clarity, with attendant challenges to alignment and concordance with the Strategic Plan 2014-2017. For example, prong V of the Strategy on Adolescents and Youth (promoting youth leadership and participation) focused on providing support and advocacy for adolescents and youth to engage "especially for sexual and reproductive health and reproductive rights." This was reflected in the Strategic Plan 2014-2017 results framework. However, the indicator used[535] does not focus the support on sexual and reproductive health specifically. Rather, the indicator emphasises putting in place participatory platforms to increase investment for marginalised adolescents and youth and is, therefore, not appropriate for measuring progress on youth leadership and participation on sexual and reproductive health. Varied interpretations of the prongs of the Strategy on Adolescents and Youth and Strategic Plan 2014-2017 indicators, coupled with disparate guidance from numerous thematic frameworks resulted, at times, in support of approaches to sexual and reproductive health (such as peer education for demand generation), which have largely been discredited as ineffective or inappropriate in certain contexts. Another consequence of diverse frameworks guiding implementation has been limited innovation for effective multisectoral programming for adolescents and youth.

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535 Indicator 6.1: Number of countries with participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes.

Conclusion 3: Human and financial resources for adolescents and youth programming

UNFPA put in place an appropriate number of human resources to implement adolescents and youth interventions at all levels who were highly valued by partners as technical counterparts. Adolescents and youth staff skills sets, particularly at country level, were not as strong in advocacy and policy dialogue to implement the new programming modalities or navigate complex contexts where advanced skills in advocacy, diplomacy and negotiation were needed. At headquarters there was insufficient coordination across the different branches implementing adolescent and youth interventions. At country level, offices faced challenges in retaining skilled adolescents and youth staff due to contracting modalities.

There has been a 73 per cent increase in expenditure on adolescents and youth between 2008 and 2015, and an increase in adolescents and youth expenditure as a percentage of total UNFPA expenditure, reflecting the increased priority to supporting adolescents and youth. Expenditure increases on adolescents and youth were highest at regional office level followed by country office level during the evaluation period. Implementation rates on aggregate improved during the evaluation period reaching a high level of 90 per cent in 2015.

In terms of resource allocation, from 2014 to 2015, countries worked to realign their programming to the modes of engagement designated by their country contexts (as operationalised by UNFPA in "colour quadrants") by addressing challenges, including competing demands, staff skill sets and contextual issues. Further guidance was needed on how to programmatically shift to new modes of engagement in support of adolescents and youth (in contexts where this was required), coordinate with partners, and allocate financial and human resources accordingly.

Origin: Evaluation Questions 6, 7.1

Evaluation criteria: efficiency and management; partnership, coordination and comparative advantage

UNFPA put in place an appropriate number of human resources to implement adolescents and youth interventions at all levels (in 90 per cent of country offices, in all regional offices and at headquarters). Staff were highly valued by partners and stakeholders as technical counterparts particularly for their thematic expertise. At country level, some offices faced challenges in terms of retention of adolescents and youth staff due to contracting modalities. Human resources skills set, particularly at country level, was not as strong in advocacy and policy dialogue to implement

the new programming modalities or navigate complex contexts where advanced skills in advocacy, diplomacy and negotiation were needed. At headquarters there was insufficient coordination across the different branches implementing adolescent and youth interventions.

There was a significant increase in financial resources for adolescents and youth with strong implementation rates and an increase in adolescents and youth expenditure as a percentage of total UNFPA expenditure for the evaluation period, which is evidence of increased prioritisation of adolescents and youth. Expenditure on adolescents and youth increased at country (71.4 per cent) and regional levels (292 per cent) between 2008 and 2015.

Country level staff struggled to recalibrate adolescents and youth interventions given competing demands, existing staff skill set, and contextual issues. Aligning adolescent and youth programming to the new business model is still work in progress.

II. Conclusions on programme areas for UNFPA support to increase quality, effectiveness and sustainability

Conclusion 4: UNFPA interventions engaging with and for adolescent girls

UNFPA continues to be a champion for adolescent girls and has sharpened its focus and attention on their diverse needs. UNFPA provided significant and effective support for high quality interventions targeting adolescent girls, including through dedicated, joint and mainstreamed interventions. For example, UNFPA supported large programmes on the prevention of adolescent pregnancy, child marriage and female genital mutilation. These efforts constituted a particularly effective way of working multisectorally, through the use of multi-stakeholder partnerships (including via joint programmes), and the systematic use of data to target those in greatest need. UNFPA is well-positioned to expand this holistic way of working to the broader adolescents and youth agenda as articulated in the Sustainable Development Goals.

Origin: Evaluation Questions 1.1, 2.4, 4.1, 4.2

Evaluation criteria: relevance, effectiveness

UNFPA has being a leading advocate for adolescent girl programming for more than a decade and, since 2008 particularly, has highlighted the importance of focusing on the diverse needs of adolescent girls as a particularly marginalised and vulnerable group. In the Adolescent and Youth Strategy of 2012, UNFPA committed to

increase attention and investment to adolescent girls and, in 2014, UNFPA adopted a strategic plan that dedicated an output and indicator[536] to addressing the diverse needs of adolescent girls. UNFPA recognised that despite broad efforts to improve the enabling social, economic, political and legal environments wherein all adolescents and youth can develop their knowledge, capacities and skills, and participate fully in civil society, reaching marginalised girls required dedicated programming and targeting. As a result, UNFPA shifted support away from addressing social and cultural norms that limited girls' opportunities (such as early marriage and adolescent pregnancy), towards holistic multisectoral interventions. UNFPA has provided significant and successful support for high quality holistic interventions targeting adolescent girls through global programmes, such as the multi-country Action for Adolescent Girls programme and the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, as well as regional programmes such as the Safeguard Young People programme in Southern Africa. These dedicated, joint and mainstreamed programmes have been particularly successful. They demonstrate the added value of partnerships (including with international non-government organisations) to achieve broad based results for girls.

The systematic collection and use of disaggregated data to target the most vulnerable adolescent girls, particularly the 10 to 14 year olds in a specific country or subnational area, has been particularly important for adolescent girl programming. By focusing on those in greatest needs and understanding the drivers of their vulnerability, UNFPA and partners supported multisectoral actions to build health, social and economic assets of girls and mobilise communities to advocate with their government to invest in adolescent girl programmes. Targeted programming has not only delivered measurable change in the lives of girls, but has also attracted commitments and funding from governments, donors, and other partners, facilitating the sustainability of investments. Through its support for adolescent girl programming, UNFPA has demonstrated its capacity to deliver holistic, multisectoral, multi-partner interventions for adolescents and youth. This will be increasingly needed as the international community begins to support countries to deliver on the Sustainable Development Goals related to adolescents and youth.

Conclusion 5: Cultural and gender sensitive programming

UNFPA has been at the vanguard of calling for the respect, protection and fulfilment of the human rights of adolescents and youth. UNFPA supported regional and country commitments that recognise the rights of adolescents and youth to sexual and reproductive health education, information and services which serve to increase national ownership and commitment to creating an enabling environment and implementing human rights-based programmes for young people in countries. UNFPA has made important gains for adolescents and youth, especially adolescent girls, through a human rights-based approach to programming that is both culturally and gender-sensitive. UNFPA contributed to changing laws, policies and social norms that discriminate against young people, particularly unmarried adolescent girls. UNFPA has provided guidance to countries on human rights-based, and gender and culturally sensitive programming and on responding to cultural, social and political changes that affect adolescents and youth programming. However, in some contexts, country offices were not fully confident in terms of implementing this guidance.

Origin: Evaluation Questions 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 4.1

Evaluation criteria: relevance; effectiveness and sustainability

UNFPA has been at the vanguard of calling for the respect, protection and fulfilment of the human rights of adolescents and youth, particularly girls, by ensuring cultural and gender-sensitive programming. In some regions and countries, UNFPA advocacy and programming contributed to changing laws, policies and social norms that discriminate against young people, particularly unmarried adolescent girls. Examples include changing laws on the age of marriage, supportive policies on adolescent pregnancy, access to family planning services for young unmarried people, and community declarations to abandon female genital mutilation. UNFPA has extensively supported the use of culturally sensitive and gender-responsive programming to address these sensitive subjects. Good practices were documented in HIV-related interventions to reach the most at risk adolescents and youth populations, initiatives to prevent child marriage, and reproductive health programmes to address adolescent pregnancy prevention and maternal health among young ethnic minorities and rural populations.

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536 Output 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalised adolescent girls including those at risk of child marriage; Indicator 8.1: Number of countries that have health, social and economic asset-building programmes that reach out to adolescent girls at risk of child marriage

Country offices used different operational approaches to cultural sensitivity. Some used culturally appropriate language and images to communicate more effectively in a given context, whereas others refrained from addressing sensitive topics such as unmarried adolescents' need for contraception to accommodate social and cultural norms around premarital sexual activity. The utility and effectiveness of varying approaches have been insufficiently explored with respect to their relevance, quality, and contribution towards addressing the full breadth of adolescents and youth needs.

A coherent long-term strategic vision on how best to address social and cultural norms while maintaining programme coherence was not developed. Stronger strategic guidance and oversight on how to use adaptive approaches, while upholding core values and mandates regarding gender equality and adolescent sexual and reproductive health and reproductive rights was needed. While a range of guidance documents has been developed to share examples of culturally sensitive approaches, such as contextualising programmes within religious teachings, or working through faith-based organisations, none comprehensively discuss the limitations or risks of such approaches, or how to mitigate these. In some contexts, country offices were not fully confident in terms of implementing the guidance for responding to cultural, social and political changes that affect adolescents and youth programming.

Conclusion 6: Reaching the most vulnerable and marginalised adolescents and youth

UNFPA has a long-standing commitment to meeting the needs of marginalised and vulnerable adolescents, with efforts made at all levels. There has been a particular focus on adolescent girls and young populations at risk of HIV, with demonstrated strong results.

Adolescents and youth priority groups have generally been defined by UNFPA at country level without the consistent use of data to drive the prioritisation process. There were some notable exceptions seen in targeted programming for adolescent girls and young populations at risk. However, targeting very young adolescent girls (aged 10 to 14) has yet to be fully taken on board.

Needs-assessments were not systematically conducted nor used, hampering efforts to define and subsequently reach the most vulnerable young people. A lack of organisational clarity on how to define the social, cultural and economic dimensions of vulnerability and marginalisation continues to be a challenge, and is, in part, linked to gaps in data availability and use.

Origin: Evaluation Questions 1.1, 1.2, 2.4, 4.1, 4.2

Evaluation criteria: relevance; effectiveness and sustainability

UNFPA has shown broad commitment to reaching the most marginalised and vulnerable young people. At all levels, UNFPA worked with marginalised and vulnerable populations, such as young people at risk of HIV infection, adolescent girls, out-of-school youth, and indigenous groups. In particular, UNFPA efforts to reach young populations at risk of HIV were most effective at reaching their target population, as was targeted programming for adolescent girls.

The concept of "vulnerability", has not been well defined across UNFPA, resulting in inconsistent targeting of adolescents and youth sub-populations and a lack of clarity on the specific needs of these groups and how to address them. Even within programming for adolescent girls, which was generally better defined and evidence-based, special attention was rarely given to particularly vulnerable subgroups of adolescent girls (i.e. by level of income, geographical access, culture, language, etc.) if no explicit funding or technical support was available. In some countries, UNFPA used national data to identify specific groups of adolescent girls as a key marginalised and vulnerable subset of the population. Such programmes have resulted in increased prioritisation of adolescent girls and their needs nationally and regionally. Examples include, the Action for Adolescent Girls Initiative, the Joint Programme to Accelerate Abandonment of Female Genital Mutilation (2008-2017), and interventions addressing child marriage. Beyond these specific programmes, the needs of young adolescent girls aged 10 to 14 years were often not addressed by adolescents and youth programming at country level, despite the emphasis on this group in UNFPA strategic planning documents. Interventions related to sexual and reproductive health information and education extending to primary schools in some countries were noted exceptions.

Conclusion 7: Support to the availability and use of sexual and reproductive health service provision, education and information for adolescents and youth.

UNFPA has been at the forefront of supporting the availability and use of sexual and reproductive health service provision, education and information for adolescents and youth. Through long-term investments, UNFPA has made important contributions to increasing the availability and use of youth-friendly health services (YFHS) and sexual and reproductive health education and information, including life-skills programmes, for in- and out-of-school youth.

UNFPA did not fully exploit opportunities to support implementing partners to work multisectorally, holistically and synergistically in designing and implementing sexual and reproductive health services and education programmes. In many cases, the vertical nature of sexual and reproductive health service delivery and education interventions for adolescents and youth and a lack of cross-referral and linkages between programmes reduced quality, limited opportunities for integration of services and ultimately affected the use of services by adolescents and youth.

In many settings, particularly when UNFPA supported services were taken over by implementing partners and, or scaled up, inadequacy of resources adversely affected quality of service and education programmes. As a result, increased capacities of government and non-governmental organisation partners to deliver health services and education programmes for adolescents and youth did not necessarily translate into quality and sustainable services.

Origin: Evaluation Questions 3.1, 3.2, 6.2, 6.3, 7.2

Evaluation criteria: effectiveness and sustainability; efficiency and management; partnership, coordination and comparative advantage

UNFPA has consistently supported government and non-governmental organisation partners in countries to make available sexual and reproductive health education and information and services for adolescents and youth. This has been through youth-friendly health services (YFHS) and sexual and reproductive health education and information programmes for in- and out-of-school adolescents and youth. UNFPA effectively built capacities of providers, teachers and policymakers through a multi-pronged approach, including training and skills building. It also made available guidance documents, standards of care, curricula and other teaching materials and educational documents, as well as providing advocacy and policy advice. This had the effect of institutionalising adolescents and youth sexual and reproductive health services and educational

interventions, and reducing legal and policy barriers to access for young people. UNFPA, in many lower income countries (designated "red" countries under the current Strategic Plan 2014-2017) also provided direct support for service provision by government and non-governmental organisation partners, including through the provision of commodities. UNFPA, together with United Nation partners, also contributed to making education and services available for adolescents and youth by securing global, regional and national commitments to support national implementation and availability of sexual and reproductive health education and information and youth-friendly health services.

UNFPA strengthened government and non-governmental organisation partner capacities to deliver sexual and reproductive health services and education and information programmes for adolescents and youth. However, increased capacities of government and non-governmental organisation partners did not necessarily translate into quality and sustainable services. In some countries, UNFPA support and guidance to partners contributed to launch model programmes but monitoring and follow-up of interventions was insufficient —in large part due to resource constraints — to ensure the quality, integration and alignment of youth friendly health services and sexual and reproductive health education and information with international standards. Country case studies showed that while providers and teachers had been trained to deliver interventions in accordance with international standards, lack of support, follow-up, retraining, and human and financial resources constraints limited the quality and effectiveness of interventions. As a result, when successful pilot interventions were scaled up, they faced challenges to maintain quality, comprehensiveness and acceptability by adolescents and youth. Fully integrated services for young people remain largely aspirational, particularly in countries with weak health systems.

The majority of UNFPA-supported interventions in case study countries were vertically focused, missing opportunities to take advantage of each interaction with young people through cross-referrals and linkages between information, education and service interventions. The evaluation found that adolescents and youth programmes can be mutually reinforcing and synergistic (such as "Y-Peer") supporting youth organisations to increase sexual and reproductive health knowledge and the use of services. Good practice examples of mutually reinforcing programmes were identified in some countries. In case study countries reviewed, however, the creation of the conditions and synergies for inter-referral and linkages between programmes was not systematically supported.

UNFPA has effectively supported partners to reduce legal and policy barriers to education and services for adolescents and youth and create an enabling

environment by working with communities. However, UNFPA planning did not adequately take sustainability issues into account. UNFPA did not fully exploit opportunities to support implementing partners to work multisectorally, holistically and synergistically in designing and implementing sexual and reproductive health services and education programmes. Additionally, government and other implementing partners were not systematically supported to collect and use data to address service barriers or increase availability and use of sexual and reproductive health services (through, for example, data driven advocacy and policy advice). Further, UNFPA did not sufficiently utilise partnerships and mainstreaming as a strategy to embed programmes to achieve national engagement and ownership. Evidence from case studies showed there were some positive examples of interventions that were successfully scaled up, but in other cases, interventions that were scaled up lost momentum when passed on to national counterparts due to competing demands and resource constraints.

Conclusion 8: Meaningful adolescents and youth participation

UNFPA is a torchbearer in calling for the respect, protection and fulfillment of the human rights of adolescents and youth. A human rights-based approach to development programming requires the genuine participation of rights-holders in development processes that affect them and their communities. Reflecting this principle, UNFPA is widely recognised for its support for youth leadership and participation at all levels, through capacity building of individual youth leaders, youth-led organisations and the development of networks of youth organisations.

UNFPA has been successful in bringing youth voices into the International Conference on Population and Development review process at global and regional levels. This has created impetus for action and opportunities for adolescents and youth stakeholders to work with their governments to increase accountability on national commitments and deliver on sexual and reproductive health services and education. UNFPA support enabled young people, as individuals and through their organisations and networks, to bring forward their priorities in regional and international conferences and platforms and facilitate consensus on key issues of importance to them among Member States. Once these processes concluded however, the momentum generated by youth leaders and their organisations did not readily translate into on-going policy and advocacy in countries and regions. This was, in part, due to funding challenges, but also a lack of predefined, long-term youth development agenda onto which on-going support by UNFPA for youth participation could be anchored.

Within UNFPA, adolescents and youth were consistently consulted on activities specifically related to them, such as the design of a youth survey, youth policy dialogue, and National Youth Day. However, a defined institutional mechanism for meaningful consultation wherein young people take an active, decision-making role on the planning, implementation and monitoring and evaluation of youth-related interventions has yet to be developed. Although many good practice examples were evident at all levels, such as the use of youth advisory panels, efforts to create a defined political "space" within UNFPA were not sustained.

Origin: Evaluation Questions 5.1, 7.1

Evaluation criteria: effectiveness and sustainability; partnership, coordination and comparative advantage

UNFPA is widely recognised for its support for youth leadership and participation globally. UNFPA has been successful in bringing youth voices into global and regional processes, initially through the International Conference on Population and Development (ICPD) Beyond 2014 review process, and then later to contribute to shape the Sustainable Development Goals. More broadly, youth participation and leadership at national, regional and global levels were made possible through UNFPA-supported capacity building of individual youth leaders, youth-led organisations and the development of networks of youth organisations. UNFPA-supported, youth-led regional and global conferences generated political commitments from governments, many for the first time, creating impetus for action and opportunities for stakeholders to work with governments to increase accountability on national commitments to deliver on sexual and reproductive health services and education for adolescents and youth.

Though adolescents and youth are engaged within UNFPA, meaningful and systematic engagement in the planning, implementation, monitoring and evaluation of interventions was not widespread. At country level, for example, youth representatives were involved in reviewing annual workplans, new interventions, and political strategic plans and policies that affect adolescents and youth. Institutional mechanisms, such as youth advisory panels, would provide opportunities to benefit from the views and perspectives of adolescents and youth consistently and comprehensively across their adolescents and youth portfolio of interventions. However, there were also inconsistencies across regions and countries for systematic (institutionalised) follow-up with, and capitalisation on, youth knowledge gained from UNFPA-supported participation of adolescents and youth leaders in international and regional political processes. Notable exceptions included UNFPA support for the

creation of AfriYAN in sub-Saharan Africa, Youth LEAD in the Asia Pacific region, and Y-PEER in some Eastern Europe and the Arab States where youth leaders from these networks were supported to report back to national youth stakeholders on what happened at the regional or international level processes and how that can be followed up in countries.

UNFPA support for adolescents and youth participation and leadership has evolved over the evaluation period. Evidence from case studies and interviews showed that stakeholders observed UNFPA support for adolescents and youth leadership and participation was most effective when targeted at a specific policy process (as was the case in the International Conference on Population and Development review process), and UNFPA now needs to work with youth leaders and organisations to reflect on and redefine the youth sexual and reproductive health agenda within the framework of the Sustainable Development Goals.

III. Conclusions on use of data for evidence-based programming and learning.

Conclusion 9: Production and availability of adolescents and youth data

UNFPA is a respected partner in the production and availability of adolescents and youth-related data at all levels and has a clear comparative advantage in this area. Overall, UNFPA has strengthened the capacity of national statistics offices to produce and disseminate disaggregated data on adolescents and youth, although data collection and analysis on younger adolescents (10 to 14 year olds) remains inadequate.

The analysis and use of data to inform evidence-based programming, advocacy and policy making was less evident, both within and beyond UNFPA: a challenge corroborated by the recent evaluation of UNFPA support to population and housing census data.

Origin: Evaluation Questions 1.2, 4.1, 4.2

Evaluation criteria: relevance; effectiveness and sustainability; partnership, coordination and comparative advantage

UNFPA has a clear comparative advantage in supporting the production and availability of demographic and sexual and reproductive health data and information at country, regional and global level. Specifically, UNFPA is well recognised for its support to, and capacity building of, national statistics offices in the production of data (inclusive of adolescents and youth). As confirmed by

the 2016 UNFPA population and census data evaluation, UNFPA-supported censuses and regional, national and sub-national surveys have contributed a wealth of useful information on adolescents and youth and their needs, as well as population data more generally. UNFPA regional offices, in particular, have contributed highly relevant and useful multi-country analyses of adolescents and youth issues and needs.

Available data was not consistently used to inform UNFPA programming, either in policy or advocacy work. Although there was evidence that UNFPA worked to produce and disseminate data on adolescents and youth in general, through national youth surveys and other documentation. In some contexts, although such data was available, country offices showed reticence in using it to inform advocacy and programming due to local social and cultural sensitivities. Country case studies showed that there were missed opportunities for more strategic use of data for advocacy efforts for increased priority on the most marginalised and vulnerable young people at country level. Except where additional support was provided by regional offices or UNFPA headquarters, such as through joint programming for adolescent girls, locally generated data has rarely been used to identify the most vulnerable young people and their specific needs, or to otherwise strategically target programming or address policy gaps.

Conclusion 10: Generating evidence for learning on adolescents and youth

UNFPA has made recent efforts to become a learning organisation: introducing results-based management systems, learning platforms, a strengthened independent evaluation office, increased human resources for monitoring and evaluation at regional and country levels, and increased financial resources for evaluation. However, further effort is required to ensure that results based management systems fully and accurately capture the breadth of adolescents and youth programming, and that country offices in particular prioritise reporting, monitoring and evaluation and lesson learning initiatives for adolescents and youth.

South-South Cooperation has been underutilised as a learning modality for adolescents and youth.

Origin: Evaluation Questions 6.1, 6.3, 7.2

Evaluation criteria: efficiency; partnership, coordination and comparative advantage

UNFPA has, in recent years, made significant efforts to improve internal monitoring, reporting, evaluation and learning platforms and systems to generate data to inform programming. Oversight of country programme

development through the Programme Review Committee has contributed to improved alignment of adolescents and youth programming with UNFPA strategies. The establishment of regional offices during the evaluation period and the placement of monitoring and evaluation advisers in regional offices were also important steps towards ensuring that country offices received needed technical support for monitoring and evaluation. In addition, a strengthened independent evaluation office at headquarters, increased resources for evaluation, and more rigorous quality assurance of country programme evaluations has also strengthened the evidence base contributing to improved focus on learning. All of these improvements had a positive effect on adolescents and youth programming.

UNFPA has recently improved monitoring and reporting systems which have, over time, improved capture of adolescents and youth expenditure and results more effectively. The Strategic Information System platform coupled with the Global Programming System were important steps towards more meaningful and useful reporting. Significant work however remains to ensure that these systems fully and accurately capture the breath of adolescents and youth programming and that country offices prioritise reporting.

At country level, progress in the collection of evidence and sharing and utilising results for learning remained insufficient although some good examples in this area were identified. In spite of improvements in human and financial resources, monitoring and evaluation activities were, in general, insufficient to ensure that data and evidence on adolescents and youth interventions were used for learning, to support improvements in programming and development of evidence based programming. In general, the generation and dissemination of lessons learned at country level was limited and inconsistent, and there were few evaluations of adolescents and youth interventions conducted during the evaluation period, missing opportunities, to produce evaluative evidence to inform programming.

South-South cooperation as a modality was not fully leveraged to support the sharing of experiences, knowledge and lessons learned. Since 2014, there has been a welcomed surge in activity at the global level of UNFPA in terms of strategic planning for South-South cooperation, but operationally, resources for South-South cooperation continue to remain insufficient to contribute to improve programming.
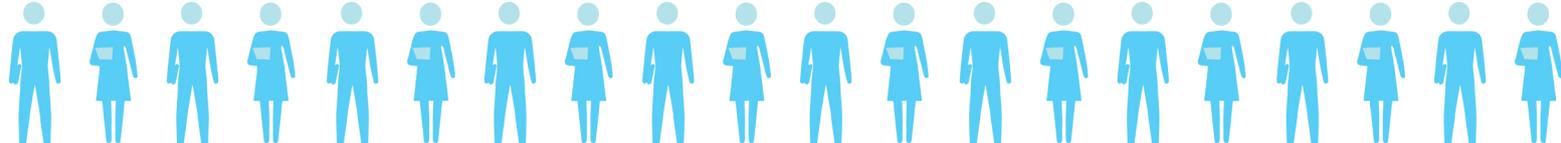
7. Recommendations

Overview

In the context of the 2030 Agenda for Sustainable Development, UNFPA is well positioned to consolidate and expand on its leadership role on adolescent and youth policy and programming. This will require further consolidation and focusing of UNFPA efforts commensurate with the priority given to adolescents and youth in the forthcoming strategic plan. It will also necessitate strengthened quality and focus of UNFPA supported adolescents and youth interventions to enhance efficiency, effectiveness and sustainability. Recommendations have been divided into three categories:

I. Strategic positioning of UNFPA support to adolescents and youth

II. UNFPA programming to enhance relevance, effectiveness, efficiency and sustainability

III. Reporting, monitoring, evaluation and lesson learning

I. Strategic positioning of UNFPA support to adolescents and youth

Recommendation 1: Consolidate and build on strong progress in UNFPA adolescent and youth programming

UNFPA should consolidate and build on strong progress to date to ensure a coherent and synergistic approach that incorporates all UNFPA targeted and mainstreamed adolescents and youth programming within an overarching theory of change. Adolescent girl programming, in particular, should be more fully reflected within the UNFPA Strategic Plan 2018-2021 and strategic frameworks addressing the needs of adolescents and youth.

Priority: Very High

Target level: Technical and Programme Division, and Regional Offices

Based on conclusions: 2,3,4 and 10

Rationale:

UNFPA strategic focus and programming for adolescents and youth would benefit from an overarching

conceptual framework to consolidate interventions under different outcomes and avoid fragmentation in adolescents and youth programming. While the outputs under outcome 2 have adolescents and youth-specific indicators, not all the adolescents and youth-related outputs under the other outcome areas under the Strategic Plan 2014-2017 adequately capture mainstreamed activities related to adolescents and youth due to a lack of adolescents and youth-specific indicators.

Despite guidance from headquarter and regional offices, UNFPA country programmes often did not fully reflect the strategic thinking in the Strategy on Adolescents and Youth (2012-2020) or the Strategic Plan 2014-2017. The development of country-specific adolescents and youth strategies, based on evidence and aligned to relevant UNFPA strategies, would help to guide the recalibration of country programmes. Theory-based strategic planning would facilitate necessary shifts in modes of operation, and strengthen focus on evidence-based programming as well as consolidate adolescents and youth interventions under different outcomes.

Adolescent girl programming in particular has not been adequately captured in strategic plans and strategic frameworks. Consolidation of adolescents and youth programming is needed to strengthen adolescents and youth priority and visibility, including giving greater visibility to adolescent girl programming in the next strategic plan period. Strategic clarity and clear guidance for country programmes is critical, given changing funding patterns, and the need to align with the new development agenda.

Action points:

1. Technical Division together with regional offices should conduct an internal portfolio mapping of all adolescents and youth programming (including funding streams) within UNFPA, using the current evaluation as a starting point. Strengths and weaknesses of the current portfolio should be assessed to reprioritise and consolidate targeted and mainstreamed adolescents and youth interventions towards a coherent and synergistic whole, grounded in the 2030 Agenda for Sustainable Development. (This is also relevant for Recommendation 2.)

2. Technical and programme divisions should create a consolidated, overarching theory of change (TOC) for all adolescents and youth programming (targeted and mainstreamed) for the new Strategic Plan 2018-2021. The point of departure can be the theory of change

tested in this evaluation.

3. Technical Division and regional offices should provide strategic guidance and tools for country offices to adapt the global, overarching adolescents and youth theory of change for use in strategic planning at country level. They should support country offices to create country-specific adolescents and youth theories of change that include all adolescents and youth interventions both mainstreamed and targeted. Country-specific theories of change should be aligned with the global adolescents and youth theory of change, and UNFPA Strategic Plan 2018-2021. The theory of change at country level should be grounded in a clear rationale, supported by a strong narrative, and coherent budget allocation.

4. Technical and programme divisions should ensure adolescents and youth-specific output and outcome indicators are developed to appropriately capture and measure adolescents and youth support (targeted and mainstreamed) under the next strategic plan. They should develop and include process and quality indicators in the results framework of the Strategic Plan 2018-2021. They should also ensure that the new Strategic Plan 2018-2021 includes indicators to capture contributions at all levels to implement human rights-based approaches that are culturally and gender sensitive.

5. Technical and programme divisions should improve coherence in guidance related to diverse thematic frameworks addressing adolescents and youth (such as the Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015; UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment (2011), and the 2012 Humanitarian Response Strategy).

Recommendation 2: UNFPA should continue to provide strong leadership on adolescents and youth issues within the framework of the 2030 Agenda for Sustainable Development

UNFPA should continue to coordinate and deliver multi-sectoral, holistic support for adolescents and youth issues, ensuring the centrality of the needs of adolescent girls in particular. UNFPA should better reflect the priority and commitment on support to adolescents and youth within the organisation's management structure and should anchor its adolescents and youth interventions within the broader human rights-based youth agenda. At country level, UNFPA should use its leadership position on adolescents and youth to support national implementation of the Sustainable Development Goals related to adolescents and youth and support countries to monitor and report on progress on adolescents and youth-related goals and targets.

Priority: Very high

Target level: Programme Division and Technical Division, Regional Offices

Based on conclusions: 1, 2, 3, 4, 5 and 10

Rationale:

UNFPA is well positioned to provide stronger leadership at the global level to advance adolescent and youth sexual and reproductive health and reproductive rights within the framework of the Sustainable Development Goals. The "Every Women, Every Child, Every Adolescent" strategy of the Secretary General in particular, provides opportunities to advance support to adolescents and youth, provided that the strategic vision of UNFPA for adolescents and youth programming at global, regional and country level is well articulated, and visible to the international development community. It is important for UNFPA to provide guidance for staff implementing adolescents and youth interventions, whenever possible, in order to implement sexual and reproductive health-focused interventions within the context of broader adolescents and youth development issues, as envisioned by the Sustainable Development Goals. To consolidate effective leadership and strengthen partnerships, UNFPA should further enhance coordination with governments and partners to clarify roles and establish a clear division of labour.

Action points:

6. Technical Division should lead work to develop a position-paper analysing and outlining UNFPA comparative advantage in supporting the implementation of the Sustainable Development Goals related to adolescents and youth.

7. Technical Division should update the Strategy on Adolescents and Youth (2012-2020) to ensure alignment with the new Strategic Plan 2018-2021 and the 2030 Agenda for Sustainable Development.

8. Technical and programme divisions should work to consolidate adolescents and youth programming within the Strategic Plan 2018-2021, and strengthen oversight within UNFPA by establishing an inter-divisional working group on adolescents and youth with a dedicated senior manager overseeing coordination of support.

9. Regional offices should support country offices to position adolescents and youth programming squarely within a broader development framework (reflecting the context of the Sustainable Development Goals). Needs assessments, policy briefs, and multi-sectoral dialogues and forums are critical processes toward that end. UNFPA should use this positioning to support governments to monitor progress on the implementation of the Sustainable Development Goals related to adolescents and youth.

Recommendation 3: UNFPA should review resource allocation for adolescents and youth, maximise efficiency, and ensure that staff implementing adolescents and youth interventions have the necessary skill set

UNFPA should ensure that budget allocations for support to adolescents and youth interventions reflect UNFPA strategic priorities. UNFPA should review the allocation of existing funding for adolescents and youth programming to accelerate efforts to attract new funds, and ensure the transition to appropriate modes of engagement in accordance with the UNFPA business model. UNFPA should also ensure that recruitment, training, and guidance for staff address the needs of adolescents and youth across all UNFPA programmatic areas.

Priority: High

Target level: Technical Division and Programme Division; Resource Mobilisation Branch; Regional Offices

Based on conclusions: 1 and 3

Rationale:

Increased recent strategic focus on adolescents and youth by UNFPA is timely and appropriate, but has not been matched with adequate human and financial resources. The 2030 Agenda for Sustainable Development presents an opportunity for UNFPA to position itself and its work on adolescents and youth within the broader development context, potentially supporting mobilisation of additional resources.

Action points:

10. Technical and programme divisions should conduct a study to review UNFPA investment in adolescents and youth, as presented in the financial analysis in this evaluation, and review overall financial allocations for adolescents and youth-specific interventions (targeted and mainstreamed) to be commensurate with the strategic priority given to adolescents and youth. This should include consideration of thematic trust funds and joint programming modalities.

11. Regional offices should support country offices to analyse their overall funding allocation for adolescents and youth-specific interventions (targeted and mainstreamed) to examine whether it is commensurate with the priority given in-country to adolescents and youth programmes.

12. Technical Division together with regional offices should ensure that training on adolescents and youth sexual and reproductive health includes efforts to build capacity in the area of policy and advocacy, in order to increase the capacity of all thematic staff working on adolescents and youth. This would equip programming staff with the necessary skills to ensure that the needs of adolescents and youth are met across all programmatic areas and modalities.

13. Technical Division, Resource Mobilisation Branch, and regional offices should identify new partnerships and funding opportunities for adolescents and youth interventions to support countries to meet their Sustainable Development Goals targets.

II. UNFPA programming to enhance relevance, effectiveness, efficiency and sustainability

Recommendation 4: UNFPA should improve efforts to target the most vulnerable and marginalised among adolescents and youth by strengthened analysis and use of data.

UNFPA should continue to strengthen the use of data for adolescents and youth programme design and to identify the most vulnerable and marginalised. UNFPA should clearly define, based upon sound evidence, the dimensions that constitute vulnerability and marginalisation among adolescents and youth.

Priority: High

Target level: Technical Division, Programme Division, Regional Offices

Based on conclusions: 4, 5 and 8

Rationale:

UNFPA is well recognised for its support to and capacity development of national statistics offices, including in the collection and dissemination of data (inclusive of adolescents and youth). However, within UNFPA, data was not consistently analysed or used to inform programming, policy and advocacy efforts. There were missed opportunities for the more purposeful collection and analysis of data to fill knowledge gaps, and especially to inform programming for marginalised and vulnerable adolescents and youth. It is particularly important for UNFPA to support better data availability, analysis and use of data for girls aged between 10 to 14 in order to better track progress towards goals, including on sexual and reproductive health issues.

While UNFPA efforts to reach adolescent girls and young populations at risk have been effective, programming for other groups has been more limited. Stronger, more evidence-based, systematised and streamlined

efforts to target UNFPA support would help ensure that programming better reflects the organisation's commitment to people in marginalised and vulnerable situations and ensure alignment with the call of the 2030 Agenda for Sustainable Development to "leave no one behind".

Action points:

14. Technical Division should develop structured guidance and, together with regional offices, provide technical support to country offices to ensure systematic use of needs-assessments, as well as other national and international data, for adolescents and youth programming. Technical Division and regional offices should facilitate workshops with producers and end-users of data during programme planning processes to ensure that data collection is completed with the needs of users at the forefront. Surveys such as the Survey on Egyptian Youth or the Kyrgyzstan Youth Book are good examples of UNFPA-supported collection of youth data.

15. Technical Division should develop clear operational definitions of people in marginalised and vulnerable situations. It should set out in which context priority groups should be targeted: alongside or in addition to other young people.

16. Regional offices should support country offices to institutionalise the systematic review of national adolescents and youth data (for example programme, epidemiological, behavioural, livelihoods, etc.) with partners, to ensure that interventions are evidence-based and target the most marginalised and vulnerable. They should also support country offices to strengthen work with national statistical organisations in order to define adolescents and youth data needs based on specific country strategies. Technical assistance should include a focus on use and dissemination to ensure data is used to inform programmes and policy advocacy, including within UNFPA.

17. In the context of the new Strategic Plan 2018-2021, technical and programme divisions should establish indicators that measure the use of needs-assessments to target the most vulnerable and marginalised adolescents and youth within adolescents and youth programmes.

Recommendation 5: UNFPA should consistently use a human rights-based approach in adolescents and youth programming

It is essential to fully operationalise UNFPA core commitments to respect, protect and fulfil the human rights of adolescents and youth, including gender equality. Transformative programming – programming that addresses and tackles the underlying structural and systemic factors, including social and cultural barriers – is needed and requires, inter alia, a long-term strategic vision, concerted leadership, robust funding, and accountability measures (at all levels). UNFPA should utilise multiple strategic approaches to improve the status of young people, including by continuing to use the demographic dividend in specific contexts to make the investment case for adolescents and youth.

Priority: High

Target level: UNFPA Executive Director; Technical Division; Regional Offices

Based on conclusions: 1, 2, 3, 5, 6 and 8

Rationale:

A long term, human rights-based and gender-transformative approach is at the heart of adolescents and youth programming. UNFPA efforts to advance a human rights-based approach to adolescents and youth, including by supporting adolescents and youth to claim their rights, is well documented in many contexts, most significantly at global and regional levels. To achieve similar gains at country level skilled leadership is needed to address the myriad of social, cultural and political barriers that continue to impede the realisation of young people's human rights, including those to sexual and reproductive health and reproductive rights.

Action points:

18. To advance a human rights-based and gender-transformative agenda for adolescents and youth, strong leadership is needed, requiring UNFPA representatives to provide both practical and political support. UNFPA should continue to provide strong support at regional and country levels through enhanced partnerships with other United Nations organisations in order to provide effective leadership in countries working on adolescents and youth issues.

19. Technical Division should develop practical guidance on how UNFPA should enhance advocacy efforts for the rights of adolescents and youth through programming that is human rights-based and gender-transformative, prioritising the most marginalised and vulnerable. The guidance should particularly focus on implementing

human rights and gender-based approaches in challenging contexts. Technical Division together with regional offices should support country representatives and other staff to utilise such guidance.

20. Technical Division and regional offices should support country offices to expand their analysis of the universal periodic review (UPR) to include specific adolescents and youth issues. Country offices should work with governments and civil society to support countries so they can report and respond to sexual and reproductive health and reproductive rights recommendations of the universal periodic review to inform the development of national strategies.

21. To advocate for investment in youth at all levels, regional offices should support country offices integrate the demographic dividend, where appropriate, together with a human rights-based approach to adolescents and youth programming.

Recommendation 6: UNFPA should improve the quality and sustainability of sexual and reproductive health services, and education and information for adolescents and youth by ensuring systematic linkages across UNFPA-supported interventions in these areas.

To maximise efficiency and effectiveness, UNFPA support for sexual and reproductive health education and information for adolescents and youth and integrated sexual and reproductive health services should prioritise quality and sustainability and, wherever possible, avoid vertical, stand-alone programmes. To do this, UNFPA should strengthen connections and linkages across interventions, encouraging local ownership and multi-sectoral approaches.

Priority: High

Target level: Technical Division and Programme Division, and Regional Offices

Based on conclusions: 2 and 7

Rationale:

Given national needs to provide cost effective, efficient and integrated sexual and reproductive services for young people in a context of limited resources,

UNFPA support for adolescents and youth services and programmes must be optimised. To achieve this, UNFPA support should be designed and implemented to improve quality and sustainability by strengthening linkages between complementary interventions to increase demand for, and use of, critical services. UNFPA support should strengthen countries' capacities to deliver high quality and sustainable sexual and reproductive health education, information and services by ensuring that programmes work holistically and synergistically.

Action points:

22. Regional offices should support country offices to conduct a review of the quality of adolescents and youth programming for sexual and reproductive health education and information and services to ensure that efforts align with international standards and evidence on what does and does not work (as has already begun in East and Southern Africa). Further, they should use the development of country level adolescents and youth theories of change to review the alignment of adolescents and youth programming to international evidence, national needs-assessments and other locally generated evidence. This should include assessment of the quality and sustainability of both sexual and reproductive health services and education and information for adolescents and youth.

23. Programme Division should provide technical backstopping for country level adolescents and youth staff to implement robust monitoring of and reporting on their programmes.

24. In the context of the Strategic Plan 2018-2021, programme and technical divisions should consider the inclusion of indicators to capture cross-referral between adolescents and youth interventions under different programmatic areas, so that interventions can contribute jointly to common indicators. An indicator on sexual and reproductive health service quality is lacking and this should be considered for inclusion in the next strategic plan. Programme and technical divisions should consider developing other quality assurance mechanisms and indicators to capture the quality of both interventions and the processes used to implement them (Recommendation 1). Use of scorecards to capture programme effectiveness could provide greater accountability for programme outcomes.

Recommendation 7: UNFPA should strengthen meaningful engagement of adolescents and youth at all levels of programming (national, regional and global)

UNFPA should build on recent good practice and promote systematic, transparent, constituency-based youth representation, participation and leadership in UNFPA adolescents and youth strategic dialogues, planning, implementation, monitoring and evaluation, as appropriate. Adolescents and youth programming for leadership and participation should emphasise interventions that help to institutionalise (for example through participatory platforms and accountability mechanisms) youth participation and voice in key processes. UNFPA should further clarify the current focus of its support for leadership and participation within the new Strategic Plan 2018-2021 and within the context of the Agenda for Sustainable Development.

Priority: High

Target level: Technical Division, Programme Division, Regional Offices

Based on conclusions: 4, 5, 6, and 7

Rationale:

UNFPA has strongly supported youth leadership and participation at all levels, through capacity building of individual youth leaders, youth-led organisations and the development of networks of youth organisations. However, there would be significant benefits to the development of a more systematic institutional mechanism to promote a stronger role for adolescents and youth in the planning, implementation and monitoring and evaluation of adolescent and youth-related interventions.

Action points:

25. Through a consultative process with country and regional offices, technical and programme divisions should lead work to develop and implement an institution-wide, transparent procedure for the selection of constituency based youth representatives to participate in UNFPA-supported advocacy platforms, events and conferences. UNFPA should ensure that representatives report back to their constituencies as a requirement for participation in regional and global events and processes.

26. Technical and programme divisions, with the support of the Executive Director, should establish a permanent Youth Advisory Board, with revolving participation, to take part in and advise on all adolescents and youth strategic discussions, portfolio reviews, and technical review committee meetings at UNFPA. Similar structures should be established at regional and country level.

27. Technical Division and regional offices should continue to sponsor pre-conference training and capacity building (and support country offices to do so) in order to strengthen leadership, including of marginalised and vulnerable young people. The recent creation of the Youth Innovators Fellowship Programme is a welcome and an important step in this direction.

28. Technical and programme divisions, in consultation with regional and country offices, should use the opportunity of development of the Strategic Plan 2018-2021 to review and refine the aims of UNFPA support for adolescents and youth, and leadership- and participation-related support specifically. This should reflect upon how UNFPA support for adolescents and youth leadership and participation can be integrated and aligned with the efforts under the 2030 Agenda for Sustainable Development.

III. Reporting, monitoring, evaluation and lesson learning

Recommendation 8: UNFPA should strengthen research, monitoring, reporting and evaluation to generate evidence for organisational learning and programming and for accountability on adolescents and youth support.

UNFPA should continue to strengthen monitoring and reporting systems and allocate sufficient human and financial resources to generate evidence on adolescents and youth interventions. This should be accomplished through the testing of the adolescents and youth theory of change, use of appropriate adolescents and youth indicators, accurate tagging of adolescents and youth interventions, systematic results-based monitoring, accurate reporting and capturing good practices and successful implementation models. It should also include increased use of research and evaluative exercises on adolescents and youth for evidence-based programming to inform scale up and replication of good practice.

South-South cooperation should be a key strategy for dialogue and exchange of knowledge and good practices on support to adolescents and youth.

Priority: High

Target level: Technical Division, Programme Division, Regional Offices

Based on conclusions: 2 and 10

Rationale:

UNFPA has recently improved accountability systems and learning platforms that better inform planning and programming. To date however, UNFPA has not fully utilised research, results-based monitoring, and evaluative evidence to improve, refine and better target adolescents and youth programming and replicate and scale effective approaches. A lack of sufficient resources, in both human and financial terms, was the most often cited reason for scaling back monitoring of adolescents and youth interventions, reporting and evaluations. To become a stronger learning organisation, UNFPA will need to streamline reporting processes, increase prioritisation of monitoring and deepen investment in implementation research, evaluation studies, to inform scale up and replication of good practice.

Action points:

29. Programme Division and regional offices should support staff implementing adolescent and youth interventions to work together with monitoring and evaluation staff to ensure adequate staff time and budget are allocated at all levels for the monitoring, reporting and evaluation of adolescents and youth interventions.

30. Programme and technical divisions should work to improve tagging of adolescents and youth interventions under the Global Programming System (GPS) to more easily and accurately capture UNFPA investment in adolescents and youth and reporting under the Strategic Information System (SIS). This will require requesting staff work with operational work plans (detailed activities and sub-activities, targets, timelines), developing appropriate tools (e.g. the monitoring tool already developed by the sexual and reproductive health branch) and training staff in their use.

31. Country offices should be supported by regional offices to conduct implementation research, commission adolescents and youth specific evaluation studies and generate evidence to inform programming. Existing partnerships such as the WHO/UNFPA/UNICEF/ UNDP Special Programme on Research in Human Reproduction (HRP) could be further capitalised on and new partnerships with international research centres of excellence should be forged for this purpose. These partnerships could help design and conduct implementation research studies to build the evidence base on best practice in programming for adolescents and youth sexual and reproductive health.

32. Regional offices should support and build country office capacity to develop evaluation plans and routinely conduct evaluations of targeted and mainstreamed adolescents and youth support, as per guidance under the evaluation policy.

33. Programme Division, with the support of regional offices, should further encourage country offices to consistently use existing mechanisms for the sharing of lessons learned, such as the best practice competition related to adolescents and youth and the MyUNFPA Fusion Platform to draw attention to effective approaches. This could be made actionable through management-level indicators in the next strategic plan. Web-based support to adolescents and youth staff should complement, not replace, in-person interaction between programme officers undertaking similar work. UNFPA should consider re-instating regional or sub-regional thematic meetings to review recent global and country-level evidence of what works for adolescents and youth programming and to share experiences, successful models and lessons learned among country offices.

34. Regional offices, in coordination with the South-South Cooperation unit at headquarters, should support country offices to utilise South-South cooperation in order to share knowledge and good practices for improved programming and implementation.

UNFPA - Because everyone counts

United Nations Population Fund

Evaluation Office

605 Third Avenue

New York, NY 10158 U.S.A.

e-mail: evaluation.office@unfpa.org

www.unfpa.org/evaluation