Investing in Young People

Evaluative Evidence from 10 UNFPA Country Programmes

UNFPA

TABLE OF CONTENTS

I. BACKGROUND

On April 27, 2012, the Commission on Population and Development approved a landmark resolution on Adolescents and Youth. The resolution calls upon countries to ensure that the programmes and attitudes of healthcare providers do not restrict the access of adolescents to appropriate services and the information they need, safeguard their rights to privacy, confidentiality, respect and informed consent, cultural values and religious beliefs, and to remove legal, regulatory and social barriers to reproductive health information and care. The resolution also calls on Governments to provide young people with evidence-based comprehensive education on human sexuality, sexual and reproductive health and gender equality. It requests governments to pay particular attention to adolescents and youth, especially girls and young women for HIV prevention, treatment, care and support. [1]

UNFPA has been working on youth issues since the 1990s. The strategic plan 2008-2013, now institutionalizes this longstanding effort in UNFPA's programming processes. This institutionalization is in line with the "Framework for Action on Adolescents and Youth", which was developed by the Technical Division through a consultative process, between 2006 and 2007. Currently, UNFPA is embarking on the development of a revised Corporate Youth Strategy that will integrate a new paradigm shift and an enhanced focus on young people. The Arab Region has already initiated the development of its region specific framework for engagement with youth, to be shortly launched in the next quarter of 2012.

Distinct outcomes and outputs pertaining to young people were included in the population and development, sexual and reproductive health and gender equality components of the 2008-2013 Strategic Plan, aimed at incorporating their rights and needs in UNFPA's programmes. Outcome 1.2 called for the "inclusion of young peoples' rights and multi-sectorial needs in public policies and RH and HIV for improved quality of life and sustainable development and poverty reduction"; Outcome 2.5 called for improving the access of young people to SRH and GBV prevention services and gender sensitive life skills-based SRH education; and Outcome 3.2 called for the promotion of an enabling environment for gender equality, reproductive rights and empowerment of women and adolescent girls conducive to male participation and the elimination of harmful practices.[2]

Following UNFPA's Mid Term Review of the Strategic Plan in 2011, its programming process has become more strategic and focused. UNFPA's programming on youth-related issues has become a priority. In line with these developments and based on its assessment of the Framework for

OBJECTIVE

This desk review examined Country Programme Evaluations of ten countries in order to identify *similarities and differences* across countries and regions, including factors facilitating and constraining UNFPA programming for and with young people.

[1] Email of Dr. Laura Laski, SRH Branch Chief, to all staff, May 23rd, 2012.
[2] UNFPA, "Strategic Plan 2008 – 2011." DP/FPA/2007/17, 27th July, 2007

Action on Adolescents and Youth, UNFPA is sharpening its framework in order to contribute to reach the goals and objectives of the ICPD Programme for Action and Resolution 2012/1 of the 45th Session of the Commission on Population and Development .

This analysis aims to assess if UNFPA country programmes were able to implement and attain results on young peoples' issues in line with the Strategic Plan Outcomes, and as planned for in their country programme documents. It assesses both facilitating and constraining factors, and makes conclusions and recommendations that could be useful for the implementation of new country programmes to be presented to the Executive Board for approval in June 2012.

II. METHODOLOGY

This desk review examined the Country Programme Evaluations (CPEs) for the latest programme cycle of ten countries that will present new Country Programme Documents (CPDs) to the UNFPA Executive Board in June 2012. The countries represent all five regions and include: Bolivia (Plurinational State of)[3], Costa Rica, Djibouti, India, Jordan, Lesotho, Republic of Moldova, Nepal, Sierra Leone and Sri Lanka. As the country programmes to be assessed pertain to the development results framework of the 2008 – 2013 Strategic Plan, UNFPA will assess their programming on young people from this perspective. A matrix for classifying and analyzing information based on the young people specific Development Outcomes and Outputs of the UNFPA Strategic Plan 2008-2013 was formulated

The focus areas for analysis included:

- Programming on policies/laws related to young people's rights and needs;
- Young people 's programming in humanitarian settings;
- Evidence based comprehensive sexuality education (both formal and informal);
- Programming SRH services for young people;
- Effective participation of young people and their organizations in policy and programming; and,
- Addressing gender-related issues pertaining to adolescent girls' specific needs, including the eradication of harmful practices.

For scope, the reviewers limited themselves to an analysis of the information in the CPEs for the specified country programme cycle, excluding institutional knowledge of prior country programme achievements and work known to be done but not documented in the evaluations.

All CPEs but Bolivia were done by independent consultants[4]. The Division for Oversight Services (DOS) has not yet published Evaluation Quality Assessments (EQA's) on the ten CPEs that were analyzed; therefore, the quality of the evaluations cannot and will not be addressed in this report.

[3] In further references the Plurninational State of Bolivia, will be referred to as Bolivia.
[4] Bolivia's CPE was conducted by the UNFPA Division for Oversight Services.

This desk review does have certain limitations. The review is of a reduced sample, thus limiting the generalizability of the findings. As such, this analysis should be seen as a snapshot of a subsection of UNFPA country programmes meant to highlight commonalities and regional differences. The review is meant to be complementary to other UNFPA analysis on the subject. Thus, it is not meant to be a comprehensive analysis of UNFPA's work on programming with and for young people.

III. MAIN FINDINGS

1. Development Policies that Recognize Young Persons' Rights and Needs

Out of the ten CPEs reviewed, a total of eight country programmes carried out interventions supporting policies that took into consideration rights and needs of adolescents and youth. These countries were: Bolivia, Costa Rica, India, Jordan, Lesotho, Nepal, Sierra Leone and Sri Lanka. No evidence regarding youth policy formulation was found in the cases of Djibouti and the Republic of Moldova.

Table 1: Review of Policies and Legal Frameworks

Countries	Support to National Youth Policy or Strategy	Support to Legal Frameworks	Inclusion of Adolescent and Youth Needs in Health/HIV Policies and Plans	Promotion of Youth Regional Youth Charters	Support to Data Generation for Policy and Programme Design
Bolivia	X	X			X
Costa Rica	X	X			X
Djibouti					
Jordan	X		X		
India	X		X		X
Lesotho		X	X		
The Republic of Moldova					
Nepal	X		X		
Sierra Leone				X	X
Sri Lanka	X				

Youth-related legal frameworks and public policies were not a significant aspect of the Lesotho and Sierra Leone country programmes. However, the promotion of the African Youth Charter in both countries, the carrying out of a youth networks' survey in Sierra Leone, and the formulation of a bill for the establishment of a National Youth Council in Lesotho, are evidence that youth policy and participation issues are being considered. In all other six countries that carried out these interventions, UNFPA supported the formulation of National Youth Strategies and provided direct support for their adoption as key institutional reference tools

to address youth needs and rights. In Bolivia, Costa Rica, Jordan, India and Nepal, these National Youth Strategies were already in place at the time of the review. In Sri Lanka the strategy is currently being finalized with UNFPA's technical and financial support. Nepal and Sri Lanka are the only CPE's that make specific reference to the formulation of National Youth Action Plans.

Apart from the existence of National Youth Strategies, UNFPA supported the inclusion of adolescent and youth sexual and reproductive health rights and needs in health frameworks in the majority of the countries. These included Health Strategic Plans, Sexual and Reproductive Health Policies, Reproductive Health Commodity Security Strategies, and National Multisectoral HIV/AIDS Plans. In three of the countries, the Fund contributed to the drafting of laws that particularly target adolescents and youth.

The following examples regarding UNFPA support to policy frameworks and laws have been extracted from the CPEs:

In Sri Lanka, with UNFPA's support, the Ministry of Health initiated a process of developing a young persons' health plan, titled 'National Policy and Strategic Health Plan for Young Persons. In Jordan, UNFPA supported the inclusion of youth friendly health services in the Health Strategic Plan and the National Youth Strategy 2002-2009 as one of the pioneering youth strategies in the Arab World.[5]

In Latin America, UNFPA supported the formulation of policy frameworks and also the drafting of laws. In Costa Rica, for example, UNFPA assisted the ratification of the Iberoamerican Convention on Youth and the approval of Law No. 8626 for the Prevention of Adolescent Pregnancies. In Bolivia, the Fund supported the inclusion of adolescent and youth rights in the new Constitution, the drafting of the Youth Law, and the recently approved "Ley de Deslinde Juridiccional", which includes the rights of indigenous youth.

In three other countries the CPEs reported having contributed technical and financial support to data generation on youth. A nationwide survey on youth networks was supported in Sierra Leone, and National Adolescent and Youth surveys were supported in Bolivia and Costa Rica, generating evidence for informing policy. In India, data analysis from the Population Census results and the Demographic and Health Survey were used for analysis for informing programme design. The analysis of the 10 CPE's permitted the identification of main facilitating and constraining factors regarding public policies that recognize youth rights and needs. These have been enlisted below.

Main Facilitating and Constraining Factors

Constraining Factors	1. Insufficient human resources trained on young people's rights and needs. 2. Limited coverage of UNFPA interventions: in Jordan, the perception is that UNFPA is only supporting "one theme" of the National Youth Strategy, while the National Youth Council maintains, it should support other dimensions of the National Youth Policy. 3. Concentrating efforts only in one Ministry, such as the Ministry of Health, has been seen as a constraining factor as policy development and implementation requires a more multi-sectorial approach.

[5] To Excel Consulting Associates. "Evaluation of the United Nations Population Fund's 7th Country Program: Jordan." 7 December 2011.

	4. The high level of turnover of national officials was signaled by the Costa Rica evaluation as a constraint that calls for the need to "implant" public policies and laws in the relevant institutions. 5. Several programme management issues were addressed by the CPEs, including difficulties in implementation due to challenges in peace processes, such as in Nepal, or the slow disbursement of funds, such as in Sri Lanka. Also, programme management issues related to insufficient monitoring frameworks with lack of baselines and/or targets were signaled by different evaluations.
Facilitating Factors	1. High relevance and pertinence of the subject matter in line with internationally agreed development goals and country priorities that facilitate policy development. 2. Increased awareness of the demographic bonus. 3. The emergence of a movement that recognizes youth demands and rights as exemplified in the growing number of youth organizations and councils.

2. Inclusion of Youth Issues in Emergency Preparedness Plans

The extent to which country programmes supported the inclusion of young peoples' sexual and reproductive health needs in emergency preparedness plans was analyzed. Five out of the ten country programmes carried out humanitarian assistance that targeted reproductive health issues reaching young people. However, only three evaluations referred to the inclusion of reproductive health in preparedness plans: Bolivia, the Republic of Moldova, and Nepal. The extent to which young peoples' concerns per se were included in these preparedness plans could not be assessed through the evaluations. The Republic of Moldova evaluation only refers to the inclusion of RH issues in humanitarian contingency plans. They were not, however, addressed in a coherent and systematic manner. The Bolivia evaluation mentions that they were included in preparedness plans in order to address adolescent pregnancies and gender based violence. In Nepal RH issues were included in national preparedness plans, particularly in the curricula of the rapid response teams, reported as an innovative approach initiated by UNFPA.

3. Provision of Gender Sensitive, Life Skills – Based Sexual and Reproductive Health Education

As stated in the UNFPA Framework for Action on Adolescents and Youth, UNFPA is to play a lead role in facilitating the provision of comprehensive, gender-sensitive, life skills-based sexual and reproductive health education in both school and community settings. [6]

A. The Formal Education System

Only four country programme evaluations confirmed the inclusion of sexuality education in the formal school system. These were included either through curricula revision, teacher training programmes, or the

[6] UNFPA, "Framework for Action on Adolescents and Youth. Opening Doors with Young People: 4 Keys." 2008.

development of an optional Life Skills Basic Education (SLBE) course offered in public teaching institutions. The countries were: Bolivia, Lesotho, the Republic of Moldova and Sierra Leone.

A closer look at the evidence revealed that in India "the life skills education programme has not yet been rolled out in the schools governed by the state boards of education. Students of these schools are among the neediest."[7]. In Nepal only life skills education is part of the formal curricula.[8] In Sri Lanka it is included in the curriculum of middle schools but is not funded under the UNFPA country programme[9], and in Costa Rica there is a policy on Integral Sexuality Education approved in 2001 that is not being implemented.

The CPE evaluation for Lesotho mentioned that training of school officials and teacher refresher training on sexuality education had taken place along with a "curriculum scan". In Sierra Leone 30 educational stakeholders and 50 HIV Guidance Counselors were trained; a Code of Conduct for teachers was adopted to reduce sexual abuse of students; and SRH/Life Skills Education was implemented in the partner schools of Kenama Town and at the Eastern Polytechnic.

In the Republic of Moldova, significant progress was made on supporting and promoting high-quality education on sexual and reproductive health education for adolescents and young people.[10] However, this was mainly achieved through peer to peer education carried out in classrooms, since Life Skills Basic Sexual and Reproductive Health Education were not incorporated in the mandatory school curricula. It is nonetheless interesting to note that an "optional course" was adopted and was being taught in public teaching institutions. Through this strategy 80% of the 200,000 students targeted were reached.

Bolivia appears, as well, to have made some progress in the inclusion of sexuality education in the curriculum of the formal education system and in teacher training programmes. UNFPA facilitated the inclusion of sexuality education in the curricula by participating in the donor supported, education SWAP and in the national dialogue for a Strategic Education Plan. Bolivia concentrated its teacher training efforts in two municipalities, Sucre and La Paz. The evaluation notes that "there is evidence of implementation results in sexuality education at the sub-national level, leveraging the importance of the subject both in the classrooms and the school setting." [11]

B. Non-Formal Education Channels

A review of the Country Programme evaluations for the ten country programmes indicates that all ten included non-formal sexual and reproductive health education. A wide range of implementing modalities were adopted, including in-school competitions and contests, peer education, the establishment of learning centers, literacy centers and peer education clubs. Below is a chart of the different types of non-formal education modalities implemented through the Country Programmes.

[7] Nanda, A.R. et al., "Evaluation Report of UNFPA India Country Programme-7." 15 March 2012.
[8] UNFPA, "Evaluation of UNFPA's Sixth Country Programme in Nepal (2008-2012)." November 2011.
[9] Karunaratne, Padma et al., "The UNFPA Seventh Country Programme of Assistance to Sri Lanka (2008-2012): Evaluation Report." November 2011.
[10] Otter, Thomas and Daniela Terzi-Barbarosie, "Outcome Evaluation of the UNFPA Moldova extended Country Programme (2007-2011/12) FINAL REPORT." 9 October 2011.
[11] Chambel, Alexandra and Valeria Carou Jones, "Evaluación del programa de país: Bolivia 2008-2011 Informe de Evaluación Volume 1." 17 October 2011. Informal translation.

Table 2: Non-Formal SRH Channels used to reach Young People

Countries	Type of non-formal SRH education channels reported
Nepal	Literacy courses for YP; District level education through National Health Education, Information and Communications Center
India	Teen Club Programme of the Nehru Yuva Kendra Sangathan
Sierra Leone	Peer Ed. Clubs, Learning Centers, Literacy Committees, VCCT Centers, E learning, Community based NGOs and institutions
Sri Lanka	Y-Peer Methodology
Bolivia	NGO-Community based in Two Municipalities; E-Learning
Djibouti	Peer Education Center
Jordan	Healthy Life- style Camps Y Peer Networks
The Republic of Moldova	Peer Education as part of the SRH Strategy
Costa Rica	Peer Education Model in selected districts
Lesotho	Public institutions, civil society and Faith Based Organizations

The CPE of India highlighted that due to UNFPA's advocacy with the Ministry of Human Resources Development a shift from an abstinence only approach, to a more comprehensive, scientifically accurate and culturally appropriate sexuality education approach was adopted.

C. Reaching Out-of-School Young People

Given insufficient data it is hard to assess with accuracy the number of out-of-school young people reached particularly in the case of underprivileged, non-school matriculated youth, nonetheless there is evidence from the CPE's that efforts were made to reach sectors of this population group. The CPE for Nepal indicated having provided large numbers of sexuality education programmes to reach out-of -school youth. "In 2008 UNFPA conducted literacy classes for out of school, underprivileged, young boys in six districts through NGO facilitators."[12]

[12] UNFPA, "Evaluation of UNFPA's Sixth Country Programme in Nepal (2008-2012)." November 2011.

Likewise, the India CPE indicates that life skills education for out-of-school youth is widely available. The Teen Club Programme of the Nehru Yuva Kendra Sangathan has been used to provide reproductive and sexual health knowledge to out-of-school adolescents. This strategy was qualified by the CPE as effective. [13]

In Lesotho 70 trainers from two districts were trained and were able to reach 1,500 herd boys, In Sierra Leone marginalized young people were reached through literacy classes. "An unexpected output was the increase in coverage of students that attended the RH literacy classes, given the inclusion of UNESCO funded micro credit loans as part of the programmes." [14] This implies that a large number of adolescents are now accessing reproductive health literacy programmes.

D. Peer Education

Six country evaluations reported the use of peer to peer education strategies: Costa Rica, Djibouti, Jordan, the Republic of Moldova, Sierra Leone and Sri Lanka. UNFPA provided financial and technical support for capacity development of peer educators, the preparation and dissemination of peer education manuals, the setting up of peer education clubs, and the development of peer education models. Many evaluations stressed the importance of youth peer (Y-Peer) education programmes for reducing the incidence of HIV infection through information and counseling, including the evaluations of Costa Rica, Lesotho, the Republic of Moldova and Sierra Leone.

The review of the ten CPEs allowed for the identification of constraining and facilitating factors regarding the provision of gender sensitive, life skills, sexual and reproductive health education, presented below.

Main Facilitating and Constraining Factors

Constraining Factors	1. A common issue present in many evaluations is that socio cultural and religious barriers hinder the integration of sexuality education in the classroom. Schools addressed these barriers by promoting in-school competitions and contests, peer-to-peer education, and training of school counselors. In Lesotho, for instance, there has been limited progress on Life Skills/Population/Family Life Education (POP/FLE), mainly due to unclear and conflicting views on POP/FLE by policy makers and mid–level management and technocrats.[15] 2. There is insufficient political commitment. 3. There is a lack of insufficient personnel trained on in- school Sexual and Reproductive Health (SRH) Education.
Facilitating Factors	1. Country Office Management Flexibility: A key facilitating factor noted by the Republic of Moldova country programme evaluation was the CO's management flexibility which was "able to select adequate intervention strategies and adapt them to the circumstances – from inclusion in the teaching curricula to peer-to-peer education."[16] 2. Working at subnational level, in specific territories. In Bolivia, for example, there was a concentration on a number of districts at the sub national level, as the experience of the SEDES,

[13] Nanda, A.R. et al., "Evaluation Report of UNFPA India Country Programme-7." 15 March 2012.
[14] Sesay, Ibrahim M., et al., "Mid Term Review Report: Fourth Country Programme of Sierra Leone (2008-2010)." October 2009.
[15] UNFPA, "Evaluation Report for the GOL/UNFPA 4th Country Programme (2004-2006/2007)." 10 October 2007.
[16] Otter, Thomas and Daniela Terzi-Barbarosie, "Outcome Evaluation of the UNFPA Moldova extended Country Programme (2007-2011/12) FINAL REPORT." 9 October 2011.

Local Health Services, demonstrates.

3. Funds allocated to schools served as incentives for teacher counselors as well as the provision of honorarium to staff working on the projects.

4. Joint Programming. Both Costa Rica and the Republic of Moldova, two middle income countries with limited funding, confirmed joint programming with other UN agencies as an important strategy for promoting non-formal SRH education, including getting buy-in from other UN Agencies. This facilitating strategy was also confirmed by the Lesotho CPE. The experience of UNFPA with UNICEF in Djibouti within the framework of the joint programme for the abandonment of Female Genital Mutilation/Cutting appeared to be another successful strategy to advance sexual and reproductive health education.

5. Adopting "Integrated" Models. In Costa Rica, the adoption of an "integrated model" linking SRH non-formal education with employment promotion was considered positive, as was the experience of Sierra Leone's joint programme linking SRH education with the provision of micro – credit loans.

4. Sexual and Reproductive Health Services

The review of the CPEs analyzed if sexual and reproductive health services for adolescents and youth had been planned for and implemented through the country programmes, and sought to find information pertaining to their effectiveness. As Table 3 below confirms, sexual and reproductive health services for young people were planned for in all the country programmes, noting that in Jordan "the program did not succeed in achieving the output of greater access to quality youth friendly health services."

It is not clear from the evaluations what exactly these services entailed, and whether or not contraception was being offered to adolescent girls and youth that requested them. The CPEs signaled out that Djibouti and Sierra Leone mainly provided information and counseling services, while Nepal highlighted that health services were being offered to married adolescents and youth. The other six countries - Bolivia, Costa Rica, India, Lesotho, the Republic of Moldova, and Sri Lanka – appear to have provided broader services. Nonetheless, only the evaluation for the Republic of Moldova specifically refers to the provision of "post abortion" contraception as part of the basic health package offered through the compulsory medical insurance programme.

Regarding the effectiveness of these health services, the CPEs highlight "room for improvement." Despite the efforts being made by the Country Offices and the UNFPA programmes, the effectiveness of the Youth Health Services seems to have been mixed. The CPEs mention that outputs were achieved in Bolivia, Costa Rica, the Republic of Moldova, Sierra Leone and Sri Lanka, but were modest in Djibouti, India, Lesotho and Nepal, and were not achieved in the case of Jordan. Table No. 3 below provides more specific information regarding the type of health services being offered and highlights information on their effectiveness.

Table 3: Young Peoples' Health Services

Countries	Youth Health Services	Type of Services	Effectiveness
Bolivia	X	Provided through the Municipal Health System	Achieved output but sustainability risks remain; youth plan didn't achieve everything that was expected
Costa Rica	X	Provided in two districts, through an integrated approach with SRH Non formal education	Achieved, but insufficient funding available for expanding services beyond the two districts.
Djibouti	X	SRH counseling offered through the Peer Education Center, joint collaboration of MOYS and MOH – Integrated approach	Engagement considered modest
India	X	YFS provided through primary health facilities with UNFPA's technical assistance mainly through the Rural Health Mission.	The access and quality of services through clinics was quite limited and the interventions didn't have much success
Jordan		The intention to provide Youth Friendly Health Services was included in the programme, however demand exceeded supply and the capacity of the MOH was limited in that respect.	Limitations of partners to cooperate around the issue of youth, where related to youth friendly services
Lesotho	X	Essential SRH package developed integrating young peoples' issues.	Political will existent but capacity limitations contributed to the decline of youth friendly centers
The Republic of Moldova	X	Provided through RH cabinets. Access to information and "specific:" health services, including post abortion contraception in basic package within compulsory medical insurance.	Successfully achieved outputs. Availability of trained medical staff and better access to services was not always complemented by easy access to supplies, especially for vulnerable groups
Nepal	X	Focused on married adolescents and youth.	High priority given to youth, but the uncertain peace process has negatively affected youth programming at central and decentralized levels
Sierra Leone	X	Professional counseling provided through VCCT centers and SRH Department undertaking gender related initiatives in BCC, addressing GBV/SV and teenage pregnancies.	The programme appears to be on track, but measuring true effectiveness was a challenge due to the absence of baselines and limited data
Sri Lanka	X	Provided through hospitals and clinics, some supported by UNFPA and implemented by the districts and NGOs	Services were being provided through the health system, nonetheless human resources constraints identified.

The main constraints pertaining to the provision of Sexual and Reproductive Health Services were identified through the CPE's and are presented in the following table.

Main Facilitating and Constraining Factors

Constraining Factors	1. Limited human resources trained in sexual and reproductive health. 2. Limitations of partners to cooperate on Youth Friendly Health Services. 3. Programme management limitations, including insufficient baselines to measure attainment of results, and, 4. The need for additional leveraging of financial resources
Facilitating Factors	1. The perception of UNFPA as a trustworthy partner, as in Bolivia, and the strategic partnership that UNFPA has established in most countries with the Ministry of Health; 2. The pertinence of the programmes and the availability of a roadmap, as in Sri Lanka; 3. The availability of free drugs and commodities as in Sierra Leone, especially for STIs; 4. The involvement of youth and communities, and in some instances, the collaboration of the Ministries of Education; 5. The flexibilities in strategies as in the Republic of Moldova; 6. The value of joint programmes as in India, the Republic of Moldova and Costa Rica.

5. Young Peoples' Participation and Gender Programming on the Specific Needs of Adolescent Girls

A. Supporting Participatory Mechanisms

UNFPA is committed to involve young persons in programme design and implementation to increase the effectiveness of its programmes. In this context the establishment of different institutional mechanisms has been supported by UNFPA country programmes, in order to strengthen youth appropriation and the relevance of such programmes.[17] In Table 4, the main participatory mechanisms supported through the Country Programmes is presented.

Table 4: Young Peoples' Participation Mechanisms Supported and/or Strengthened Through Country Programmes

Countries	Youth Mechanism	Observation
Bolivia	X	Consultative Committee for the Prevention of Adolescent Pregnancies; Municipal Youth Councils
Costa Rica	X	National Youth Council; Y-Peer mechanism
Djibouti	X	Y-Peer

[17] UNFPA, "Framework for Action on Adolescents and Youth. Opening Doors with Young People: 4 Keys." 2008, pg 37.

India	X	Y- Peer
Jordan	X	Y- Peer, Higher Council for Youth
Lesotho	X	National Youth Council
The Republic of Moldova	X	Y-Peer
Nepal	X	UNCT Youth Advisory Panel, Association of Youth Organizations
Sierra Leone	X	Youth Advisory Panel
Sri Lanka	X	National Youth Services Council, Youth Parliament, Federation of Youth Clubs; YWCA

In line with UNFPA's commitment to young peoples' participation, the CPEs reveal that UNFPA and country counterparts supported youth participation in national and local consultations that led to the formulation of National Youth Strategies and youth public policies in the eight countries mentioned above. In addition, in all ten countries UNFPA assisted the establishment of specific youth mechanisms and/or their strengthening as partners, contributing to institutionalize youth participation at national and/or sub-national levels, as well as in the UNCTs.

In Bolivia, UNFPA supported the formation of a Consultative Youth Committee for the Prevention of Adolescent Pregnancies, as well as 11 Municipal Youth Councils. In Sierra Leone and Nepal, UNFPA supported the establishment of Youth Advisory Panels, and in Nepal UNFPA supported the Association of Youth Organizations. In Lesotho, UNFPA assisted the formulation of a bill for the creation of a National Youth Council, and in Costa Rica, Djibouti, India, Jordan and the Republic of Moldova, UNFPA's country programmes contributed to the strengthening and institutionalization of Y-Peer mechanisms/networks. In India, UNFPA also assisted leadership training of youth NGOs in order to fully reflect their concerns and issues in the national development agendas. Finally, in Sri Lanka UNFPA worked in partnership with the national Youth Services Council, the Youth Parliament and the Sri Lanka Federation of Youth Clubs.

These examples clearly illustrate that UNFPA played a key role in advocating for the inclusion of youth voices in all national plans and policies as well as in including youth participation in its programming. The CPE of Nepal summarizes: "UNFPA has continuously taken a lead role in respecting voices of youth and advocating for the inclusion of these voices in all national plans and policies."

B. Gender Related Programming, Addressing Specific Needs of Adolescent Girls, Including Eradication of Harmful Practices

Nine out of the ten CPEs mention addressing GBV issues, focusing particularly on young women and adolescent girls. Five country programmes included components that considered adolescent girls' specific needs, such as the eradication of harmful practices. The CP of Bolivia emphasized the need for the reduction of adolescent pregnancies; the CP of Djibouti addressed FGM/C; the India CP sensitized young people on elimination of female infanticide; in Lesotho interventions to address fistula took place; and in Sierra Leone the issue of sexual abuse among girls was addressed through support to the formulation and approval of a Teachers' Code of Conduct. Despite these four examples, however, a reading of the CPEs would tend to confirm that, in general, youth programmes could have benefited from increased gender mainstreaming and analysis.

Table 5: Addressing Gender Related Issues Specific to Adolescent Girls

Countries	Adolescent Girls targeted in GBV	Specific activities targeting adolescent girls from a gender lens	Observations
Bolivia	X	X	Adolescent pregnancy reduction
Costa Rica	X		
Djibouti	X	X	Mitigation of FGM/
India	X	X	Female infanticide addressed
Jordan	X		
Lesotho	X	X	Addressed fistula
The Republic of Moldova	X		
Nepal	X		Within implementation of SC Resolution 1325
Sierra Leone	X	X	Specific Code of Conduct for Teachers developed to address sexual violence of students
Sri Lanka	X		Within implementation of SC Resolution 1325

The Sierra Leone evaluation states that there is a need to strengthen gender programming through gender analysis and mainstreaming, investing more in addressing critical issues affecting the girl child, such as teenage pregnancies, early marriage and school dropout among girls. [18]

A key recommendation for country programming on young people would be to carry out a gender differentiated causality analysis on the challenges of male and female adolescents and youth, as the CPE of Sierra Leone rightly calls for.

Main Facilitating and Constraining Factors

Constraining Factors	No important constraining factor was highlighted in the CPEs regarding UNFPA's crucial role in promoting young peoples' participation. Weak gender causality analysis, insufficiently addressing the differentiated needs of adolescent girls and boys. Young men and young women. .
Facilitating Factors	The country programme evaluation of Jordan recognized that the Y-peer network had contributed to the sustainability of the programme by integrating into the Y-peer network youth members from the youth centers and from communities. Young people "will continue to spread information and ideas received in the trainings among their peers and in their respective communities". The existence of youth participation was recognized as an important element for the sustainability of youth programming. [19]

IV. CONCLUSIONS AND RECOMMENDATIONS

The analysis of young people's programming in UNFPA calls for some key conclusions and recommendations, which need to be contextualized and respond to national priorities. The fact that different components of youth programming have been addressed in this paper should not entail that we are recommending that all of these need to be included in a specific country programme. In the last instance, the countries themselves, with UNFPA's support, need to make informed decisions as to which topics and what strategies are the most relevant and could be the most successful to achieve their expected results.

- All country programmes carried out interventions on young people with different levels of success. Cultural and religious factors as well as insufficient capacity development and accountability mechanisms hindered implementation, which in many instances led Country Offices to seek new strategies in order to overcome obstacles for attaining results.

- Programming on young people's issues, is a challenging task that needs to be flexible, evidence based, context driven, culturally appropriate and taken up at both policy and service delivery level. These programmes need to address the needs of the most underserved sectors of the youth population, and promote accountability mechanisms at national and sub national levels.

[18] Sesay, Ibrahim M., et al., "Mid Term Review Report: Fourth Country Programme of Sierra Leone (2008-2010)." October 2009.
[19] To Excel Consulting Associates. "Evaluation of the United Nations Population Fund's 7th Country Program: Jordan" 7 December 2011.

- The Latin America and Caribbean (LAC) region has given substantive attention to policy and legal frameworks formulation, while African countries have centered their focus on the strengthening of the health system and the provision of education through non-formal channels. The LAC region would benefit from overseeing implementation of public policies and promoting national budgeting, while the Africa region would gain from assisting policy development in order to address programme sustainability in the long run.

- More emphasis on policy implementation, not just formulation is needed. Therefore, there is a need to support implementation through human resources training, institutional capacity development, strengthening inter – sectorial coordination, and advocating for an enabling environment for young people, including the promotion of political will and the leveraging of national funds for policy implementation and sustainability of results.

- Sustainability is a challenge for all young peoples' programming. There is a need for continuous UNFPA support for the consolidation of policies and the strengthening of national and sub-national capacities, beyond a country programme cycle.

- UNFPA should also focus on diversifying its strategic partners, including, for example, Ministries of Social Development and/or Ministries of Youth, while maintaining its traditional partnership with the health sector.

- More effort needs to be placed on youth programming in emergency preparedness plans, including the inclusion of adolescent and youth needs and rights in the training curricula of rapid response teams.

- UNFPA has been strong in promoting young people's rights and strengthening their individual and institutional leadership capacities. Nonetheless, it is also important to harness this enthusiasm for addressing young people's sexual and reproductive health needs and rights, while not being too limited in our focus when "dealing" with youth issues.

- There is a need to strengthen gender mainstreaming in young people's programming, differentiating between the needs of adolescent boys and adolescent girls, making interventions more gender focused.

- UNFPA should promote and support reporting on International Conventions such as the CRC, CEDAW and other legal frameworks, which are complementary to the ICPD Programme of Action. This would strengthen its programming with a human rights' based approach at all organizational levels.

- Efforts to leverage national and sub national budgets for youth programming need to be enhanced, along with the establishment of accountability mechanisms to oversee progress from the State and civil society organizations.

- Integrating young people's rights and needs in SWAPs and other donor-related funding initiatives as well as participating in technical/political dialogues on National Education and Health Plans, are important entry points for youth programming and the leveraging of donor and national resources.

- UNFPA needs to strengthen its programme design on youth programming, drawing knowledge from vetted experiences, contributing to learning from others both horizontally and vertically. Alternatives for "integrated programmes" and joint programmes need to be explored, as they appear to be effective, particularly in countries with limited funds, such as Middle Income C countries.

- South-South collaboration among countries on young people's issues needs to be supported, requiring the identification of good practices in line with country needs. The identification of "good" programming and knowledge sharing assets and their dissemination across regions and country offices, including through south–south collaboration, will enhance programme effectiveness.

- On a more general programmatic level, the need for robust results frameworks, with clarity in their chain of results, including with clear baselines and targets cannot be underestimated.

V. BIBLIOGRAPHY

Arroyo. Lisbeth Barrantes, Giovanni Beluche Velásquez and Julie Chan Jiménez. "Fondo De Población De Naciones Unidas UNFPA – Costa Rica Evaluación Final Del Tercer Programa De País 2008 – 2012." UNFPA. June 2011. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=92

Brixi, Omar. "Évaluation 3e Cycle de Programmation 2008-2012: À la demande du bureau UNFPA de Djibouti." UNFPA.15 March 2012. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=97

Chambel, Alexandra and Valeria Carou Jones. "Evaluacion del programa de pais: Bolivia (Plurinational State of) 2008-2011 Informe de Evaluación Volume 1." UNFPA Division for Oversight.17 October 2011. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=83

Chambel, Alexandra and Valeria Carou Jones. "Evaluacion del programa de pais: Bolivia (Plurinational State of) 2008-2011 Informe de Evaluación Volume 2." UNFPA Division for Oversight.17 October 2011. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=84

"Evaluation Report for the GOL/UNFPA 4th Country Programme (2004-2006/2007)." UNFPA. 10 October 2007. Evaluation Database. Web. 25 May 2012, https://sso.myunfpa.org/opensso/UI/Login?goto=https%3A%2F%2Fwww.myunfpa.org%3A443%2FApps2%2FEvalDB%2FdocDownload.unfpa%3FdocId%3D7

"Evaluation of UNFPA's Sixth Country Programme in Nepal (2008-2012)." UNFPA. November 2011. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=88

"Framework for Action on Adolescents and Youth. Opening Doors with Young People: 4 Keys." UNFPA. 2008. UNFPA Publications. Web. 25 May 2012, https://www.unfpa.org/public/global/publications/pid/396

Karunaratne, Padma, Dulitha Fernando and Sriyani Perera. "The UNFPA Seventh Country Programme of Assistance to Sri Lanka (2008-2012): Evaluation Report." UNFPA. November 2011. Evaluation Database.

Web. 25 May 2012,
https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=86

Nanda, A.R., Firoza Mehrotra, Ravi Verma, Priya Nanda and Rekha Masilamani. "Evaluation Report of UNFPA India Country Programme-7." UNFPA.15 March 2012. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=89

Otter, Thomas and Daniela Terzi-Barbarosie. "Outcome Evaluation of the UNFPA Republic of Moldova extended Country Programme (2007-2011/12) FINAL REPORT." UNFPA. 9 October 2011. UNFPA Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=96

Sesay, Ibrahim M., Stella Twea, Boniface Kalanda, Ngozi Kennedy. "Mid Term Review Report: Fourth Country Programme of Sierra Leone (2008-2010)." UNFPA. October 2009. Evaluation Database. Web. 25 May 2012, https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=95

To Excel Consulting Associates. "Evaluation of the United Nations Population Fund's 7th Country Program: Jordan" UNFPA. 7 December 2011. Evaluation Database. Web. 25 May 2012 https://www.myunfpa.org/Apps2/EvalDB/docDownload.unfpa?docId=102

ACKNOWLEDGEMENTS

This initiative to conduct thematic analysis of UNFPA country programme evaluations at the global level, is perhaps the first in UNFPA, and was spearheaded by Mabingue Ngom, Director Programme Division. This document has been drafted and developed by Lin Yanming, Sherin SaadAllah, Suzanne Mandong, under the coordination as well as contribution from Sonia Martinelli-Heckadon. Each regional desk adviser contributed to the analysis from their specific regions as well as for Africa. Guidance and contributions from Dr. Farah Usmani, Chief a.i. Operational Support and Quality Assurance Branch are acknowledged towards developing the framework for analysis and providing review comments. Ashby Anglin provided support through compilation, inputs and formatting of the document. The draft paper was discussed at a meeting with senior team members from all PD branches, TD and OED colleagues and benefited from their feedback and inputs. Particular thanks to Prateek Awasthi from the Technical Division Youth Cluster for his suggestions. Benjamin Steinlechner provided editing and communication-related inputs.